



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EIN # 20 0423537

Reply to LTR 2697C

4 of 5

CISD9S4DTT

Schedule B

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

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2013

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization

Parks Medical Foundation

Employer identification number

20-0423537

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

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation**COPY**

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501(c)(7) (B) or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- I am 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

- ☐ I am a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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 (i) \$5,000 or (ii) 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) (B) or (10) organization filing Form 990 or 990-EZ that received from any one contributor during the year total 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) (B) 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 total 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 during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) 2013

EIN 20-0423537
83113

05/15/2014 4:48PM (GMT-04:00) 001

MAY 15/2014 THU 01 49 PM

PARKS MEDICAL ELEC

PAT No EIN 20 0423537

F 1111

ISD9S4DTT

COPY

EIN # 20 0423537

5 of 5
CISD9S4DTT

Schedule B (Form 990 990 E2 or 990 PF) (2013)

je 2

Name of organization

Parks Medical Electronics Foundation

Employer identification number

20-0423537

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	Parks Medical Electronics PO Box 5669 Alhambra OR 97006	\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Schedule B (Form 990 990 E2 or 990 PF) (2013)

EIN 20-0423537
8-31-13

05/15/2014 4 48PM (GMT-04 00)

00000001