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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

| Fo | r ca | alen | <u>dar year 2014 or tax year</u> | beginning | | | , and endi | ng | | |
|---------------|---------------|----------|---|--|-----------------|------------------------|-----------------|--------------|--|--|
| N | lam | e of | foundation | | | | | | A Employer identification | n number |
| | st | JSZ | AN T. PARKIN | SON FOUNDAT | 'ION | INC. | | | 82-0526819 |) |
| | | | nd street (or P O box number i | | | | Ro | oom/suite | B Telephone number | |
| | 87 | 77 | WEST MAIN S | STREET | | | 8 | 00 | 208-344-71 | 50 |
| | | | own, state or province, cou | | ostal co | de | | | C If exemption application is p | |
| | | | SE, ID 8370 | | | | | | in exemplion approacher to p | oriality, chock hard p |
| G | Cr | neck | all that apply: | Initial return | | Initial return of a fo | rmer public cha | rity | D 1. Foreign organization | s, check here |
| | | | | Final return | | Amended return | • | • | | |
| | | | | Address change | | Name change | | | Foreign organizations me check here and attach co | eeting the 85% test, |
| Н | Cł | neck | type of organization: | X Section 501(c)(3) ex | kempt pr | ivate foundation | | | E If private foundation sta | |
| | | • | ction 4947(a)(1) nonexem | | | xable private founda | ition | | under section 507(b)(1 | |
| ī | Fail | | rket value of all assets at e | | | | Accrual | | F If the foundation is in a | |
| | (fro | m F | Part II, col (c), line 16) | O1 | ther (spe | cify) | | | under section 507(b)(1 | |
| | • | | 466 | 5 , 866 . (Part I, colu | ımn (d) i | must be on cash b | pasis) | | | /(-// cc |
| F | aı | rt I | | | | Revenue and | (b) Net inves | stment | (c) Adjusted net | (d) Disbursements |
| | | | necessarily equal the amoun | mns (b), (c), and (d) may not its in column (a)) | exp | enses per books | incom | | income | for charitable purposes (cash basis only) |
| | | 1 | Contributions, gifts, grant | ts, etc., received | | 1,930. | | | N/A | |
| | | | Check X if the foundation | n is not required to attach Sch. B | | | | | | |
| | - | 3 | Interest on savings and tempo cash investments | orary | | 621. | | 621. | | STATEMENT 1 |
| | 1 | 4 | Dividends and interest fro | | | 6,401. | 6 | ,401. | | STATEMENT 2 |
| | - | 5a | Gross rents | | | | | | | |
| | | b | Net rental income or (loss) | | | | | | | |
| | | 6a | Net gain or (loss) from sale of | assets not on line 10 | | 5,390. | | | | |
| | Š | b | Gross sales price for all assets on line 6a | 21,464. | | | | • | | |
| | Revenue | 7 | Capital gain net income (from | Part IV, line 2) | | | 5 | ,390. | | |
| (| ~ | 8 | Net short-term capital gai | ın | | | | | | |
| | 1 | 9 | Income modifications | | | | | | | |
| | - | 10a | Gross sales less returns and allowances | | | | | | | |
| | l | b | Less Cost of goods sola | | | | | | | |
| | | C | Gross profit or (loss) | | | | | | | |
| | | 11 | Other income | | | | | | | |
| _ | 4 | 12 | Total Add lines 1 throug | ıh 11 | | 14,342. | 12 | <u>,412.</u> | | |
| | | 13 | Compensation of officers, dire | • | | 0. | | 0. | | 0. |
| | | 14 | Other employee salaries a | - | | | | | | |
| | S | | Pension plans, employee | benefits | ļ | | | | | |
| | Se | | Legal fees | | | | | | | |
| | Expenses | | Accounting fees | STMT 3 | <u> </u> | 1,930. | | <u>,877.</u> | | 53. |
| | | | Other professional fees | STMT 4 | | 2,034. | 1 | <u>,979.</u> | - | 55. |
| C117 | <u>¥</u> | | Interest | | | | | | | |
| | اج | | Taxes | STMT 5 | | 56. | | 0. | | 0. |
| ∍ : ◄ : | Ĕ | 19 | Depreciation and depletion | on | | | | | | |
| ے . | 틹 | | Occupancy | | | | | | | |
| | | | Travel, conferences, and | | | | | | | |
| | וייי | 22 | Printing and publications | RECEIVED | - | | | | | |
| 급 : | ᆵ | 23 | Other expenses | | 2 | | | | | |
|) | perating | 24 | Total operating and adm | inistrative | 181 | 4 000 | • | 056 | | 100 |
| Ž (| $\overline{}$ | | expenses. Add Intes 13 t | nkough 23 ap 2015 | R\$-050 | 4,020. | 3 | <u>,856.</u> | | 108. |
| SCANNE | | | Contributions, gifts, gran | | 100 | 12,200. | | <u> </u> | | 12,200. |
| \mathcal{L} | | 26 | Total expenses and disb | generally ut | <u> </u>] | 16 000 | • | 0.5.6 | | 10 000 |
| <i>"</i> _ | + | | Add lines 24 and 25 | 40. | _ | 16,220. | 3 | <u>,856.</u> | - | 12,308. |
| | | | Subtract line 26 from line | | | -1 070 | | | | |
| | 1 | | Excess of revenue over expen | | | <1,878. | > | | | |
| | | | Net investment income (| | | | 8 | ,556. | | |
| 42 | 350 | <u>C</u> | Adjusted net income (if n | | <u> </u> | • | | | N/A | 5 000 DE |
| 11 | -24 | 1 -14 | LHA FOT Paperwork R | teduction Act Notice, see | instruct | IONS. | | | | Form 990-PF (2014 |

