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990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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 2015

Open to Public Inspection For calendar year 2015 or tax year beginning 2015, and ending 20 Name of foundation A Employer identification number 06-1485191 Parkinson Family Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 640 W Putnam Ave FI3 (203)629-8552 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here Greenwich, CT 06830 Initial return Initial return of a former public charity G Check all that apply D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, Address change Name change check here and attach computation |X| Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated under Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at Accounting method X Cash Accrual F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) line 16) ▶ \$ 791,852 Analysis of Revenue and Expenses Part I (The total of (d) Disbursements (a) Revenue and amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment (c) Adjusted net for chantable expenses per books purposes income the amounts in column (a) (see instructions)) 88,905 SCH B & STMT 5 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ I If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments STATEMENT 1 4 Dividends and interest from securities 11,481 11.481 STATEMENT 2 5a Gross rents b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 ... 115,096 **STATEMENT 9** 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 115,096 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) IVED
Total Add lines 1 through 11 11 12 215,496 126,591 Compensation of officers, directors, trustees, Other employee salanes and wages 0.16...
Pension plans, employee benefits 13 14 15 Expenses Legal fees (attach-schedule)
Accounting fees (attach-schedule) 16a b 1,000 Other professional fees (attach schedule) STMT 3 5,000 С 4,000 Administrative 17 Interest STMT 4 2,247 252 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications 23 Operating Other expenses (attach schedule) Total operating and administrative expenses 24 Add lines 13 through 23 7.247 1,252 4.000 38,250 25 Contributions, gifts, grants paid 38.250 1.252 26 Total expenses and disbursements Add lines 24 and 25 45,497 42.250 Subtract line 26 from line 12 27 Excess of revenue over expenses and disbursements 169,999 Net investment income (if negative, enter -0-) 125.339 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

Forn	Form 990-PF (2015) Parkinson Family Foundation			06-1485	191 Page 2
<u> </u>		Attached schedules and amounts in the description column	Beginning of year	End of	year
Pa	<u>rt`ll</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	254		
	2	Savings and temporary cash investments	310,372	384,815	384,815
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	`	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			-
	'	Less allowance for doubtful accounts			
S	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule) STMT 8	103,524	61,750	58,937
	0		105,524	01,730	30,931
	44	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
	1.0	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	206,819	007.070	
	13	Investments - other (attach schedule) STMT 7	297,978	348,100	
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the	202.000	744.549	
	<u> </u>	ınstructions. Also, see page 1, item l)	620,969	744,543	791,852
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>es</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted	ļ.		
ances	25	Temporarily restricted			
Bala	26	Permanently restricted			
В	l	Foundations that do not follow SFAS 117, check here ▶ X			
Fund		and complete lines 27 through 31			
þ	27	Capital stock, trust principal, or current funds			
ß	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	620,969	744,543	
ď	30	Total net assets or fund balances (see instructions)	620,969	744,543	
Net.	31	Total liabilities and net assets/fund balances (see	320,000	,	
_	"	Instructions)	620,969	744,543	
Б	art II		320,000		
_		I net assets or fund balances at beginning of year - Part II, column (a), line	30 (must agree with	<u> </u>	
'		of-year figure reported on prior year's return)		1	620,969
2		r amount from Part I, line 27a		2	169,999
		r uncreases not included in line 2 (itemize) ▶		3	103,333

STATEMENT 6

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

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶ ___

790,968

46,425

Part VI instructions

Form	990-PF (2015) Parkinson Family Foundation	<u>06-14</u>	85191		F	age 4			
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uction	s)					
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)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			2	,507			
	here and enter 1% of Part I, line 27b								
С	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-)	2				0			
3	Add lines 1 and 2	3			2	,507			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			-	0			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			2	,507			
6	Credits/Payments				-				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1,400								
b	Exempt foreign organizations - tax withheld at source	1 -							
С	Tax paid with application for extension of time to file (Form 8868) 6c	1							
d	Backup withholding erroneously withheld	1							
7	Total credits and payments. Add lines 6a through 6d	1 7			1	,400			
8	Enter any penalty for underpayment of estimated tax. Check here	8				,400			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1	,107			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				, 107			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11							
	t VII-A Statements Regarding Activities								
	Duning the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Von	T No			
ıa	participate or intervene in any political campaign?		-	1a	Yes	X			
h									
U	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?								
	,		-	1b		X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
	published or distributed by the foundation in connection with the activities			1c		Х			
С.	c Did the foundation file Form 1120-POL for this year?								
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. \$	_							
е	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		X			
	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	••		3		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a		X			
b	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.								
	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	X				
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	_X				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		•						
	CT								
b	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		L	8b	_X_				
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"								
	complete Part XIV		L	9		<u>X</u>			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their								
	names and addresses		ŀ	10	X	1			

06-1485191

Form 990-PF (2015)

