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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

OMB No 1545-0052

F	or	calen	dar	year 2009, or tax year b	eginning	, 2	2009, and	d ending		, 20	
C	3 (	Check	ali t	hat apply:     Initial re		eturn of a form			☐ Final return		
_					led return	Iress change	N	ame change			
	Use	e the l	IRS	Name of foundation				A Employer	identification number		
		label.		Parkinson Family Four		·			1485191	·	
	Oti	herwi print		Number and street (or PO box	x number if mail is not delivered t	o street address)	Room/suit		number (see page 10 c	f the instructio	ins)
	o	r type		640 W. Putnam Ave			Floor 3	203	- 629-8552		
	See	Spec	cific	City or town, state, and ZIP co	de	<del></del> -		C If exempt	ion application is pendir	g, check here	▶ □
	Inst	ructio	ons.	Greenwich, CT 06830				D 1. Foreig	n organizations, check	here	▶□
F	1 (	Check	type	of organization: 🗹 S	ection 501(c)(3) exempt p	rıvate foundati	on		n organizations meeting	•	_
	] {	Sectio	n 49	47(a)(1) nonexempt charr	table trust   Other tax	able private fo	undation	1 1	here and attach compu		.►⊔
Ĩ	F	air m	arke	t value of all assets at	J Accounting method	: ☑ Cash 🗆	Accrua		foundation status was 07(b)(1)(A), check here	terminated und	Jer ▶∏
	e	end of	yea	r (from Part II, col. (c),	☐ Other (specify)				ndation is in a 60-mont	n termination	
	li	ine 16	) <b>&gt;</b>	\$ 398,886	(Part I, column (d) must be	on cash basis.)			ction 507(b)(1)(B), check		▶ □
1	Pa	rt l		nalysis of Revenue and		(a) Revenue an	d			(d) Disburser	
_				nounts in columns (b), (c), and		expenses per		let investment income	(c) Adjusted net	for chantal purpose	
_			th	e amounts in column (a) (see p	age 11 of the instructions))	books				(cash basis	
_		1	Con	tributions, gifts, grants, etc.,	received (attach schedule)	7,4	71				
		2	Che	eck $ ightharpoonup$ if the foundation is r	not required to attach Sch. B						
		3	Inte	rest on savings and temp	orary cash investments		76	76	NA		
2		4	Divi	dends and interest from	securities	4,8	309	4,809			
Bevenie	1	5a	Gro	ss rents					_	•	
	ı	b	Net	rental income or (loss)							
	9	6a	Net	gain or (loss) from sale of	of assets not on line 10	1,0	086				
	Ĭ	b	Gros	ss sales price for all assets or	line 6a <b>1,086</b>						
:	§	7	Cap	oital gain net income (fror	n Part IV, line 2)			1,086			
1	œ	8	Net	short-term capital gain							
		9	Inco	ome modifications							
		10a	Gro	ss sales less returns and allo	wances						
		b	Les	s: Cost of goods sold							
		С	Gro	ss profit or (loss) (attach	schedule) . Schedule						
		11	Oth	er income (attach schedi	ule) <b>Schedule</b>						
		12	Tot	al. Add lines 1 through 1	<u>1</u>	13,4	42	5,971	0		
	s l	13	Cor	npensation of officers, di	rectors, trustees, etc.		0	0	0		0
	<u>8</u>	14	Oth	er employee salaries and	lwages						
	ē	15	Pen	sion plans, employee be					SPORIUST		
	Expenses	16a	Leg	al fees (attach schedule)	Schedule 5				KEUSIV -	100 100 100 100 100 100 100 100 100 100	_
	— 1	b	Acc	ounting fees (attach sche	edule) Schedule 5						
•	₽	С	Oth	er professional fees (atta	ch schedule) Schedule 5	4,7	734	392	APR 2 1 2010		
	12	17	Inte	rest	· · · · · Schedule 6			(ñ)		100	
	١ŝ	18	Tax	es (attach schedule) (see pa	age 14 of the instructions)	1	38		SOCALH	7	
	≣∣	19	Dep	preciation (attach schedul	le) and depletion				ogden, y		
	֝֡֓֞֞֞֞֞֡֓֓֓֓֓֓֓֓֡֓֡֡֡֡֡	20	Occ	cupancy							
	اق	21		vel, conferences, and me	etings						
	티	22									
	5	23		er expenses (attach sche							
1	景	24		al operating and adm							
	Operating and Administrative			l lines 13 through 23 .		4.8	372	0	0		0
	8	25			aid Schadule 9	26.0	000			26	6.000
_	$\dashv$	26		al expenses and disbursem		30.8	372	0	0	28	6.000
		27		tract line 26 from line 12							
	İ	a		ess of revenue over expe		(17.4)	30)				
		b		investment income (if r				5,971			
	[	C	Adj	usted net income (if neg	gative, enter -0-)		- 1		n		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No 11289X