| Attached shedular and the state of the state | | | | | |
|--|------|--|--------------------|---------------------------------------|---------------------------|
| Р | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | , , | · · · · · · · · · · · · · · · · · · · | |
| | 2 | 'Savings and temporary cash investments | 26,606. | 40,802. | 40,802. |
| | 3 | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | | Grants receivable | - | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ets | | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| • | | Investments - U.S. and state government obligations | 152 464 | 1.45 200 | 200 000 |
| | 1 | Investments - corporate stock STMT 6 | 153,464. | 147,390. | 378,209. |
| | l | Investments - corporate bonds STMT 7 | 45,000. | 35,000. | 34,615. |
| | 13 | Investments - land, buildings, and equipment basis | | | |
| | 12 | Less accumulated depreciation Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 8 | 12,500. | 12,500. | 13,240. |
| | 1 | Land, buildings, and equipment; basis | 12,500. | 12,300. | 13,240. |
| | ' | Less accumulated depreciation | | | |
| | 15 | Other assets (describe ►) | | | |
| | | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item I) | 237,570. | 235,692. | 466,866. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| <u>ia</u> | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe >) | | | |
| | | | _ | _ | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| S | 0.4 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| or Fund Balances | 24 | Unrestricted Temporarily restricted | | | |
| 39 | 26 | Permanently restricted | | | |
| 밀 | 20 | Foundations that do not follow SFAS 117, check here | | | |
| 3 | | and complete lines 27 through 31. | | | |
| | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | 237,570. | 235,692. | |
| Net Assets | 30 | Total net assets or fund balances | 237,570. | 235,692. | |
| | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 237,570. | 235,692. | |
| F | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| _ | Tota | I not accept on fund helphone at heavening of year. Part II, column (a) line | 20 | · | |
| ' | | I net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return) | 30 | | 227 570 |
| 2 | | r amount from Part I, line 27a | | 1 2 | 237,570. <1,878.> |
| | | r increases not included in line 2 (itemize) | | 3 | <u> </u> |
| | | lines 1, 2, and 3 | | 4 | 235,692. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 235,692. |
| | | | | | Form 990-PF (2014) |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

| orn | 1990-PF (2014) SUSAN T. PARKINSON FOUNDATION, | | | <u>0526</u> | | | Page 4 |
|-----|---|---|---------|-------------|--------------|------|----------|
| Pε | irt VI Excise Tax Based on Investment Income (Section 4940) | a), 4940(b), 4940(e), or 4 | 948 - | see i | nstru | ctio | าร) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and ente | er "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if neces | · · | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 | | | 1 | 71. |
| | of Part I, line 27b | | | | • | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | f Part I, line 12, col. (b). | | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Othe | | 2 | | | | 0. |
| | Add lines 1 and 2 | , | 3 | | | 1 | 71. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other | ers enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | , | 5 | | | 1 | 71. |
| 6 | Credits/Payments: | | | | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | 1 | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c | 1 | | | | |
| | Backup withholding erroneously withheld | 6d | 1 | | | | |
| | Total credits and payments. Add lines 6a through 6d | | 7 | | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | ed | 8 | | | | <u> </u> |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | • • • • • • • • • • • • • • • • • • • | 9 | | | 1 | 71. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 10 | | | | / 1 • |
| | Enter the amount of line 10 to be: Credited to 2015 estimated tax | Refunded | 11 | | | | |
| | art VII-A Statements Regarding Activities | Retunded | 1 | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislati | ion or did it participate or intervene | ın . | | | Yes | No |
| | any political campaign? | ion of the reparticipate of intervent | , | | 1a | | X |
| ŀ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes | s (see instructions for the definition | 1)? | | 1b | | X |
| • | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and of | • | • | | | | |
| | distributed by the foundation in connection with the activities. | oopies or arry materials publish | ou 0, | | | | |
| , | Did the foundation file Form 1120-POL for this year? | | | | 10 | | X |
| | I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | par: | | | | | |
| ٠ | (1) On the foundation. > \$ (2) On foundation managers. | | | | ļ | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure | | - | | | | |
| • | managers. > \$ 0 . | re tax imposed on loandation | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS | 2 | | | 2 | | X |
| _ | If "Yes," attach a detailed description of the activities | | | | - | | - 41 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing ins | trument articles of incorporation | or | | | | |
| Ŭ | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | J1 | | ₃ | | X |
| 4: | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | 4a | | X |
| | of If "Yes," has it filed a tax return on Form 990-T for this year? | | N | /A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | , | 5 | | X |
| • | If "Yes," attach the statement required by General Instruction T. | | | | ┌┷┤ | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | er• | | | | | |
| Ĭ | By language in the governing instrument, or | ··· | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory of | firections that conflict with the state | e law | | | | |
| | remain in the governing instrument? | shootions that commot with the state | . iu ii | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp | elete Part II col (c) and Part X\ | , | | 7 | X | |
| · | bis the restriction have at reast popular about at any time during the year, in 100, comp | | | | H | | |
| 8: | Enter the states to which the foundation reports or with which it is registered (see instructions | (A) | | | | | |
| - | ID | · | | - | | | |
| ı | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto | orney General (or designate) | | | | | |
| • | of each state as required by General Instruction G? If "No," attach explanation | contract (or dobiginato) | | | 8b | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of secti | on 4942(i)(3) or 4942(i)(5) for cal- | endar | | | | |
| ٠ | year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," cor | | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "yes," attach a schedule | | | | 10 | | X |
| | a solitore and a solitore and a solitore and a solitore | g tron ricerios and addicesce | | Fori | m 990 | -PF | |
| | | | | | | - \ | / |