Form 990-PF (2015) Parkinson Family Foundation

Form	990-PF (2015) Parkinson Family Foundation (<u>06-148519</u>	01_	F	age 5
Par	t 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				l
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		_11		X
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 ► www parkinsonfdn.org				
14	The books are in care of ► Foundation Services LLC Telephone no	▶ <u>203-62</u>	9-855	2	
	Located at ► 640 West Putnam Ave, Fl. 3, Greenwich, CT ZIP+4	▶ <u>06830</u>			
15	Section 4947(a)(1) nonexempt chantable 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 ▶ [15			
16	At any time dunng calendar year 2015, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, secunties, or other financial account in a foreign country?		16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				
	the foreign country				L
Pa	t 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)	15571			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1571			
	disqualified person? Yes	X №			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	∐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes	∐ No			}
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	[52]			
	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	T			
	termination of government service, if terminating within 90 days.)	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				V
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		X
	Organizations relying on a current notice regarding disaster assistance check here				-
С	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 2015?		1c		X
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 2015, did the foundation have any undistributed income (lines 6d and				
а	6e, Part XIII) for tax year(s) beginning before 2015?	X No			
	If "Yes." list the years	M 140			
h	Are there any years listed in 2a for which the foundation is not 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 instructions)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
_	<u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	Ш			
	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 2015.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
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 2015?		4b		X
EEA		F	orm 99	0-PF ((2015)

Form	990-PF (2015) Parkinson Family Foundati	on					_	06-1485 ⁻	191	Page 6
Par	VII-B Statements Regarding Activities f	or Whi	ch Form 47	20 Ma	y Be Requ	uired (d	continu	ed)		
5a	During the year did the foundation pay or incur any am	nount to								
	(1) Carry on propaganda, or otherwise attempt to influ	ence le	gislation (section	on 4945((e))?		Yes	X No		
	(2) Influence the outcome of any specific public electi	on (see	section 4955),	or to car	rry on,					
	directly or indirectly, any voter registration drive?		• • • • • • • • • • • • • • • • • • • •				Yes	X No		
	(3) Provide a grant to an individual for travel, study, or	r other s	ımılar purposes	?			Yes	X No		
1	(4) Provide a grant to an organization other than a characteristic	antable,	etc., organizati	on desci	пbed ın	'	_	_		
	section 4945(d)(4)(A)? (see instructions)						Yes	X No	1	
	(5) Provide for any purpose other than religious, chant	table, sc	entific, literary,	or educ	ational	'	_	_		
	purposes, or for the prevention of cruelty to children	en or an	mals?				Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions	fail to qualify u	nder the	exceptions of	describe	d in			
	Regulations section 53 4945 or in a current notice reg		· -		' - '	_		N/A	. _{5b}	
	Organizations relying on a current notice regarding dis	_		•	•			▶ □		-
С	If the answer is "Yes" to question 5a(4), does the found							. П		
	because it maintained expenditure responsibility for th		•			1	Yes	□No		
	If "Yes," attach the statement required by Regulations	-			• •			□ .••	-	_
6a	Did the foundation, during the year, receive any funds,			nav nre	milime					
ou				pay pic	ariidinis	1	Yes	X No		
b	Did the foundation, during the year, pay premiums, dire			norconal	l honafit cont	root?	res	NO	_C	\ \ \ \ \
•	If "Yes" to 6b, file Form 8870	ectly of i	ridirectly, orra	personal	Dellelli Cori	iact,	• • • • • • •	••	6b	X_
70	•	artu to a	nrobibited to	abaltari	transantian?	1		I ▼I		
7a	At any time during the tax year, was the foundation a p	•	•				Yes	X No N/A	_	
Do	If "Yes," did the foundation receive any proceeds or ha						hlu Dei	<u>: </u>	_ ,,,	
Fai	tVIII Information About Officers, Directors and Contractors	ors, irc	istees, roui	idatior	ı wanagei	s, Hig	niy Pai	a ⊏mpio	yees,	
								-		
	st all officers, directors, trustees, foundation managers		r compensation e, and average		mpensation	(d)	Contributi	one to		
	(a) Name and address	hou	rs per week	` (If n	not paid,	empl	employee benefit plans other			nse account, allowances
Goo	froy M Darkynoon, Ir		ed to position	en	ter -0-) and deferred compensation					
	frey M Parkinson Jr	Fiesiue	sident				•		_	
	W Putnam Ave, Greenwich, CT 06830	T	1.50	<u> </u>	0	 	_	0	_	0
	orah P Hires	Treasu			•			_		
	W Putnam Ave, Greenwich, CT 06830	<u> </u>	0.20	_	0			0	_	0
	•	Secreta	•		_			_		
640	N Putnam Ave, Greenwich, CT 06830		0.20		0_		0			0_
		<u></u>	 	<u> </u>		<u> </u>	-			
	ompensation of five highest-paid employees (other than NONE."	those ir	ncluded on line	1 - see i	instructions).	If none,	enter			
	NONE."		Τ —				T			
	(a) Name and address of each employee paid more than \$50	000	(b) Title, and a				(d) Conti	butions to benefit	(e) Expe	nse account,
	(a) Name and address of each employee paid more than \$50.	,000	hours per w devoted to po		(c) Comper	isation	plans an	d deferred		llowances
NON			· · · · · ·		-		Compe			
NON	L									
										
			1							
				-						
			-		-					
					-		-			
Total	number of other employees paid over \$50,000		<u> </u>		1		<u> </u>	<u> </u>		
FFA	named of other employees paid over 400,000				•••				Form 00	0 DE (2015)

Form 990-PF (2015) Parkinson Family Foundation	06-1	485191 Page 7
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid En	nployees,
3 Five highest-paid independent contractors for professional services (see instruct	ions) If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
		c
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instri	uctions)	<u></u>
Describe the two largest program-related investments made by the foundation during the tax y	12.00	Amount
1 N/A		
2		c
-		
All other program-related investments See instructions		
3		
Total Add lines 1 through 3	>	
FFA		Form 990-PF (2015)

