Form 990-PF

Return of Private Foundation

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

OMB No 1545-0047

2019

Dena	dment	of the Treasury	▶ Do not	enter social secunty n	umbers on this fo	orm as it	t may be	made pub	lic.		<u> </u>	
		enue Service	► Go to	www.irs.gov/Form990	PF for instruction	ns and t	the lates	· · · · · · · · · · · · · · · · · · ·		pen to Public I	Inspection	
			or tax year beginnin)g	, 20)19, and	l ending				20	
Nam	ne of fo	oundation							identification nun	ıber		
			Foundation					06-1485				
Num	nber ar	nd street (or P O	box number if mail is not	delivered to street address	5)	Room	n/suite	B Telephone	number (see instru	ctions)		
		kins Road				1		(203)869				
City	or tow	n, state or provinc	ce, country, and ZIP or fo	oreign postal code				C If exemption application is pending, check here				
Greenwich, CT 06830 G Check all that apply										_		
G (Check	all that apply	tum of a former pu	ublic cha	arity	D 1. Foreigr	n organizations, che	eck here	. ▶∟			
	☐ Final return ☐ Amended								n organizations me			
					 	//		· check I	here and attach cor	nputation	. ▶∟	
_		type of organiz	ate foundation	U 4	t		oundation status w					
			onexempt charitable ti		taxable private fou	_		section 50)7(b)(1)(A), check h	heck here ▶ 🗌		
		arket value of a		J Accounting method	X Cash	∐ Acc	crual		idation is in a 60-m			
		year (from Part		Other (specify)				under sec	tion 507(b)(1)(B), c	heck here	. ▶ ∟	
		s) ► \$		(Part I, column (d) mus	st be on cash basis	s)						
Pa	art I		of Revenue and Ex	•	(a) Revenue	e and	(b) Nati			(d) Disbu		
				ay not necessarily equal	expenses books	per		investment come	(c) Adjusted net income	purpo	oses	
	1		n column (a) (see instruc							(cash ba	asis only)	
	1			ceived (attach schedule)	70	,218						
	2			t required to attach Sch B	-				/-			
	3			cash investments STM		255		255	N/A			
	4			es .stm		,431		22,431				
	5a				•							
	ь		ome or (loss)									
ě	6a		•	ets not on line 10 STM		,892						
ē	b		ice for all assets on line 6									
Revenue	7		•	IV, line 2)				112,892				
Ľ.	8		. •									
	9				•							
	10a		s returns and allowances									
	Ь		goods sold				-				-	
	C	=		lule)			-		 -			
	11		•	STM106		510		10				
	12					,306		135,588		-		
	13			, trustees, etc						- 		
Ses	14			s						-		
penses	15	•	· •	• • • • • • • • • • • • • • • • • • • •								
Exp	16a	• ,	,	· · · · · · · · · · · · · · · · · · ·					-			
e H				edule) STM109		000		2 000			0 000	
÷	I					,000		2,000			8,000	
itra	17	Interest (STM004		11		602				
:≝	18	Taxes (attach	(see-instru	ctions) STM110 depletion		,102		602				
Ξ	19	Pebreciation		раерівноп	•							
ĕ	20	Sccupancy 1	ري. (ري. ال المراكب . V . D . (ري. المراكب . V . D . (ري. المراكب . D . (ري. المراكب . D . (•							
Pu	21				II							
<u>Б</u>	22		oublications							+		
ä	23				•							
Operating and Administrative	24		ing and administrativ	/e expenses. 	1 11	,,,		2 612			0 000	
g	25		•			,113		2,613		+	8,000	
_	25			unto Add lines 24 and 3		,000		2 613			2,000	
	26			ents. Add lines 24 and 2	.5 65	,113		2,613		 6	0,000	
	27		26 from line 12	a and dish		102						
	a		· ·	s and disbursements		,193	_	122 255				
	b		, -	ive, enter -0-)				132,975		-		
	LC	Aajusted ne	<u>:: income (it negative</u>	, enter -0-)	· 1					0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