| | 990-PF (2014) SUSAN T. PARKINSON FOUNDATION, INC. 82-0526 | <u>819</u> | | Page 5 |
|-----|--|--------------|---|----------|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | <u>. </u> | |
| 14 | The books are in care of \blacktriangleright EIDE BAILLY, LLP Telephone no. \blacktriangleright 208-34 | | <u> 150</u> | |
| | Located at ► 877 WEST MAIN STREET; STE 800, BOISE, ID ZIP+4 ►83 | <u> 3702</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, | 1 | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | <u>X</u> |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the | | | |
| Dr | foreign country | <u> </u> | لـــــا | |
| 78 | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 1 | Vaal | Nic |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | 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) Person manage from lead manage to an otherwise and another to (or except the form) | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X 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)? Yes X No | | | |
| | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No | | | |
| | | | | |
| ľ | olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 4. | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | ۱. | | v |
| 9 | before the first day of the tax year beginning in 2014? Tayon on follows to distribute prome (section 4042) (does not apply for years the foundation was a private operating foundation. | 1c | | <u>X</u> |
| 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)): At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| ì | before 2014? Let under the roundation have any undistributed income (lines od and be, Part XIII) for tax year(s) beginning Yes X No | | | |
| | Mark and the second sec | | | |
| , | If "Yes," list the years >,,,,, | | | |
| , | 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 instructions.) N/A | 2b | | |
| | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| , | • The provisions of section 4942(a)(2) are being applied to any of the years fisted in 2a, list the years field. | | | |
| 3: | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| • | during the year? | | | |
| ı | o if "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| • | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2014) N/A | 3b | | |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 1.5 | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 4b | | х |

| orm 990-PF (2014) SUSAN T. PARKINSON FOUND | ATION, INC. | | <u>82-05268</u> | 19 | Page 6 |
|---|---|-----------------------------|--|-------------|-----------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | , ,, | | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | | | | |
| any voter registration drive? | _ | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | es 🗶 No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 4945(d)(4)(A)? (see instructions) | | | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | | | |
| the prevention of cruelty to children or animals? | | | es 🗶 No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | · | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check h | | | ▶□□ | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | | | |
| expenditure responsibility for the grant? | | [/A | s L No | | |
| If "Yes," attach the statement required by Regulations section 53 4945 | | | | | - |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | _ | | | |
| a personal benefit contract? | | Ye | es 🗶 No | | |
| ${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y6 | es X No L | | <u> </u> |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | 7b | | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | / | | |
| Paid Employees, and Contractors | | | | <u>.</u> | |
| List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contributions to | (-) | Evnence |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred | acco | Expense unt, other |
| · · · · · · · · · · · · · · · · · · · | to position | enter -0-) | compensation | allo | owances |
| | DIRECTOR | | | | |
| 377 WEST MAIN STREET, STE 800 | 1 00 | | | | ^ |
| BOISE, ID 83702 | 1.00 | 0. | 0. | | 0. |
| · · · · · · · · · · · · · · · · · · · | DIRECTOR | 1 | | | |
| 377 WEST MAIN STREET, STE 800 | 0.50 | | | | ^ |
| BOISE, ID 83702 | 0.50 | 0. | 0. | | 0. |
| | DIRECTOR | | | | |
| 377 WEST MAIN STREET, STE 800 | 0.50 | | | | _ |
| BOISE, ID 83702 | 0.50 | 0. | 0. | ļ | 0. |
| | | | | | |
| | | | | | |
| Companyation of five highest naid ampleyees (ather they they they | luded on line 4\ If none | ontor "NONE " | <u> </u> | l | |
| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | enter "NONE." | (d) Contributions to | (0) | Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | acco | unt, other |
| MONE | devoted to position | | compensation | allo | owances |
| NONE | - | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| The state of other employees and even fire and | | <u> </u> | | | |
| Total number of other employees paid over \$50,000 | | | | | . 0 |

| Part VIII Information About Officers, Directors, Trustees, Found | | <u> </u> |
|--|--------------------------------|------------------|
| Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | | |
| • (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | ▶ 0 |
| | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro | stical information such as the | Expenses |
| | 700000, 610. | |
| 1 <u>N/A</u> | - | |
| | | |
| 2 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year of | n lines 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| , | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |

Form **990-PF** (2014)

12,308.