06-1485191

Form 990-PF (2015) Parkinson Family Foundation

	990-PF (2015) Parkinson Family Foundation	06-1485191_	Pag
≁ar	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	
	See instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	4.5	405.000
a	Average monthly fair market value of securities	1a	465,093
b	Average of monthly cash balances	1b	321,446
C	Fair market value of all other assets (see instructions)	1c	706 520
d	Total (add lines 1a, b, and c)	10	786,539
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	` ' '		
2	Acquisition indebtedness applicable to line 1 assets	2	796 520
3	Subtract line 2 from line 1d	3	786,539
4		4	44.700
-	Instructions)	4	11,798
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<u>5</u>	774,741
<u>6</u>	Minimum investment return. Enter 5% of line 5		38,737
Га	and certain foreign organizations check here ► and do not complete this part)	uations	
4			20 727
1	Minimum investment return from Part X, line 6	1	38,737
2a	Income tax for 2015 (This does not include the tax from Part VI) 2b		
b	Add lines 2a and 2b	20	2 507
с 3	Distributable amount before adjustments. Subtract line 2c from line 1	2c 3	2,507
4	Recoveries of amounts treated as qualifying distributions	4	36,230
5	Add lines 3 and 4	5	36 220
6	Deduction from distributable amount (see instructions)	6	36,230
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	8	
•	line 1	7	36 330
			36,230
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	42,250
b	Program-related investments - total from Part IX-B	1b	12,200
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		
a	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	42,250
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	12,200
•	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	42,250
•	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		72,200
	qualifies for the section 4940(e) reduction of tax in those years.		

c Excess from 2013 d Excess from 2014

Excess from 2015

6,020

		mily Foundation		· · · · · · · · · · · · · · · · · · ·	<u> </u>	91 Page 1
Part	XIV Private Operating Found	ations (see instruc	ctions and Part VI	I-A, question 9)		
1a	If the foundation has received a ruling or	determination letter that	at it is a private operati	ng	N/A	
	foundation, and the ruling is effective for 2	•	•		<u> </u>	
	Check box to indicate whether the founda	ition is a private opera	ling foundation describ	ed in section .	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(a) Tatal
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .		_			
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"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 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
	(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 from an exempt organization					
	(4) Gross investment income			<u> </u>	<u> </u>	
Part				undation had \$5,00	00 or more in ass	sets at
	any time during the year -)		.	
1 a	Information Regarding Foundation Mana List any managers of the foundation who before the close of any tax year (but onli	have contributed mo				
	None					,.
b	List any managers of the foundation who ownership of a partnership or other entit				e portion of the	
	None					
2	Information Regarding Contribution, Gra	nt, Gift, Loan, Scholars	ship, etc., Programs			
	Check here ▶ ☐ If the foundation only unsolicited requests for funds. If the foundations, complete items 2a, b, c	ndation makes gifts, gi				
а	The name, address, and telephone num	·	of the person to whom	applications should be	addressed	
	STATEMENT 10					
b	The form in which applications should b	e submitted and inform	nation and materials th	ey should include		
	Any submission deadlines					
d	Any restrictions or limitations on awards factors	, such as by geograph	iical areas, chantable f	ields, kınds of ınstitution	ns, or other	

EEA

Form 990-PF (2015) Parkinson Family Foundation

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Stanwich Congregational Church				
Taconic Road				
Greenwich, CT 06831	N/A	PC	Church Support	10,000
Connecticut Friends of Bosnia, Inc				
Perkins Road			Education	
Greenwich, CT 06830	N/A	PC	Programs	2,500
Anglican Diocese in New England				
Havemeyer Lane			•	
Old Greenwich, CT 06870	N/A	PC	Ministry Support	1,000
Greenwich Center for Hope and Renew				
Taconic Road				
Greenwich, CT 06831	Employer	PC	Human Services	2,500
Greenwich Chaplaincy Services				
Parsonage Road				
Greenwich, CT 06830	N/A	PC	Chaplaincy Care	1,000
Greenwich Country Day School				
Old Church Road			Education	
Greenwich, CT 06836-0623	N/A	PC	Programs	2,500
Luis Palau Association				
PO Box 50				
Portland, OR 97207	N/A	PC	Ministry Support	1,500
New York Road Runners Inc				
9 E 89th St				
New York, NY 10128	N/A	PC	Youth Development	500
Total		<u> </u>	▶ 3a	
b Approved for future payment				
Stanwich Congregational Church				
Taconic Road				
Greenwich, CT 06831	N/A	PC	Church Support	10,000
Connecticut Friends of Bosnia, Inc				
Perkins Road			Education	
Greenwich, CT 06830	N/A	PC	Programs	2,500
Total		<u> </u>	▶ 3b	