$\overline{}$		P-PF (2019) Parkinson Family Foundation	06-1485191			191 Page 2
Pa	irt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of y	ear
		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				
	2	Savings and temporary cash investments	118,608	285,	740	285,740
	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				
ssets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis ▶				
	1	Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule) STM118	859,937	784,	784	998,135
	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				
		instructions Also, see page 1, item I)	978,545	1,070,	524	1,283,875
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·		
	18	Grants payable		17,	000	
es	19	Deferred revenue			-	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				•
ab	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0	17,	000	
		Foundations that follow FASB ASC 958, check here · · · · ▶				
es		and complete lines 24, 25, 29, and 30.	ĺ			
5	24	Net assets without donor restrictions				
Balances	25	Net assets with donor restrictions				
_		Foundations that do not follow FASB ASC 958, check here ▶ 🏻				
Ĕ	İ	and complete lines 26 through 30.				
Assets or Fund	26	Capital stock, trust principal, or current funds				
0	27	Paid-in or capital surplus, or land, bldg, and equipment fund				
šě	28	Retained earnings, accumulated income, endowment, or other funds	978,545	1,053,	524	
AS:	29	Total net assets or fund balances (see instructions)	978,545	1,053,		
Net /	30	Total liabilities and net assets/fund balances (see		_,,,,,,		
Ž		instructions)	978,545	1,070,	524	
Pa	ırt II			_,,,,,,		
		al net assets or fund balances at beginning of year - Part II, column (a), line 2				
		d-of-year figure reported on prior year's return)			1	978,545
2		ter amount from Part I, line 27a		_	2	141,193
		ner increases not included in line 2 (itemize)			3	
		d lines 1, 2, and 3			4	1,119,738
		creases not included in line 2 (itemize) STM116		· · · · · · · · · · · · · · · · · · ·	5	66,214
		tal net assets or fund balances at end of year (line 4 minus line 5) - Part II. col	umn (h) line 29		6	1.053.524

Form **990-PF** (2019)

	son Family Foundation				06-1485	191	Page 3
Part IV Capital Gains and	Losses for Tax on Investment	Income	·				
(a) List and describe the 2-story brick wareh	kınd(s) of property sold (for example, real esta ouse, or common stock, 200 shs MLC Co)	ite,	(b) How acquired P-Purchase D-Donation		ate acquired , day, yr)	(d) Date (mo , da	
1a Exchange-traded Funds	see STM005 for deta	ails	P	VA	RIOUS	VARIO	US
b Exchange-traded Funds			D	VA	RIOUS	VARIO	US
c Exchange-traded Funds	1		P	VA	RIOUS	VARIO	US
d Boeing Co common stoc	k	****	D	05-1	2-1993	12-04-20	19
<u>e</u>							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost of plus expe	r other basis ense of sale			iin or (loss) s (f) minus (g))	
a 67,256			52,830				14,426
b 54,026			23,223			:	30,803
c 36,622			34,812				1,810
d 69,858			4,005	ļ			65,853
е							
Complete only for assets show	ing gain in column (h) and owned by the	foundation or	n 12/31/69	1	(I) Gains (Co	ol (h) gain minu	ıs
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (col (k), but no	t less than -0-) rom col (h))	or
а				14,			14,426
b							30,803
С			-				1,810
d						(65,853
е							
If gain, also enter in Part I, line 8,	apital loss)	ter -0- ın	}	3		N/A	12,892
	r Section 4940(e) for Reduced		et Investment	Incom	e		
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation doesn't qualify i	n 4942 tax on the distributable amount of under section 4940(e) Do not complete the	any year in tl nis part	he base period?			☐ Yes	⊠ No
1 Enter the appropriate amount in (a)	each column for each year, see the instru	ctions before	making any entries	<u> </u>		(d)	
Base period years Calendar year (or tax year beginning in)			(c) of nonchantable-use a			stribution ratio divided by col	(c))
2018	49,500	†	1,072,			0.046136	
2017	54,999			964		0.055613	
2016	45,830			914		0.052263	
2015	42,250			741		0.054534	
2014	30,812		762,	824		0.040392	
					2	0.248938	
	on has been in existence if less than 5 year		•	L	3	0.049788	
4 Enter the net value of noncharitat	ole-use assets for 2019 from Part X, line s	5			4	1,14	42,454
5 Multiply line 4 by line 3					5	<u> </u>	56,880
6 Enter 1% of net investment incon	20 /19/ of Bort L (so 27h)						1 220