12,308.

12,308.

1a

1b

2

3a

3Ь

4

6

3

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

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

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

b Program-related investments - total from Part IX-B

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Part XIII. Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|-----|--|---------------|----------------------------|-------------|---------------------------------------|
| 1 | Distributable amount for 2014 from Part XI, | | | | 21,676. |
| 2 | Undistributed income, if any, as of the end of 2014 | | | | 2270701 |
| | Enter amount for 2013 only | ŀ | | 11,347. | |
| | Total for prior years: | | | | |
| | | | 0. | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | | |
| | a From 2009 | | | | |
| t | From 2010 | | | | |
| | From 2011 | | | | |
| | From 2012 | | | | |
| | e From 2013 | | | | |
| | Total of lines 3a through e | 0. | | | |
| | Qualifying distributions for 2014 from | | | | |
| · | Part XII, line 4: ►\$ 12,308. | | | | |
| | a Applied to 2013, but not more than line 2a | | | 11,347. | |
| | Applied to undistributed income of prior | | | 22/31/1 | |
| | years (Election required - see instructions) | | 0. | | |
| • | Treated as distributions out of corpus | | | | |
| | (Election required - see instructions) | 0. | | | |
| | d Applied to 2014 distributable amount | | | | 961. |
| | e Remaining amount distributed out of corpus | 0. | | | 3021 |
| | Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 | Enter the net total of each column as indicated below: | | | | |
| | 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| | b Prior years' undistributed income. Subtract | | ··· | | |
| | line 4b from line 2b | | 0. | | |
| | c Enter the amount of prior years' | | | | |
| | undistributed income for which a notice of | | | | |
| | deficiency has been issued, or on which | | | | |
| | the section 4942(a) tax has been previously assessed | | 0. | | |
| | d Subtract line 6c from line 6b. Taxable | | | | |
| | amount - see instructions | | 0. | | |
| | e Undistributed income for 2013. Subtract line | | | | · · · · · · · · · · · · · · · · · · · |
| | 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| 1 | Undistributed income for 2014, Subtract | | | | |
| | lines 4d and 5 from line 1. This amount must | | | | |
| | be distributed in 2015 | | | | 20,715. |
| 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) | 0. | | | |
| 8 | Excess distributions carryover from 2009 | | | | |
| | not applied on line 5 or line 7 | 0. | | | |
| 9 | Excess distributions carryover to 2015. | | | | |
| _ | Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 | Analysis of line 9: | | | | |
| | a Excess from 2010 | | | | |
| | b Excess from 2011 | | | | |
| | Excess from 2012 | | | | |
| | d Excess from 2013 | | | | |
| | e Excess from 2014 | | | | |
| 123 | 581 24-14 | | <u> </u> | | Form 990-PF (2014) |

| Form 990-PF (2014) SUSAN | T. PARKINSON | FOUNDATION | , INC. | 82-05 | 26819 Page 1 |
|--|---|-------------------------------|---------------------|---------------------------------------|---------------------|
| Part XIV Private Operating | g Foundations (see in | structions and Part VII- | A, question 9) | N/A | ·· |
| 1 a If the foundation has received a ruli | ing or determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective | ve for 2014, enter the date of | the ruling | > _ | | |
| b Check box to indicate whether the f | oundation is a private operati | ng foundation described in | section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 year | s | |
| income from Part I or the minimum | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | , | | | | <u> </u> |
| c Qualifying distributions from Part X | (II | | | | |
| line 4 for each year listed | , | | | | |
| d Amounts included in line 2c not | | | | <u> </u> | |
| used directly for active conduct of | | | | | |
| • | | | | | |
| exempt activities | 4h. | | | | |
| e Qualifying distributions made direc | • | | | | |
| for active conduct of exempt activit | ies. | | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | r | | , , , | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each yea listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | ' <u> </u> | | | | |
| dividends, rents, payments on | ı | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| | | | | | |
| (2) Support from general public and 5 or more exempt | | | | | |
| organizations as provided in | | | | | |
| section 4942(j)(3)(B)(III) | | | | - | |
| (3) Largest amount of support fro | ·m | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | 6 Ala a 6 a | -ti b 65 000 | |
| | information (Comple ng the year-see inst | | tne touna | ation had \$5,000 or m | ore in assets |
| 1 Information Regarding Found | dation Managers: | | | | |
| a List any managers of the foundation | | | ibutions received | by the foundation before the clo | ose of any tax |
| year (but only if they have contribu | ited more than \$5,000). (See | section 507(d)(2).) | | | |
| SUSAN T. PARKINSON | 1 | | | | |
| b List any managers of the foundation other entity) of which the foundation | | | or an equally larg | e portion of the ownership of a p | partnership or |
| NONE | | | | | |
| 2 Information Regarding Contr | ibution, Grant. Gift. Loar | , Scholarship, etc Pr | ograms: | | |
| Check here ▶ ☐ If the foundate | | | - | does not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, | - | - | - | · · · · · · · · · · · · · · · · · · · | |
| a The name, address, and telephone | | | | | |
| SUSAN T. PARKINSON | | | | | |
| 109 AUDUBON PL, HA | • | | | | |
| b The form in which applications sho | | | ould include: | | |
| NO SPECIFIC FORMS | | | | | |
| c Any submission deadlines: NONE | | | | | |
| d Any restrictions or limitations on a | wards, such as by geographic | cal areas, charitable fields. | kinds of institutio | ons, or other factors: | |
| NONE | | , | | | |
| | | | | | |