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Partnership For Resource Developmen				
Sommerton Way			Spiritual	
Chesapeake, VA 23320	N/A	PC	Development	1,000
Philippi Main Street Inc				
North Main Street				
Philippi, WV 26416	N/A	PC	Civic & Community	2,000
Presbyterian Church (U S A.)				
PO Box 643700				
Pittsburgh, PA 15264	N/A	PC	Mission Support	1,500
Servanteers International				
Nancy Place			Spiritual	
Saint Paul, MN 55126	N/A	PC	Development	500
The Grace Notes, Inc				
PO Box 14				
Old Greenwich, CT 06870	N/A	PC	Music Outreach	500
The Marshall Legacy Institute				
Wilson Blvd				
Arlington, VA 22201	N/A	PC	Public Safety	10,000
			, , , , , , , , , , , , , , , , , , , ,	10,000
Virginia Athletics Foundation				
PO Box 400833			Education &	
Charlottesville, VA 22907	N/A	PC	Athletics Support	1,250
Tatal				20.050
Total			► 3a	38,250
b Approved for future payment				
Total	<u> </u>		▶ 3b	12,500
TOTAL			<u>► 30</u>	12,500

		rkinson Family Fo Regarding Trans anizations		ransactions	and Rel	ationships		6-1485191 oncharitable	e	Pa	ge 13
1 Did the ord	ganization direc	tly or indirectly enga	ge in any of the fo	llowing with an	y other org	anızation de	спред		,	Yes	No
		ode (other than secti									
organizati		(,	,		1 1		
•		na faundation to a -			-6				i		
	-	ng foundation to a n			OI						V
• •		• • • • • • • • • • • • • • • • • • • •							1a(1)		X
(2) Other	assets								1a(2)		<u> X </u>
b Other tran	sactions										
(1) Sales	of assets to a r	nonchantable exemp	t organization						1b(1)		<u>X</u>
(2) Purch	ases of assets t	from a nonchantable	exempt organizat	ion					1b(2)		\overline{X}
(3) Renta	l of facilities, eq	uipment, or other as:	sets						1b(3)		X
		ngements							1b(4)		X
• •		tees							1b(5)	\neg	X
• •	_	ces or membership o							1b(6)		X
` '		oment, mailing lists, o	-						1c		$\hat{\mathbf{x}}$
_											
	· ·	e above is "Yes," cor				=					
	•	assets, or services of	-	-							
		r sharing arrangeme	nt, show in column	n (d) the value	of the good	ls, other asse	ts, or servi	ces received.			
(a) Line no (b) A	mount involved	(c) Name of non	chantable exempt or	ganization	(d) Desc	inption of trans	sfers, transac	tions, and shar	ing arran	geme	nts
N/A			_								
	·										
			-								
							. 100				
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					1						
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					1						
					 						
described	I in section 501	or indirectly affiliated (c) of the Code (othe owing schedule			-	organization		[Yes	X	No
	a) Name of organ		(b) Typ	e of organization			(c) Descn	ption of relation	ship		
	1.						-				
Sign Under properties	enalties of perjury, I and complete Deci	reclare that I have examin tration of preparer (other th	ed this return, including an taxpayer) is based o	accompanying sch on all information of	edules and sta which prepare	itements, and to r has any knowle	the best of my dge				
Here Sign	nature of officer or tru	Jelen	- 5 Date	111/16_	Title	siden	 	May the IRS with the pre (see inst)?	parer shov	vn belg	
	Print/Type prepar	rer's name	Preparer	tyle (>	Date	C	neck of F	PTIN		
Paid	Geoffrey Par	rkınson	X UM	14/1	- 	04-28-2010			019508	305	
Preparer	Firm's name	► Foundation S	ervices L	1			Firm's EIN	▶			
Use Only	Firm's address	► 640 W. Putna		/			Phone no				
USE Offig		Greenwich C					1	203-629-855	52		
EEA	•						_		orm 990	-PF (2015)

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, 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

OMB No 1545-0047

Employer identification number

2015

Parkin	<u>ison Family Foundati</u>	on		06-1485191		
Organi	zation type (check one)					
Filers o	f	Se	ction			
Form 9	190 or 990-EZ		501(c)() (enter number) organization			
			4947(a)(1) nonexempt chantable trust not treated as a private foundation			
			527 political organization			
Form 990-PF		X	501(c)(3) exempt private foundation			
			4947(a)(1) nonexempt charitable trust treated as a private foundation			
			501(c)(3) taxable private foundation			
	Only a section 501(c)(7),		by the General Rule or a Special Rule (10) organization can check boxes for both the General Rule and a Special F	Rule. See		
Genera	al Rule					
×	•	ropert	n 990, 990-EZ, or 990-PF that received, during the year, contributions totaling /) from any one contributor. Complete Parts I and II. See instructions for deten- s.	• •		
Specia	l Rules					
	regulations under secti 13, 16a, or 16b, and that	ons 50 at rece	In section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) wed from any one contributor, during the year, total contributions of the greate int on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Par	, Part II, line er of (1)		
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
	contributor, during the y contributions totaled m during the year for an e General Rule applies to	year, core the exclusive of this of the exclusive of the	In section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ontributions exclusively for religious, chantable, etc., purposes, but no such in \$1,000. If this box is checked, enter here the total contributions that were revely religious, chantable, etc., purpose. Do not complete any of the parts unless rganization because it received nonexclusively religious, chantable, etc., conting the year.	ceived as the		
	•		overed by the General Rule and/or the Special Rules does not file Schedule E er "No" on Part IV, line 2, of its Form 990, or check the box on line H of its For	` '		

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).

alubarh:	D	(Form	aan	990 E7	or 000 DE	٠,	2015	ı
uledule	D	(FOIII)	33 0,	990-62,	or 990-PF) ((2015)	,