Form **990-PF** (2009)



Pa	irt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		na o	r year
			(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash—non-interest-bearing	100.000		305	805
	2	Savings and temporary cash investments	106,626	2,08	119	80,919
	3	Accounts receivable				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				l
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				1
		disqualified persons (attach schedule) (see page 16 of the instructions) . Schedule				l
	_	Other notes and loans receivable (attach schedule)				
	7	Other notes and loans receivable (attach schedule)				l
ß	_	Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use	<del></del>			<del></del>
As	9	Prepaid expenses and deferred charges Schedule 12		<del></del>		
	10a	Investments—U.S. and state government obligations (attach schedule)  Schedule 12				
	b	investments—corporate stock (attach schedule)	274,839	282,3	310	317,162
	C	investments corporate bonds (attach somestic)				
	11	Investments—land, buildings, and equipment: basis ►				
	12	Less: accumulated depreciation (attach schedule)				
	13	Investments—mortgage loans				
	14	Land buildings and equipment: basis				
	'-	Land, buildings, and equipment: basis ►  Less: accumulated depreciation (attach schedule) ►				
	15	Other assets (describe ► Schedule )				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item I)	381,465	364.0	125	398,886
_	17	Accounts payable and accrued expenses	001.700	(237-113		000,000
<b>/</b> 0	18	Grants payable				
Liabilities	19	Deferred revenue				
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons				 
iat	21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)				l
_	22	Other liabilities (describe ▶)				l
	23	Total liabilities (add lines 17 through 22)	. 0		0	l
		Foundations that follow SFAS 117, check here . ▶ □				ı
es		and complete lines 24 through 26 and lines 30 and 31.				İ
nces	24	Unrestricted		<u> </u>		İ
ala a	25	Temporarily restricted				l
Ö	26	Permanently restricted				l
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here ▶ ☑				) 
正		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	381,465	364,0	35	İ
sts	28	Paid-in or capital surplus, or land, bldg., and equipment fund				İ
SS	29 30	Retained earnings, accumulated income, endowment, or other funds				l
Ä	30	Total net assets or fund balances (see page 17 of the	204 425			
ē	31	instructions)	381,465	364,0	135	
_	31		201 465	064.6	٠٥٢	I
Рa	rt III	of the instructions)  Analysis of Changes in Net Assets or Fund Balances	381,465	364,0	<i>,</i> 55	
,		al net assets or fund balances at beginning of year—Part II, colur	mn (a), line 30 (must	agree with		
•		of-year figure reported on prior year's return)		-	1	381,465
2		er amount from Part I, line 27a		_	2	(17,430)
3	Oth	er increases not included in line 2 (itemize)		· · ·	3	(17,030)
4	Add	l lines 1, 2, and 3			4	364,035
5					5	007,000
_		reases not included in line 2 (itemize) ►al net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line		6	364,035
			- ' ' '		_	