| 3 Grants and Contributions Paid During the | | Payment | | <u> </u> |
|--|---|--------------------------------------|----------------------------------|---------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | Gr dabstantal oshir boto | | | |
| | | | | |
| IDAHO FOOD BANK | N/A | PUBLIC | ASSISTANCE FOR THE | |
| 2562 TK AVENUE | | | DISADVANTAGED | 500 |
| BOISE, ID 83702 | | | | 500 |
| | | | | |
| MAYO FOUNDATION 200 FIRST STREET SW | N/A | PUBLIC | MEDICAL RESEARCH AND EDUCATION | |
| ROCHESTER MN 55905 | | | BBCATTON | 1,500 |
| | | | | |
| PLANNED PARENTHOOD | N/A | PUBLIC | COMMUNITY SUPPORT WITH | |
| 6111 CLINTON STREET | | | FAMILY PLANNING | |
| BOISE, ID 83704 | | | ASSISTANCE | 1,000 |
| UNIVERSITY OF MICHIGAN, HEREDITARY | N/A | PUBLIC | MEDICAL RESEARCH AND | |
| SPASTIC PARAPLEGIA FUND | | | EDUCATION | |
| 3003 S STATE ST, STE 8000 | | | | |
| ANN ARBOR, MI 48109-1288 | | | | 8,000 |
| | | | | |
| IDAHO PUBLIC TELEVISION | N/A | PUBLIC | GENERAL | |
| 1455 N ORCHARD ST | | | | |
| BOISE ID 83706 Total SEE CC | NTINUATION SHE | | ▶ 3a | 200 12,200 |
| b Approved for future payment | ATTIONITOR BILL | | 38 | 12,200 |
| NONE | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | · · · · · · · · · · · · · · · · · · · | | ▶ 3b | 0 |

Analysis of Income-Producing Activities Part XVI-A

| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | | by section 512, 513, or 514 | (e) |
|---|-------------------------|----------------------------|--|-----------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | - 5555 | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | 1 1 | | 14 | 621. | |
| 4 Dividends and interest from securities | | | 14 | 621. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | 1 1 | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 5,390. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | 1 | | | | |
| b | | | 1 - 1 - | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 12,412. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 12,412. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities t | to the Acco | mplishment of F | remnt P | urnosas | |
| Trelationship of Activities i | to the Acct | | kempt F | ui poses | |
| Line No. Explain below how each activity for which inco | me is reported i | n column (e) of Part XVI-A | A contributed | importantly to the accomp | lishment of |
| the foundation's exempt purposes (other than | by providing fui | nds for such purposes). | | | |
| N/A | | , | | | |
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4) SUSAN T. PARKINSON FOUNDATION, INC. 82-0526819
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