Page 2

Name of org	anization Family Foundation		Employer identification number 06-1485191
Part I	Contributors (see instructions). Use duplicate copies	of Part Lif additional space	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	S Type of contribution
1	Geoffrey & Betsy Parkinson 640 W Putnam Ave Greenwich, CT 06830	\$ 67,680	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s Type of contribution
	Geoffrey & Betsy Parkinson 640 W Putnam Ave Greenwich, CT 06830	\$21,225	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s Type of contribution
		\$	Person

Name of organization
Parkinson Family Foundation

Employer identification number 06-1485191

Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1,000 shs Market Vectors		
1	Pharmaceutical ETF		
		\$67,680	09-15-2015
(a) No.	4.5	(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
	500 shs SunTrust Banks		
2_	Inc	<u> </u>	
		\$21,225	12-21-2015
(a) No.		(0)	
from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		\$	
/-> NI-			
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(000	
		\ \$	
	-		
(a) No. from	(b)	(c)	(d)
Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		(555 1155 54157 5)	<u> </u>
		\$	
/-> >			
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(see instructions)	Date received
		(555156 dexi515)	
			
		\$	
	1	1	

The Parkinson Family Charitable Foundation, Inc EIN: 06-1485191 2015 Return of Private Foundation (Form 990-PF)

Attachment to Part X Minimum Investment Return

Part X, Line 1a - Average Monthly Fair Market Value of Securities

NOTE: The fair market value of securities (excluding cash) determined by averaging the fair market value of the entire securities portfolio on the first and last days of each month.

	BEGINNING	ENDING	
DATE	OF MONTH	OF MONTH	AVERAGE
Jan-15	\$ 494,424.62	\$ 468,333.98	\$ 481,379.30
Feb-15	\$ 468,333.98	\$ 501,610.66	\$ 484,972.32
Mar-15	\$ 501,610.66	\$ 472,723.00	\$ 487,166.83
Apr-15	\$ 472,723.00	\$ 502,885.19	\$ 487,804.10
May-15	\$ 502,885.19	\$ 493,984.70	\$ 498,434.95
Jun-15	\$ 493,984.70	\$ 436,613.29	\$ 465,299.00
Jul-15	\$ 436,613.29	\$ 472,266.56	\$ 454,439.93
Aug-15	\$ 472,266.56	\$ \$ 495,716.85	\$ 483,991.71
Sep-15	\$ 495,716.85	\$ 532,887.69	\$ 514,302.27
Oct-15	\$ 532,887.69	\$ 372,657.66	\$ 452,772.68
Nov-15	\$ 372,657.66	\$ \$ 380,702.23	\$ 376,679.95
Dec-15	\$ 380,702.23	\$ \$ 407,036.76	\$ 393,869.50

Average Fair Market Value of Securities

\$ 465,092.71

Part X, Line 1b - Average Monthly Cash Balances

	BEGINNING	ENDING	
DATE	OF MONTH	OF MONTH	AVERAGE
Jan-15	\$ 310,625.81	\$ 310,606.10	\$ 310,615.96
Feb-15	\$ 310,606.10	\$ 310,186.71	\$ 310,396.41
Mar-15	\$ 310,186.71	\$ 311,256.04	\$ 310,721.38
Apr-15	\$ 311,256.04	\$ 312,784.76	\$ 312,020.40
May-15	\$ 312,784.76	\$ 294,370.29	\$ 303,577.53
Jun-15	\$ 294,370.29	\$ 331,050.86	\$ 312,710.58
Jul-15	\$ 331,050.86	\$ 288,543.62	\$ 309,797.24
Aug-15	\$ 288,543.62	\$ 250,018.94	\$ 269,281.28
Sep-15	\$ 250,018.94	\$ 255,789.99	\$ 252,904.47
Oct-15	\$ 255,789.99	\$ 435,638.77	\$ 345,714.38
Nov-15	\$ 435,638.77	\$ 409,384.27	\$ 422,511.52
Dec-15	\$ 409,384.27	\$ 384,815.14	\$ 397,099.71

Average of Monthly Cash Balances

\$ 321,445.90

The Parkinson Family Charitable Foundation, Inc

EIN: 06-1485191

2015 Return of Private Foundation (Form 990-PF) - ATTACHMENTS

Part I	Attachment to Part I Analysi	s of Re	venues ar	nd Exp	enses			STAT	TEMENT 1
Line 3	Interest on savings	R	evenue						
	and temporary cash	& E	xpenses	Net I	nvestment	Ad	justed	Ch	arıtable
<u>Interest</u>		Pe	er Books	1	ncome	Net	Income	Pι	ırposes
	Morgan Stanley Smith Barney	\$	14	\$	14	\$		\$	_
		\$	14	\$	14	\$	0	\$	0
								STAT	EMENT 2
Line 4	Dividends & interest	R	evenue						
	from securities	& E	xpenses	Net I	nvestment	Ad	justed	Ch	arıtable
<u>Dividends</u>		Pe	r Books	1	ncome	Net	Income	Pt	rposes
	Fidelity Investments	\$	8,396	\$	8,396	\$	-	\$	-
	Morgan Stanley Smith Barney	\$	3,065	\$	3,065	\$	-		
<u>Interest</u>									
	Fidelity Investments	_\$	20	\$	20	\$	<u>-</u>	\$	
		<u>\$</u>	11,481	\$	11,481	\$	0	\$	0
Line 16c	Other Professional Fees	D	evenue					STAT	EMENT 3
Line loc	Other Professional rees		Expenses	Not I	nvestment	٨٨	justed	Ch	arıtable
Description	n		r Books		ncome		income	=	
1	Foundation Services LLC	\$	5,000	\$	1,000	\$	0	\$	rposes 4,000
							-	STAT	EMENT 4
Line 18	Taxes	R	evenue						
		& E	Expenses	Net	Investment	Ad	justed	Ch	antable
Description	n		er Books	ı	ncome		Income	_	ırposes
1	2014 Excise Tax	\$	595	\$	-	\$	-	\$	-
2	Foerign Taxes Withheld	\$	252	\$	252	\$	_	\$	-
3	2015 Estimated Excise Tax	\$	1,400	\$	-	\$	-	\$	-
		\$	2,247	\$	252	\$	0	\$	0