rarı	Capital Gains and	d Losses for Tax on investing	ent income				
		ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a	Rights on 200 Shrs PPH			Р	1	0/23/09	10/23/09
b	Rights on 200 Shrs PPH			Р	1	1/12/09	11/12/09
C							
d							
е			· · · ·				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss) ) minus (g)
a	792		<u> </u>	0			792
b	294			0			294
						-	
<del>_</del> d							<u> </u>
	·		<del></del>				
<u>е</u>	Complete only for accets ab	owing gain in column (h) and owned	bu the foundation	on 10/01/60			
	Complete only for assets sho						(h) gain minus
	(i) F M V as of 12/31/69	1/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any				less than -0-) <b>or</b> om col (h))	
а				_	l		792
b			_				294
							<del></del>
d							
<u>е</u>							
2	Capital gain net income of	r (net canital loss) /	also enter in Pa				
		( ii (ioss),	enter -0- in Pai		2		1,086
3		in or (loss) as defined in sections					
		I, line 8, column (c) (see pages 1	3 and 17 of the	instructions). [			
	If (loss), enter -0- in Part I				3		
Part	V Qualification Und	der Section 4940(e) for Redu	iced Tax on N	let investment	Inco	me	
(For c	ptional use by domestic pr	ivate foundations subject to the	section 4940(a)	tax on net invest	ment	income.)	
			` '			•	
If sec	tion 4940(d)(2) applies, leav	e this part blank.					
Was t	he foundation liable for the	section 4942 tax on the distribu	table amount of	any year in the l	220 r	veriod?	☐ Yes 🗹 No
		t qualify under section 4940(e). D			Jase L	enou:	1C3
1		ount in each column for each yea	<u></u>	<u> </u>	o hof	oro makina o	ny ontrino
	(a)		i, see page 10		is bei	ne making a	(d)
	Base period years	(b) Adjusted qualifying distributions	Not value of	<b>(c)</b> f nonchantable-use a	ccotc	Dist	nbution ratio
Cal	endar year (or tax year beginning in	n) Adjusted qualifying distributions	ivet value of	i nonchamable-use a	sseis	(col. (b) d	ivided by col (c))
	2008	26	<u>,91</u> 1	402	,244		6.69%
	2007	12	,000	468	,694		2.56%
	2006	26	.414	428	3,047		6.17%
	2005	21	,000	414	.087		5.07%
	2004		898		,229		6.78%
					,		<u></u>
2	Total of line 1, column (d	)				2	27.27%
3		for the 5-year base period—divi				-	21.21/0
3		dation has been in existence if le			I	_ 1	
	number of years the four	dation has been in existence in le	ss man 5 years		.	3	5.45%
4	Enter the net value of nor	ncharitable-use assets for 2009 f	om Part X, line	5	. [	4	336,193
5	Multiply line 4 by line 3				. 1	5	18,336
					Ī		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	1			6	60
•			,		•	<del>-</del> -	
7	Add lines 5 and 6					_	40.000
•		• • • • • • • • • • •	• • • • •		· }	7	18,396
^	Falson 16.					_	
8		ons from Part XII, line 4				8	26,000
		ater than line 7, check the box in	Part VI, line 1b	, and complete t	that pa	art using a 1	% tax rate. See the
	Part VI instructions on pa	ge 18.					

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e inst	ructio	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)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		60	
	here ► 🗹 and 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		_60	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		60	
6	Credits/Payments: 2009 estimated tax payments and 2008 overpayment credited to 2009   6a   68			
a b	2009 estimated tax payments and 2008 overpayment credited to 2009			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		68	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached	_	- 00	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		8	
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 8 Refunded ▶ 11		Ö	
Part '				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		1
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	ı	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			\ <u> </u>
	published or distributed by the foundation in connection with the activities.			
Ç	Did the foundation file Form 1120-POL for this year?	1c		1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			Ì
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		4
_	If "Yes," attach a detailed description of the activities.			
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			,
40		3		4
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		4
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	N/	<u> </u>
-	If "Yes," attach the statement required by General Instruction T.			4
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	1	l
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	1	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► CT			
ь	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	8b	√	
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		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	<b>√</b>	1

Part	VII-A Statements Regarding Activities (continued)			<u> </u>
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) <b>\$chedule</b>	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>√</b>	
	Website address ► www.parkinsonidn.org			
14		-6298		
		830-6	· <b>-</b>	<u></u>
15			.	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
Part	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.		Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No (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.)			
b	If any answer is "Yes" to 1a(1)-(6), did any 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	N/	A
	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		-√
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	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 and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	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.)		N/	A
_	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b	14	<u>~</u>
G	► 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
J	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.)	3b	N/	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		4