| the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: 1 (1) Cash 1 (2) Other assets 5 Other transactions: 1 (3) Sales assets to a noncharitable exempt organization (3) Profitable organization organization (3) Renalization of transactions organization | 1 1 | Did the org | ganization directly or indir | ectly engage in any | of the followin | g with any other organization | on described in secti | on 501(c) of | | Yes | No |
|--|-----|----------------|------------------------------|--------------------------|------------------|-----------------------------------|--------------------------|---------------------------|---------------------|------------------|----------|
| (2) Other assets b Other transactions; (1) Sales of assets for an anorcharidable exempt organization (1) Sales of assets for an anorcharidable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of facilities, equipment, or other assets (4) Rental organization and the sales of an anorcharidable exempt organization (5) Loans or foan quarantees (6) Performance of sarvices or membership or fundrasing solicitations (5) Loans or foan quarantees (6) Performance of sarvices or membership or fundrasing solicitations (7) Sales of an any of the above is 75°c, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services grown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Name of (b) Amount involved (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of viscations, transactions, and sharing arrangements. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Printy special existing a security | 1 | the Code (| other than section 501(c) | (3) organizations) or | r in section 52 | 7, relating to political organ | nizations? | | | | |
| 22) Other assets | | | from the reporting founda | ition to a noncharital | ble exempt org | janization of: | | | | | |
| b Other transactions: | | • • | | | | | | | 1a(1) | | |
| (1) Seles of assets from a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Renial of facilities, equipment, or other assets (4) Renibursement arrangements (5) Loans or foran guarantees (5) Loans or foran guarantees (5) Loans or foran guarantees (6) Performance of services or member ship or fundrasing solicitations (6) Performance of services or member ship or fundrasing solicitations (6) Performance of services or member ship or fundrasing solicitations (6) It is answer to any of the above is 7'es, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services growers. (6) It is answer to any of the above is 7'es, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line is (b) Amount involved (c) Rame of nonchatriatible exempt organization (d) Coverption of varieties, considering arrangements. (a) It is a foreign to the code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c)(3) or in section | | | | | | | | | 1a(2) | | <u>X</u> |
| (2) Purchases of assets from a noncharibable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or ficer guarantees (6) Performance of services or membership or fundraising solicitations (7) Exemplate of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) It the answer to any of the above "Sets" complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or services glowin by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services glowing by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services glowing by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (6) Margine of inonchardable exempt organization (9) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (2) Name of inonchardable exempt organization (3) Exam of the value of the goods, other assets, or services glowing involved programs of transfers, transactions, and sharing arrangements (9) If yes, complete the following schedule. (9) Type of organization (1) Description of relationship (1) Pescription of relationship (1) Pescription of relationship (1) Pescription of relationship (2) Pescription of relationship (3) Fair of the Code (other than section 501(c)(3)) or in section 527? (4) Fair of organization (5) Type of organization (6) Type of organization (6) Type of organization (6) Type of organization (7) Description of relationship (8) Type of organization (9) Type of organization (1) Type of organizat | | | | | | | | | | | |
| (4) Rembus/mement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Loans or loan guarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Loans or loan guarantees (10) Loans or loan guarantee (10) Loans or loans guarantee lo | | | | | | | | | | | |
| (4) Rembursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services, experiment, making lists, other assets, or paid employees (7) If the answer to any of the above is "4s; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization And the services given by the reporting foundation. If the fundation received less than fair market value in any transaction or sharing arrangements, show in column (d) Amount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of organization N/A (a) Tax of organization (b) Type of organization (c) Description of relationship N/A Prescription of relationship Prescription of relationship Prescription of organization of which prepare has any womeledge above time tests the section for trustee Primary and desired the complete organization of the beat of my knowledge above time tests the section for the se | | | | • | organization | | | | | | |
| (6) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Performance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (B) Indianance of services or membership or fundrasing solicitations (C) Name of indianance or services or services received. (B) Indianance of services or services received. (C) Name of noncharitable exempt organization (C) Description of relationship or services or s | | | | or other assets | | | | | | | <u>X</u> |
| (e) Performance of services or membership or fundrissing solicitations 2. Sharing of facilities, equipment, maling lists, other assets, or paid employees 3. It is a services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. 2. It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization. 2. It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c). The properties of the section 501(c) of the Code (other than section 501(c)) or in section 501(c). The section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c). The section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c). The section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(| | | | | | | | | | | <u>X</u> |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees It I X If I the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of this goods, other assets, or services received. I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization of transfers, transactions, and sharing air agreements in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3)) or in section 52?? I the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3) or in section 52?? I the | | | | | | | | | | | |