Federal Supporting Statements 2015 Name(s) as shown on return Parkinson Family Foundation 0<u>6-1</u>485191 STATEMENT #5 Form 990PF - Part VII-A - Line 10 **Substantial Contributors Schedule** Name Geoff & Betsy Parkinson Address 640 W Putnam Ave, Fl. 3 Greenwich, CT 06830 STATEMENT #6 Form 990PF - Part III - Line 5 Other Decreases Schedule Equity Donation - FMV vs Cost diff 45,923 Uncashed 2015 Grant Check 500 Adjustment for Rounding 2 Total 46,425 STATEMENT #7 Form 990PF - Part II - Line 13 Investments: Other Schedule Book value (EOY) FMV (EOY) Book value (BOY) Category Exchange-Traded Funds 206,819 297,978 348,100 206,819 297,978 Total 348,100

Fe	ederal Supporting Statements	6	2015
Name(s) as shown on return		F	FEIN
Parkinson Family Foundation			06-1485191
Form 9901 Investments:	PF - Part II - Line 10(b) Corporate Stock Schedule		STATEMENT #8
Category	BOY	Book Value	EOY FMV
Corporate Stocks	103,524	61,75	058,937
Totals	103,524	61,750	58,937

Morgan Stanley

CLIENT STATEMENT | For the Period December 1-31, 2015

PARKINSON FOUNDATION: INC. TTEE

INTERESTED PARTY COPY

Brokerage Account

Investment Objectives 1: Capital Appreciation, Income

† Inform us if your investment objectives, as defined in the Expanded Disclosures, change.

HOLDINGS

This section reflects positions purchased/sold on a trade date basis. "Market Value" and "Unrealized Gain/(Loss)" may not reflect the value that could be obtained in the market. Fixed Income securities are sorted contingent income feature (e.g., Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income a) is calculated on a pre-tax basis, b) does not include any reduction for applicable non-US withholding taxes, c) may include return of principal or capital gains which could overstate such estimates, and d) for securities that have a defined maturity date within the next 12 months, is reflected only through maturity date. Actual interest. For Floating Rate Securities, the accrued interest, annual income and current yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. income or yield may be lower or higher than the estimates. Current yield reflects the income generated by an investment, and does not reflect changes in its price. Structured Investments, identified on the Position Description Details line as "Asset Class: Struct Inv," may appear in various statement product categories. When displayed, the accrued interest, annual income and current yield for those with a

CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program, and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to Inquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such Inquidation remitted to you. Estimated Annual Income, Accrued Interest, and APY% will only be displayed for fully settled positions.

Description		Market Value	Current Yield %	Est Ann Income APY %	% Adt
MORGAN STANLEY BANK N.A. #	\$17 00 0.010	\$174,481.86	-	\$17.00 0.010	0.010
	Percentage				
	of Holdings	Market Value		Est Ann Income	
CASH, BDP, AND MMFs	19.98%	\$174,481.86		\$17.00	

Bank Deposts are held at Morgan Stanley Bank, N.A. andjor Morgan Stanley Private Bank, National Association, affiliates of Morgan Stanley Smith Barney LLC and each a national bank and FDIC member.

STOCKS

COMMON STOCKS

							Unrealized	Current
Security Description	Trade Date	Quantity	Unit Cost	Unit Cost Share Price	Total Cost	Market Value	Gain/(Loss)	Est Ann Income Yield %
IPATH S&P 500 VIX S/T FU ETN (VXX)	9/24/12	62 000	\$141 159	\$20 100	\$8,751 83	\$1,246.20	\$(7,505.63) LT	
Matures 01/30/2019	6/19/15	438 000	18.759	20 100	8,216 32	8,803 80	587.48 ST	
	Total	200.000			16,968.15	10,050.00	(7,505 63) LT	1
							587 48 ST	
Asset Class: Aft								