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	<b>d</b> (contii	nued)			
5a	During	the year did the foundation pay or incur a	ny amo	ount to:								
		ry on propaganda, or otherwise attempt to uence the outcome of any specific public		•			•	☐ Yes	☑ No			
		ectly or indirectly, any voter registration dr		,			-	Yes	☑ No			
		vide a grant to an individual for travel, stu						☐ Yes	☑ No			
		vide a grant to an organization other thar tion 509(a)(1), (2), or (3), or section 4940(d						☐ Yes	☑ No			
		vide for any purpose other than religious, poses, or for the prevention of cruelty to o				ary, or educ		☐Yes	Ø No			
b	If any	answer is "Yes" to 5a(1)-(5), did any of the	e transa	ctions fail to	qualify			ons desci	nbed in			•
	_	tions section 53.4945 or in a current notice zations relying on a current notice regardi	_			_	22 01 1	ne instruc	tions)? □ ◀		_ N/	A
С	_	answer is "Yes" to question 5a(4), does t	_				the tax					
_	becau	se it maintained expenditure responsibility	for the	grant?				N// ☐ Yes	<sup>™</sup> □ No			
6-		" attach the statement required by Regula					miumo					
6a	a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						1					
b					6b		√					
	If "Yes" to 6b, file Form 8870.											
		time during the tax year, was the foundation a						☐ Yes				Δ
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,								<u>N</u>	<u> </u>			
· Gi		and Contractors	, .	1401000, 1	Juliaa	uon man	<b>190.0</b> ,	,gy ,	u.u _	p.c.y		
1	List al	officers, directors, trustees, foundation	n mana	gers and th	eir con	npensation	ı (see p	age 22 o	f the ir	struct	ions).	
		(a) Name and address	hou	e, and average rs per week ed to position		mpensation paid, enter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
		arkinson Jr.	Dir, Pres 1		0			0			0	
	orah H	nam Ave, Greenwich, CT 06830	<del></del>									
		nam Ave, Greenwich, CT 06830	Dir, Tre	eas u	0				0			0
	ather W		Dir, Se									
640	) ₩. Pu	nam Ave, Greenwich, CT 06830			ļ				0			0
2		ensation of five highest-paid employee e, enter "NONE."	es (oth	er than thos	e inclu	ıded on lir	ne 1—s	ee page	23 of	the ins	tructi	ons).
	(a) Name	and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribe employee plans and compen	benefit deferred		nse acc allowan	
МО	ΝE				_		0	_	0			0
					_	<del>                                     </del>						
						Ì						
			_			ļ. — —		<del></del>				
						ļ						
						l						
Total	number	of other employees paid over \$50,000 .							. ▶			

Form 990-PF (2009)

Page 6

Par	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emp and Contractors (continued)	loyees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none	, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NC	NE .	0
		<del></del>
Tota	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of januzations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
		0
_		
2		
3		
_		
4		
Dog	LIV D. Commence Commence Deleted In the latest Action of the latest Acti	
	Summary of Program-Related Investments (see page 24 of the instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	Amount
•	IVA	0
		•
2		
_	other program-related investments. See page 24 of the instructions	
3		
Tota	. Add lines 1 through 3	
- 54	Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundati	ons,
<del>-</del>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<del></del>	
•	purposes:		
а	Average monthly fair market value of securities	1a	243,505
	Average of monthly cash balances	1b	97,808
	Fair market value of all other assets (see page 24 of the instructions)	1c	
	Total (add lines 1a, b, and c)	1d	341,313
e	Reduction claimed for blockage or other factors reported on lines 1a and	<del>  -   -  </del>	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	341,313
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	5,120
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	336,193
_6	Minimum investment return. Enter 5% of line 5	6	16,810
Part 2		operating	
1	Minimum investment return from Part X, line 6	1	16,810
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	]	
C	Add lines 2a and 2b	2c	60
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	16,750
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	16,750
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	[ [	
	<u>line 1 </u>	7	16,750
Part	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 1	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	26,000
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts 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	26,000
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	60
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,940
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether th	e foundation