| d If the answer to any of the above is Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of variatives, transactions, and enaring arrangements. (d) Description of variatives, transactions, and enaring arrangements. (e) Name of noncharitable exempt organization (d) Description of variatives, transactions, and enaring arrangements. (a) Interval to the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) N/A (g) Name of organization (highly the value of the properties of partury. I declare that I have examined the return, including accompanying schedules and statements, and to the beat of my knowledge for belief, it is five-invented, and complete bigmentary preserve (other than lessays to bested on all information of which prepare has any knowledge for the belief, it is five-invented. In complete bigmentary prepare (other than lessays to bested on all information of which prepare has any knowledge for the best of my knowledge for the best of my knowledge for the following self-employed prepare years years and the following self-employed prepare years years years and the following self-employed prepare years years years and years yea | | | | • | = | | | | | | |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. a) time no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other frain section 501(c)3)) or in section 527? yes No if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Indice penalties of payury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge the felt, it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it, it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct, and complete Description of preparer (other than taxpayer) is based on all information of which prepare we have ny knowledge and self-it is fue-correct. The preparer is signature of other interest. The preparer is signa | | | | | | | waya ahayy tha fair m | and the section of the se | | | <u> </u> |
| a) Live rice (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) 3) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Indirection of the code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Indirection of the code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | ets, | |
| (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing etrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 52?? It is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in the foundatio | | | | | | cu iess tiiaii iaii iiiaiket vait | Je ili aliy tralisaction | or snaring arrange | ment, snow m | | |
| N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? Yes No If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship | | | | | | exempt organization | (d) Description | of transfers, transaction | ons, and sharing ar | rangeme | nts |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If 'Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship | | - | ·-/ | | | | (0) = 000.19.10.11 | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | 21/22 | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | <u>.</u> | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | - | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | * | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes | | | | l | | | | | | | |
| b if Yes,* complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deglaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Deglaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)? PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if print self- employed TRAVIS W BURGESS TRAVIS W BURGESS 03/24/15 PO0237323 Firm's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | 2a | ls the four | ndation directly or indirect | ly affiliated with, or r | related to, one | or more tax-exempt organi | zations described | | | | |
| (a) Name of organization N/A Name of organization (b) Type of organization (c) Description of relationship | I | ın section | 501(c) of the Code (other | than section 501(c) |)(3)) or in sect | ion 527? | | | Yes | X |] No |
| N/A Sign Here Signature of officer or trustee Primt/Type preparer's name Preparer Use Only Firm's address ▶ 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Plonder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)? PRESIDENT Title Primt/Type preparer's name Preparer's signature Date Check If self- employed P00237323 Pirm's EIN ▶ 45-0250958 Firm's address ▶ 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | b | if "Yes," co | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true-correct, and to the best of my knowledge and belief, it is true-correct, and to the best of my knowledge and belief, it is true-correct, and to the best of my knowledge and belief, it is true-correct, and to the best of my knowledge and belief, it is true-correct, and to the best of my knowledge and substitute in the preparer later. PRESIDENT | | | | anization | | (b) Type of organization | (| (c) Description of re | elationship | | |
| Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature Prim's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 PRESIDENT Print/Type preparer has any knowledge Intervir with the preparer shown below (see instr.)? Yes No Policy Print/Type preparer's name Preparer's signature Date Check if self- employed PO0237323 Prim's EIN ► 45-0250958 Phone no. 208-344-7150 | _ | | N/A_ | | | | | | | | |
| Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature Prim's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 PRESIDENT Print/Type preparer has any knowledge Intervir with the preparer shown below (see instr.)? Yes No Policy Print/Type preparer's name Preparer's signature Date Check if self- employed PO0237323 Prim's EIN ► 45-0250958 Phone no. 208-344-7150 | | _ . | | | | | | | | | |
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| Sign Here Signature of officer or trustee Print/Type preparer's name Preparer's signature Prim's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT Print/Type preparer has any knowledge return with the preparer shown below (see instr.)? Yes No Polity Print/Type preparer's name Preparer's signature Date Check if self- employed PO0237323 Prim's EIN ► 45-0250958 Phone no. 208-344-7150 | _ | Under | penalties of person 1 decl | that I have great at | n raturn | | Latatamanta and talii | hank of make the | | | |
| Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed Preparer Use Only Firm's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 PRESIDENT Title PRESIDENT Title Preparer Signature Date Check if PTIN self- employed Print's EIN ► 45-0250958 Phone no. 208-344-7150 | Sia | | | | | | | | | | |
| Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if print self- employed Preparer Use Only Firm's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | Her | ren L | 1. 1 | 1/1/ | • | 1 1 .11 06/1 | ~ \ | | shown below | (see ins | tr)? |
| Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Print's name ► EIDE BAILLY LLP Firm's name ► EIDE BAILLY LLP Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | | J/ K. | | Varkin | | Jan 1,0013 | | ENT | | <u> </u> | J No I |
| Paid Preparer Use Only Firm's address ▶ 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Self- employed P00237323 P00237323 | _ | 4 Oigi | | | Prenarer's si | Date | T | Check I if | DTIN | | |
| Paid Preparer Use Only TRAVIS W BURGESS TRAVIS W BURGESS 03/24/15 P00237323 Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45-0250958 Firm's address ► 877 W. MAIN ST. STE. 800 Phone no. 208-344-7150 | | | Transcrype preparer 5 lla | me | Trichater 2 21 | ynatuic | Date | | L I IIN | | |
| Preparer Use Only Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45-0250958 Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | Pai | d | ש אווים או א | IIDGEGG | מ דנז ג פות | W DITECTED | 03/34/15 | Son Chiployed | DOOGG | 212 | - |
| Use Only Firm's address ▶ 877 W. MAIN ST. STE. 800 Phone no. 208-344-7150 | | | | | | W DURGESS | 03/24/13 | Sumia EIN A | <u> </u> | <u>ა⊿ა</u> 50 | |
| Firm's address ► 877 W. MAIN ST. STE. 800 BOISE, ID 83702 Phone no. 208-344-7150 | | | THIN S HAIRE FELD | POTITI | TUE | | | Cumstin > 4 | 5-04509 | 20 | |
| BOISE, ID 83702 Phone no. 208-344-7150 | | | Firm's address > 27 | 7 W. MATN | r gm g | ጥድ 800 | | | | _ | |
| · · · · · · · · · · · · · · · · · · · | | | | | | 12. 000 | | Phone no 20 | 8_3//_7 | 150 | |
| | | | , | | <u> </u> | · | | Tritone no. 20 | | | (2014) |