Morgan Stanley

: 🍆

CLIENT STATEMENT | For the Period December 1-31, 2015

Account Detail

PARKINSON FOUNDATION, INC. TIEE GEOFFREY M. PARKINSON

INTERESTED PARTY COPY

	Percentage of Holdings				Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
STOCKS	4.61%				\$16,968.15	\$10,050.00	\$(7,505.63) LT \$587.48 ST	\$0.00	ı
EXCHANGE-TRADED & CLOSED-END FUNDS	ID FUNDS		. پښتو خښتو						
Security Description	Trade Date	Quantity	Unit Cost	Share Price	Total Cost	Market Value	Gain/(Loss)	Est Ann Income	X Paul
ISHARES MSCI EMERGING MKTS ETF (EEM) Next Dividend Payabib 06/2016; Asset Class: Equities	8/4/11	350.000	\$43.236	\$32 190	\$15,132.50	\$11,266.50	\$(3,866.00) LT	\$281.00	2.49
ISHARES S&P 100 ETF (DEF) Next Dividend Payable 03/2016; Asset Class: Equities	1/4/06	200.000	58.025	91.170	11,605.00	18,234.00	6,629.00 LT	385.00	2.11
MARKET VECTORS GOLD MINERS (GDX)	8/5/11 10/4/11	100.000	56 187 52 655	13 720 13 720	5,618 70 10,531 00	1,372.00 2.744.00	(4,246.70) LT (7,787.00) LT		
Next Dividend Payable 12/2016; Asset Class. Alt	Total	300.000		# # # # # # # # # # # # # # # # # # #	16,149 70	4,116.00	(12,033.70) LT	35.00	0.85
	Percentage of Holdings		-		Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income	Current Yield %
EXCHANGE-TRADED & CLOSED-END FUNDS	15.41%		 -		\$42,887.20	\$33,616.50	\$(9,270.70) LT	\$701.00	2.08%
	Percentage of Holdings		-		Total Cost	Market Value	Unrealized Gain/(Loss)	Est Ann Income Accrued Interest	Current Yield %
TOTAL MARKET VALUE					\$59,855.35	\$218,148.36	\$(16,776.33) LT \$587.48 ST	\$718.00	0.33%

Unrealized Gain/(Loss) totals only reflect positions that have both cost basis and market value information available. Cash, MMF, Deposits and positions stating 'Please Provide' are not included.

100.00%

TOTAL VALUE (includes accrued interest)

\$218,148.36





Fidelity.

Quant 210,333.2 210,333.2 30 and \$499,999.99, flings) 3.g. ETF, ETN) Quant 200.0 400.0	tity Per Unit Mar 880 \$1.000 \$280 \$1.000 \$28.790 \$28.7	Market Value \$210,333.28 e is 0.01%. \$210,333.28	Cost Basis	Gain/Loss not applicable	Income Earned \$20.07
210,333.2 ngs) g. ETF, ETN) Quant Quant 600.0	80 \$1.000 the current interest rate ity Per Unit 00 \$115.800 000 28.790	\$210,333.28 9 is 0.01%. \$210,333.28	not applicable	not applicable	\$20.07
g. ETF, ETN) Quant 200.0 400.0	Price ity Per Unit 00 \$115.800 000 28.790 000 (8.510	\$210,333.28			
g. ETF, ETN	G 55		•		\$20.07
	C G				
	2	Total	Total	Unrealized	
		Market Value \$23,160,00	\$12.125.00t	\$11,035,00	
		:	7,797 441	3,718.56	
i i i	: : :	1,221,66	4.088.21	-2.866.55	
MISHARES MSC FUROZONE FIFTE (FZI) E		10.512.00	9,341,561	1,170 44	
MISHARES S&P 100 ETF(OEF) E 600.000		54,702.00	34,102.76	20,599.24	
TF(FXI)E		3,529.00	4,077.95	-548 95	
	72.830	29,132 00	26,240 001	2,892 00	1
	000 28.790	14,395.00	13,832.95	562 05) , ,
		1			
MISHARES US TECHNOLOGY 400.0	050.701	42,812 00	21,027.29	21,784 /1	
CTORS ETF TR GOLD MINERS 2,000.0	13 720	27,440.00	28,595 90	-1,155.90	
GDX) E EBELÍADES INTED NVD ACUIEV	13,680	00 000 30	30 130 10	1000 +	
1,300.u 145 (PID)	3	00.200,52	27,004.23	CZ Z00'1-	
ERSHARES EXCH TRADED FD TST II 500.0	37.590	18,795 00	20,774,95	-1,979.95	•
MSPDR GOLD TR GOLD SHS (GLD) E	101.460	10,146.00	6,110,451	4,035.55	
M SECTOR SPORTR SHS BEN INT FINANCIAL 200,000	23.830	4,766.00	6,471,001	-1,705.00	1
MSECTOR SPOR TR SHS BEN INT INDUSTRIAL 500,000 (XLI) E	53.010	26,505 00	15,872 50 ^t	10,632 50	:
Total Exchange Traded Products (53% of account holdings)		\$304.433.66	\$238,122,21	\$66.311.45	

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2015 YEAR-END INVESTMENT REPORT January 1, 2015 - December 31, 2015

Holdings (continued)

Stocks			,		:	
Description	Quantity	Price Per Unit	Total Market Value	Total Cost Basis	Unrealized Gain/Loss	Income Earned
Common Stock						
MANGLO AMERICAN USDO.54945 ISIN #GB00B1XZS820 SEDOL #B1XZS82	2,607 000	\$4.414	\$11,506 22	\$41,842.35°	-\$30,336 13	\$2,273.26
(AAURF) MAMERICAN EXPRESS CO(AXP)	300.000	69.550	20,865.00	3,160.171	17,704.83	330.00
MSUNTRUST BANKS INC(STI)	200 000	42.840	21,420 00	10,657,95°	10,762.05	
MTECK RESOURCES LIMITED CLASS B SUB VTG COM NPV ISIN #CA8787422044 SEDOL #2879327 (TCK)	1,333.000	3.860	5,145.38	6,089.481	-944.10	718,40
Total Common Stock (10% of account holdings)			\$58,936.60	\$61,749.95	-\$2,813.35	\$3,321.66
Total Stocks (10% of account holdings)			\$58,936.60	\$61,749.95	-\$2,813.35	\$3,321.66
Total Holdings Total inco	Total income earned on positio	n positions no longer held	\$573,703.54 \$1140.98	\$299,872.16	\$63,498.10	\$7,202.55

Total Cost Basis does not include the cost basis on core, money market or other positions where cost basis is unknown or not applicable.