	90-PF (2009)					Page <b>9</b>
Part	XIII Undistributed Income (see p	page 26 of	the instructions	)		
1	Distributable amount for 2009 from Fine 7		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
2	Undistributed income, if any, as of the end of			<del>-</del>		16,750
a	Enter amount for 2008 only					
b	Total for prior years: 20,20,2					
3	Excess distributions carryover, if any, to					
а	From 2004	8,041				
b	From 2005	494		l		
C	From 2006	6.184				
d	From 2007					
е	From 2008	6,977				
f	Total of lines 3a through e		21,696			
4	Qualifying distributions for 2009 from F					
	line 4: ► \$ <u>26,000</u>					
а	Applied to 2008, but not more than line					
b	Applied to undistributed income of prior					
	(Election required—see page 26 of the instr	· · -				
С	Treated as distributions out of corpus (E required—see page 26 of the instruction					
d	Applied to 2009 distributable amount					16,750
е	Remaining amount distributed out of co	rpus	9,250			
5	Excess distributions carryover applied t	o 2009 🔃				
	(If an amount appears in column (d), the	e same				
	amount must be shown in column (a).)					
6	Enter the net total of each column indicated below:	mn as				
а	Corpus. Add lines 3f, 4c, and 4e. Subtrac		30.946			
b	Prior years' undistributed income. S	ubtract				
	line 4b from line 2b	• • _		0		
С	Enter the amount of prior years' undist	4				
	income for which a notice of deficien					
	been issued, or on which the section					
	tax has been previously assessed	<del>-</del>				
d	Subtract line 6c from line 6b. 1 amount—see page 27 of the instruction					
	· =	_		0		
е	Undistributed income for 2008. Subtra					
	4a from line 2a. Taxable amount—se 27 of the instructions					
		<b>⊢</b> -			0	
f	Undistributed income for 2009. Subtra- 4d and 5 from line 1. This amount m					
	distributed in 2010					
-				·		0
7	Amounts treated as distributions out of to satisfy requirements imposed by					
	170(b)(1)(F) or 4942(g)(3) (see page 27					
	instructions)					
8	Excess distributions carryover from 20	<u> </u>				<u> </u>
_	applied on line 5 or line 7 (see page 27					
	instructions)		8,041			
9	Excess distributions carryover to		0.041			
	Subtract lines 7 and 8 from line 6a .		22,905			
10	Analysis of line 9:					
а	Excess from 2005	494				
b	Excess from 2006	6,184				
С	Excess from 2007		\			
d	Excess from 2008	6,977				
е	Excess from 2009	9,250				

Part	XIV Private Operating Founda	tions (see page	27 of the instruc	tions and Part V	II-A, question 9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for				N.	 /A
b	Check box to indicate whether the fou	ndation is a private	operating foundat	ion described in se	ction  4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
	each year listed	N/A	N/A	N/A	N/A	N/A
b	85% of line 2a	N/A	N/A	N/A	N/A	N/A
С	Qualifying distributions from Part XII, line 4 for each year listed	N/A	N/A	N/A		N/A
d	Amounts included in line 2c not used directly for active conduct of exempt activities					N/A
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	N/A	N/A	N/A	N/A	N/A
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					<u>A/A</u>
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					N/A
	of minimum investment return shown in					
	Part X, line 6 for each year listed	N/A	N/A	N/A	N/A	N/A
С	"Support" alternative test—enter:  (1) Total support other than gross investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					N/A
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					N/A
	(3) Largest amount of support from		-			IWA
	an exempt organization					N/A
	(4) Gross investment income					N/A
Part	XV Supplementary Information	on (Complete th	is part only if th	ne foundation h	ad \$5.000 or me	ore in assets at
_	any time during the year-				4-,	
1	Information Regarding Foundation			<u> </u>		
a	List any managers of the foundation		ited more than 2%	6 of the total contr	ibutions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more that	an \$5.000). (See s	ection 507(d)(2).)	-,
No				, ,	( ), )	
	List any managers of the foundation ownership of a partnership or other en					rge portion of the
Noi		0:61	0.1.1.1.	<del> </del>		
2	Information Regarding Contribution					
	Check here ▶ ☐ if the foundation unsolicited requests for funds. If the organizations under other conditions,	foundation make	s gifts, grants, et	ected charitable of c. (see page 28 c	organizations and if the instructions	does not accept to individuals or
а	The name, address, and telephone nu	ımber of the perso	n to whom applica	ations should be a	ddressed:	
Ge	offrey Parkinson, 640 W. Putnam Av	e, 3rd Floor, Gree	enwich, CT 06830	(203) 629-8552	off@fsllc.net	
	The form in which applications should					
On	line application form on Foundation	's website: www.i	parkinsonfdn.ord			
	Any submission deadlines:					
	Any restrictions or limitations on av factors:	vards, such as by	geographical are	eas, charitable fie	elds, kinds of inst	itutions, or other
Fo	od & Water, Faith & Evangelism, Hea	ilth & Humanitaria	an, & American Ic	deals		