PARKINSON FOUNDATION, INC. 82-0526819 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount , Name and address (home or business) SPASTIC PARAPLEGIA FOUNDATION, INC. N/A PUBLIC GENERAL 5305 MIRAMAN LN COLLEYVILLE, TX 76034 1,000. Total from continuation sheets 1 000.

| Quantity | Security | Unit Cost | Total Cost | Price | Market Value |
|---------------|-----------------------------|-----------|------------|---------------|---------------------------------------|
| Common Sto | • | Onit Cost | Total Cost | 11100 | Market Value |
| | 3M Compnay | 82.26 | 8,225.95 | 164.32 | 16,432.00 |
| | Ametek Inc. New | 11.86 | 5,990.62 | 52.63 | · |
| | Amegen Incorporated | 59.63 | 8,945.00 | 159.29 | • |
| | Auto Data Processing | 47.77 | 9,553.23 | 83.37 | • |
| | CDK Global Inc. | 20.78 | 1,371.46 | 40.76 | • |
| | Costco Whsl Corp New | 34.95 | 9,610.70 | 141.75 | • |
| | Danaher Corp Del | 27.05 | 10,821.90 | 85.71 | 34,284.00 |
| | Dominion Res Inc. VA | 29.72 | 8,915.00 | 76.9 | · |
| | Donaldson Company Inc | 16.23 | 8,114.92 | 38.63 | • |
| | Ecolab Inc. | 38.10 | 7,619.70 | 104.52 | • |
| | Fidelity Natl Info Svcs | 21.53 | 3,229.39 | 62.2 | , |
| | Fisery Inc. | 20.32 | 10,161.38 | 70.97 | • |
| | General Electric Company | 28.83 | 9,369.04 | 25.27 | • |
| | IDEX Corp | 26.94 | 6,062.45 | 77.84 | , |
| | JP Morgan Chase & Co | 37.06 | 9,265.95 | 62.58 | • |
| | Snap On Inc. | 59.43 | 11,885.95 | 136.74 | · · · · · · · · · · · · · · · · · · · |
| | US Bancorp Del New | 3.96 | 1,188.00 | 44.95 | |
| | United Parcel Service B | 79.37 | 7,937.35 | 111.17 | • |
| | United Technologies Corp | 60.81 | 9,121.40 | 115 | • |
| | 9 | | 147,389.39 | • | 378,208.81 |
| | | | | = | |
| Preferred Sto | ock | | | | |
| | HSBC Hldgs PLC Sub | 25.00 | 12,500.00 | 26.48 | 13,240.00 |
| | | | 12,500.00 | | 13,240.00 |
| | | | | = | |
| Corporate Be | ond | | | | |
| - | For Motor Credit Company | 100.00 | 10,000.00 | 99.62 | 9961.68 |
| | Bank of Amercia Corpvr -BAR | 100.00 | 10,000.00 | 96.01 | 9600.91 |
| | General Electric Capital | 150.00 | 15,000.00 | 100.35 | 15052.68 |
| • | • | | 35,000.00 | - - | 34,615.27 |

| FORM 990-PF INTERE | ST ON SAVII | NGS AND TEM | PORARY | CASH IN | VESTMENTS | STATEMENT | 1 |
|---------------------|-----------------|-------------------------------|-----------------------------------|---------------------------|---|-----------|-----|
| SOURCE | REVE | (A) REVENUE PER BOOKS 621. | | (B) IVESTMENT ICOME | (C) T ADJUSTED NET INCOME | | |
| CHARLES SCHWAB | | | | 621. | | | |
| TOTAL TO PART I, LI | | | | 621. | | | |
| FORM 990-PF | DIVIDEND | S AND INTER | EST FRO | M SECUR | RITIES | STATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | REVENUE | | (B) (C NET INVEST- ADJU MENT INCOME NET I | | |
| CHARLES SCHWAB | 6,401 | • | 0. | 6,401. | 6,40 | 1. | |
| TO PART I, LINE 4 | 6,401 | • | 0. | 6,401. | 6,40 | 1. | |
| FORM 990-PF | | ACCOUNTI | NG FEES | 3 | · · · · · · · · · · · · · · · · · · · | STATEMENT | 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (C) (D) ADJUSTED CHARIT NET INCOME PURPO | | |
| ACCOUNTING FEES | _ | 1,930. | | 1,877. | | | 53. |
| TO FORM 990-PF, PG | 1, LN 16B | 1,930. | | 1,877. | | | 53. |
| FORM 990-PF | 0' | THER PROFES | SIONAL | FEES | | STATEMENT | 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (P NET IN MENT (| WEST- | (C) ADJUSTED NET INCOM | _ | |
| INVESTMENT FEES | _ | 2,034. | | 1,979. | | | 55. |
| TO FORM 990-PF, PG | 1, LN 16C | 2,034. | - | 1,979. | | | 55. |

| FORM 990-PF | TAX | ES | STATEMENT 5 | | | | |
|--|--|------------------|-------------|--------------|----------------------|-------------------------------|--|
| DESCRIPTION | (A) (B) EXPENSES NET INVI PER BOOKS MENT INC | | _ | | | (D) CHARITABLE PURPOSES | |
| FEDERAL TAX | 56. | , | 0. | (| | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 56. | | 0. | | | 0. | |
| FORM 990-PF | | | STATEMENT | 6 | | | |
| DESCRIPTION | | | вос | OK VALUE | FAIR MARKE' VALUE | Г | |
| CORPORATE EQUITIES - SEE ATT | | 147,390. | 378,209. | | | | |
| TOTAL TO FORM 990-PF, PART I | 147,390. | | 378,209. | | | | |
| FORM 990-PF | E BONDS | | | STATEMENT | 7 | | |
| DESCRIPTION | | | во | OK VALUE | FAIR MARKE' VALUE | T | |
| CORPORATE BONDS - SEE ATTACH | | 35,000. | | 15. | | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | | | | 35,000. 34 | | 15. | |
| FORM 990-PF | OTHER INV | ESTMENTS | | | STATEMENT | 8 | |
| DESCRIPTION | | LUATION ETHOD | вос | OK VALUE | FAIR MARKE' | T | |
| | | | | | | | |
| PREFERRED STOCK - SEE ATTACH SCHEDULE | ED | COST | | 12,500. | 13,2 | 40. | |