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- Cost basis information (or proceeds from short sales) has been provided by you and has not been adjusted except as otherwise indicated. When positions are transferred between accounts, in certain cases, cost basis information may be automatically transferred and deemed to be customer-provided.
- t Third-party provided
- Includes exchange-traded funds (ETFs), exchange-traded notes (ETNs), and other exchange-traded vehicles. ш
- M Position held in margin account.

Federal Supporting Statements 2015 Name(s) as shown on return Parkinson Family Foundation 06-1485191 Form 990PF - Part I - Line 6(a) **STATEMENT #9** Gain(Loss) from Sale of Other Assets Schedule {See Statement} Name Long-Term Term Date Acquired **VARIOUS** D How Acquired **VARIOUS** Date Sold Purchaser **Gross Sales** 126,979 Basis 52,432 **Accumulated Depreciation** Sales Expense <u>\$74,547</u> Total Net Name {See Statement} Term Long-Term **VARIOUS Date Acquired** How Acquired Date Sold **VARIOUS** Purchaser **Gross Sales** \$ 79,833 Basis \$ 40,210 **Accumulated Depreciation** Sales Expense **Total Net** \$39,623 200 shs iShares Oil Eq&Srv ETF Name Term Short-Term Date Acquired 2015-08 How Acquired Ρ Date Sold 2015-09 Purchaser **Gross Sales** \$ 8,282 Basis 7,328 **Accumulated Depreciation** Sales Expense \$ **Total Net** \$954 0.667 shs Global X Silver ETF Name Short-Term Term **Date Acquired** 2015-11 How Acquired Р **Date Sold** 2015-11 Purchaser **Gross Sales** \$ 13 \$ 41 Basis **Accumulated Depreciation** Sales Expense **\$(28) Total Net**

Morgan Stanley

PARKINSON FOUNDATION, INC TTEE GEOFFREY M. PARKINSON

Account Detail

CLIENT STATEMENT | For the Period December 1-31, 2015

TRANSFERS, CORPORATE ACTIONS AND ADDITIONAL ACTIVITY

REALIZED GAIN/(LOSS) DETAIL

LONG-TERM GAIN/(LOSS)

	Date	Date		Sales	Orig / Adj	Realized	
Security Description	Acquired	Pios	Quantity	Proceeds	Total Cost	Gain/(Loss)	Comments
MICROSOFT CORP	04/24/00	06/19/15	200.000	\$9,151.09	\$6,612.50	\$2,538.59	
	01/12/04	01/12/04 06/19/15	400 000	18,302.18	11,041 00	7 261 18	
	90/80/90	06/19/15	400.000	18,302.18	8,881.43	9.420.75	
•	90/80/90	06/08/06 07/28/15	1,000 000	45,106.36	22.203.57	22 902.79	
Long-Term This Period				\$0.00	\$0.00	\$0.00	
Long-Term Year to Date				\$90,861.81	\$48,738.50	\$42,123.31	
Net Realized Gain/(Loss) This Period				\$0.00	\$0.00	\$0.00	
Net Realized Gain/(Loss) Year to Date				\$90,861.81	\$48,738.50	\$42,123.31	

Treasury regulations require that we report on Form 1099-B a) adjusted cost basis on the sale or covered securities acquired on or after 1/1/11 (or the applicable date for the type of security), b) the gain or loss estend the sale of the sale and transfers by gift or inheritance. This section may not reflect all the basis adjustments required when filing your tax return. Refer to the Expanded Disclosures

MESSAGES

Statement of Financial Condition (In Millions of Dollars)

At June 30, 2015 Morgan Stanley Smith Barney LLC had net capital of \$5,031 which exceeded the Securities and Exchange Commission's minimum requirement by \$4,868. A copy of the Morgan Stanley Smith Barney LLC Consolidated Statement of Financial Condition at June 30, 2015 can be viewed online at. http://www.morganstanley.com/about-us-ir/shareholder/morganstanley_smithbarney_lic pdf or may be mailed to you at no cost by calling 1 (866) 825-1675, after September 15, 2015

Federal Supporting Statements Name(s) as shown on return Parkinson Family Foundation Federal Supporting Statements 2015 Your Social Security Number 06-1485191

Form 990PF - Part XV - Line 2 Application Submission Information

STATEMENT #10

Grant Program

Applicant Name Geoffrey Parkinson

Address 640 W. Putnam Ave Greenwich, CT 06830

Telephone

Email Address pff@fsllc.net

Form & Content

Online application form on foundation's website www.parkinsonfdn org

Submission Deadline

None

Restrictions on Award

Food & Water, Faith & Evangelism, Health & Humanitarianism, and American Ideals