Total

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year **Alliance for Cancer Gene Therapy** N/A Public Medical Research 2,000 Stamford, CT 06902 **Global Hope Network** N/A Public Poverty/Hunger Relief 2,000 Orlando, FL 32801 Greenwich Chaplaincy Srvc N/A Public **Chaplaincy Care** 2,000 Greenwich, CT 06830 **Greenwich Family YMCA** N/A **Public** Youth Development 1,000 Greenwich, CT 06830 **Greenwich Country Day School** N/A **Public Education Programs** 3,000 Greenwich, CT 06836 Warshall Legacy Institute N/A Public CHAMPS Program 2,500 Arlington, VA 22201 **Neighbor to Neighbor** N/A Public Poverty/Hunger Relief 2,000 Greenwich, CT 06831 **University of Virginia** N/A **Public** Jefferson Circle 2,000 Charlottesville, VA 22904 **Connecticut Friends of Bosnia** AVA Public Refugee Assistance 1,500 Greenwich, CT 06830 The Stanwich School N/A **Public Education Programs** 8,000 Greenwich, CT 06830 26,000 Approved for future payment

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated.		siness income	Excluded by sect	on 512, 513, or 514	(e)
1	_	ram service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
	a _						
	b _						
	d _				<u> </u>		
	e • -				-		<del></del>
	' <u>-</u>						
_	_	Fees and contracts from government agencies					
2		nbership dues and assessments			4.0	76	
3 4		est on savings and temporary cash investments dends and interest from securities			14	4,809	
4 5		rental income or (loss) from real estate:			149	4,009	
3		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income			-		
8		or (loss) from sales of assets other than inventory			-		1,086
9		income or (loss) from special events					1,000
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	е _						
	_						
12	Subt	total. Add columns (b), (d), and (e)		0		4,885	1,086
13	Tota	total. Add columns (b), (d), and (e)					
<b>13</b> (See	Tota work	al. Add line 12, columns (b), (d), and (e)	 y calculations.)				
13 (See Pa	Tota work rt XV	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verif  Relationship of Activities to the A	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971
13 (See Pa	Tota work rt XV e No. ▼	al. Add line 12, columns (b), (d), and (e)	 y calculations.) \ccomplishm	ent of Exemp	t Purposes	13	5,971

	90-PF (2	<u></u>								age 13
Par	t XVII		n Regarding Trar ganizations	nsfers To and Tran	sactions	and Relat	tionships With N	oncharita	ole	
1	in se			engage in any of the section 501(c)(3) orga					Yes	No
а	_		norting foundation to	o a noncharitable exe	mot organi-	ration of				
a		Cash	-	o a nonchantable exe	mpt organiz	allon of.		1a(	vl	1
		Other assets .						1a(		1
b		er transactions:							1	1
	(1) 5	Sales of assets to	a noncharitable exe	empt organization .				<u>1b(</u>	<u>)                                     </u>	✓
				able exempt organiza				1b(	_	1
				er assets				1b(		1
			-					1b(		1
		_						1b(:		1
С				sts, other assets, or p						1
d				s," complete the follo						
				ices given by the rep						
			on or sharing arrang	ement, show in colur	nn <b>(d)</b> the v	alue of the	goods, other asset	s, or service	s rece	eived.
_(a) Lıı	ne no	(b) Amount involved	(c) Name of nonc	haritable exempt organizati	on (d	) Description	of transfers, transactions	s, and sharing a	rrangerr	nents
	$\dashv$					<del></del>		<del>.</del>		
							· ·- · · · · · · ·			
								·		
				<del></del>						
		<del></del>								
		-								
			_	<del>,</del>			<del></del>			
2a b	desc	cribed in section tes," complete the	501(c) of the Code (or following schedule	filiated with, or related the than section 50 c.					es 🗹	No
		(a) Name of organ	ization	(b) Type of org	anızatıon		(c) Description	of relationship		
							·			
	Under belief,	Under penalties in perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of rebelief, it is true confect, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has a								
ø	Sid	nature of officer or tru	stee		1 4 /12 Date	/10 	President Title			
<del>f</del> er	<del>'                                    </del>	1 010101101			Date		<del></del>		dae	
Sign Here		,				Chec	kıf num	parer's identif iber (see <b>Sigr</b> e 30 of the in:	ature o	
S	Paid Preparer's Use Only	Preparer's signature					page		ni ucilo:	113)
	ढ़⊃	self-employed), add					EIN►	-		
	l	and ZIP code	<u> </u>				Phone no.	-	_	_

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

**Employer identification number** 

Parkinson Family Foundation Inc. 06 1485191 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I. II. and III. 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 exclusively 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 exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-PF).

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or

_	1	_	า		
Page		of		of	Part

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2009)
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Name of organization Parkinson Family Foundation Inc.

Employer identification number 06 1485191

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Geoffrey & Betsy Parkinson		Person
	94 Perkins Road	\$7,471	Payroll ☐ Noncash ☑
	Greenwich, CT 06830 - 351(		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)

	94 Perkins Road	\$	Payroll
	Greenwich, CT 06830 - 351(		(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 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 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 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 Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization Parkinson Family Foundation Inc. Employer identification number 06 : 1485191

Part II	Noncash	<b>Property</b>	(see	instructions	Ì
---------	---------	-----------------	------	--------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	400 Shares American Express Common Stock	\$16,484	12 / 23 / 09
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	400 Shares General Electric Common Stock	\$ 6,164	12 / 23 / 09
(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
		\$	<i>I</i>

Tax Year 2009

#### Schedule 1: Part I, Line 1 - Contributions, Gifts, Grants, etc. Received

De	scription	Amount
1	American Express Common Stock	4,214
2	General Electric Common Stock	3,257
To	tal	7,471

#### Schedule 2: Part I, Line 6a - Net Gain or (Loss) from Sale of Assets Not on Line 10

					Cost, Ot	her basis,	To Part XVI-A
				Gross _	or Dona	ted Value	Line 8
Des	scription	Date Acquired	How Acquired	Sales Price	Amount	Which One	(See Note)
1	Rights on 200 Shrs PPH	10/23/2009	Offering	792	0	Cost	
2	Rights on 200 Shrs PPH	11/12/2009	Offenng	294	0	Cost	
Tot	al			1,086	0	-	

			Expense of Sale and Cost of	Depreciation Since	Gain or
	Date Sold	To Whom Sold	Improvements	Acquisition	(Loss)
1	·				792
2					294
Total			0	0	1,086

Amounts Carried <u>To Part XVI-A line 8</u>	Gross Sales Price	Cost or Other Basis	Expense of Sale and Cost of Improvements	Depreciation Since Acquisition	Gain or (Loss)
Unrelated Business Income (Col B)	0	0	0	0	0
Excluded by Sec 512, 513, or 514 (Col D)	0	0	0	0	0
Related / Exempt Function Income (Col E)	1,086	0	0	0	1,086
Total	1,086	0	0	0	1,086

#### Note: Numenc codes used above are

- 1 If Unrelated Business Income (Part XVI-A, Column B),
- 2 If Excluded by Sec 512, 513, or 514 (Part XVI-A, Column D)

Balance is Related / Exempt Function Income (Part XVI-A, Column E)

Attachments to IRS Form 990-PF Parkinson Family Foundation Inc. 06-1485191

Tax Year 2009

edule 5: Part I, Line 16a - Legal Fees	
e of service	Amount
	0
edule 5: Part I, Line 16b - Accounting Fees	
of service	Amount
1	0
edule 5: Part I, Line 16c - Other Professional Fees	
of service	Amount
Bank Fee	35
Foundation Services LLC	4,699
1	4,734
edule 6: Part I, Line 18 - Taxes	<u> </u>
	Amount
e of tax	Amount
e of tax Taxes	25
	<del></del>

#### Schedule 9: Part I, Line 25 - Contributions, Gifts, Grants Paid

	Cash	Property Other	
From detail below:	Amount	than Cash	Total
Paid during the year	26,000	0	26,000
Approved for future payment	2,000	0	2,000
Total	28,000	0	28,000

Paid During the Year		Cash	Property Other than	Relationship to Disqualified Persons	Organizational Status of Donee
Donee Name	Donee Address	Amount	Cash (1)	(2)	(3)
1.1 Alliance for Cancer Gene	Th Stamford, CT 06902	2,000			
1 2 Global Hope Network	Orlando, FL 32801	2,000			
1.3 Greenwich Chaplaincy Sei	rvı Greenwich, CT 06830	2,000		Employer	
1.4 Greenwich Country Day So	ch Greenwich, CT 06836-0623	3,000			
1 5 Greenwich Family YMCA	Greenwich, CT 06830	1,000			
1 6 The Marshall Legacy Instit	ut Arlington, VA 22201	2,500			
1.7 CT Friends of Bosnia	Greenwich, CT 06830	1,500		_	
Total		14,000	0	•	
2 1 The Stanwich School	Greenwich, CT 06830	8,000			
2 2 University of Virginia	Charlottesville, VA 22904-4807	2,000			
2 3 Neighbor to Neighbor	Greenwich, CT 06830	2,000		_	
Total		12,000	0		
Total amount paid for which the expenditure responsibility	foundation exercised		,		
Total Paid During the Year		26,000	0	:	

- (1) Additional information for property other than cash included on continuation sheet
- (2) Relationship of donee if related by blood, marnage, adoption or employment (including children of employees) to any disqualified person
- (3) The organizational status of donee (e.g., public chanty—an organization described in section 509(a)(1), (2), or (3))

Approved for Future F	Payment Payment	Cash	Property Other than	Relationship to Disqualified Persons	Organizational Status of Donee
Donee Name	Donee Address	Amount	Cash (1)	(2)	(3)
6 1 Alliance for Cance Total	er Gene Th Stamford, CT 06902	2,000 2,000	0		
Total Approved for Fu	ture Payment	2,000	0		

- (1) Additional information for property other than cash included on continuation sheet
- (2) Relationship of donee if related by blood, marriage, adoption or employment (including children of employees) to any disqualified person
- (3) The organizational status of donee (e.g., public chanty—an organization described in section 509(a)(1), (2), or (3))

Attachments to IRS Form 990-PF Parkinson Family Foundation Inc. 06-1485191 Tax Year 2009

Schedule 12: Part II, Line 10 - Investments—Government Obligations, Corporate Stocks and Bonds

	_	End of Year		
Line 10a - Investments - U.S. and state government obligations	Valued at Cost or Market Value	Book Value	Fair Market Value	
Total U S Government obligations				
Total	-	0	0	
Line 10b - Investments - Corporate Stock				
1 Corporate Stocks - per schedule attached	Cost	63,614	106,177	
2 Exchange Traded Funds - per schedule attached	Cost	218,697	210,985	
Total	_	282,310	317,162	

The Parkinson Family Charitable Foundation, Inc EIN: 06-1485191 2009 Return of Private Foundation (Form 990-PF)

## **Attachment to Part II Balance Sheet**

#### Line 10b Corporate Stock

Quantity		Description	Bo	ook Value	<u>Fair</u>	Market Value
701.7925	shs	AMERICAN EXPRESS CO	\$	7,392.63	\$	28,436.63
400	shs	GENERAL ELECTRIC CO	\$	3,257.42	\$	6,052.00
800	shs	HEWLETT PACKARD CO	\$	22,088.75	\$	41,208.00
1,000	shs	MICROSOFT CORP	\$	30,874.75	\$	30,480.00
200	shs	ISHARES S&P 100 INDEX FUND	\$	11,605.00	\$	10,290.00
200	shs	ISHARES S&P 500 GROWTH INDEX	\$	12,125.00	\$	11,598.00
900	shs	ISHARES S&P GLOBAL ENERGY SECTOR INDEX FUND	\$	30,073.00	\$	32,112.00
200	shs	ISHARES TR MSCI EAFE INDEX FD	\$	12,353.00	\$	11,056.00
400	shs	ISHARES S&P GLOBAL 100 INDX FD	\$	26,240.00	\$	24,100.00
200	shs	ISHARES DOW JONES U.S CONSUMER SVCS SECTOR INDEX FD	\$	12,424.40	\$	11,098.00
1,000	shs	ISHARES DOW JONES U.S. TECH INDEX FUND	\$	51,588.22	\$	57,540.00
200	shs	PHARMACEUTICAL HOLDRS TRUST	\$	14,335.00	\$	13,200.00
300	shs	SELECT SECTOR SPDR HEALTH CARE	\$	9,737.00	\$	9,321.00
200	shs	SELECT SECTOR SPDR TRX FINANCIAL	\$	6,471.00	\$	2,880.00
1,000	shs	SELECT SECTOR SPDR INDUSTRIAL	\$	31,745.00	\$	27,790.00
			\$	282,310.17	\$	317,161.63

### **Attachment to Part VII-A Statements Regarding Activities**

Line 10 Substantial Contributors

GEOFFREY & BETSY PARKINSON c/o GREENWICH ADVISORY ASSOCIATES 640 WEST PUTNAM AVENUE GREENWICH, CT 06830