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

58,210

60,000

7

Part VI instructions

3

Form 990-PF (2019) Parkinson Family Foundation 06-1485191 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 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) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1 1,330 All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2 0 3 3 1,330 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-). 4 1,330 Credits/Payments 2019 estimated tax payments and 2018 overpayment credited to 2019 b c Tax paid with application for extension of time to file (Form 8868) d 6d 7 7 2,352 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1,022 11 Enter the amount of line 10 to be Credited to 2020 estimated tax 1,022 11 **Statements Regarding Activities** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it Yes No 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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 x Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ (2) On foundation managers ► \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 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 х 4a X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? х If "Yes," attach the statement required by General Instruction T 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? X 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 Х 8a Enter the states to which the foundation reports or with which it is registered. See instructions If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 8b X 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 2019 or the tax year beginning in 2019? See instructions for Part XIV)? If "Yes," 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Form 990-PF (2019)

	PF (2019) Parkinson Family Foundation 06-1485191	<u> </u>	F	Page 5
Part	I-A Statements Regarding Activities (continued)			
		<u> </u>	Yes	No
11	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	eaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		l	
	erson had advisory privileges? If "Yes," attach statement. See instructions	12		х
13	id the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	ebsite address ► www.parkinsonfdn.org			
14	ne books are in care of ► Foundation Services LLC Telephone no ► 703-726		1	
	ocated at ▶ 44604 Wellsboro Drive, Ashburn, VA ZIP+4 ▶ 20147-2	535		
15	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶ _
	nd enter the amount of tax-exempt interest received or accrued during the year	N/A	,	,
16	t any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	ver a bank, secunties, or other financial account in a foreign country?	16		Х
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	1		
	e foreign country ►			
Part	I-B Statements Regarding Activities for Which Form 4720 May Be Required			
	le Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	uring the year, did the foundation (either directly or indirectly)	İ		
) Engage in the sale or exchange, or leasing of property with a disqualified person? 🗌 Yes 🗵 No			
) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?			Ì
) Fumish goods, services, or facilities to (or accept them from) a disqualified person?			
) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?		-	
) 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)	1		
b	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	l		
	egulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	A 1b		
	rganizations relying on a current notice regarding disaster assistance, check here			
С	d the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		_	
	ere not corrected before the first day of the tax year beginning in 2019?	1c		x
2	exes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	perating foundation defined in section 4942(j)(3) or 4942(j)(5))			ì
а	the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			ļ
	d and 6el) for tax year(s) beginning before 2019?			
	"Yes," list the years ,,,			
b	re there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	elating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	I years listed, answer "No" and attach statement - see instructions)	A 2b		
С	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
		1	[
3a	d the foundation hold more than a 2% direct or indirect interest in any business enterprise	1	-	
	any time during the year?	1		
b	"Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	1		
	squalified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		

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 Form 4720, Schedule C, to determine if the

х

Part	VII-B Statements Regarding Activities f	OL AAU	ich Form 4	ZU IVIZ	y be ked	uirea	COITE	<u>nueu,</u>	,			
5a	During the year, did the foundation pay or incur any amo	ount to									Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legi	slation (section	4945(e))?		□ Y	es 🛚	No			- 1
	(2) Influence the outcome of any specific public election	n (see se	ection 4955), or	to carry	on,						-	d
	directly or indirectly, any voter registration drive?						□ Y	es 🛚	No			1
	(3) Provide a grant to an individual for travel, study, or o	other sim	ıılar purposes?				□ Y	es 🛚 🗓	No			i t
	(4) Provide a grant to an organization other than a char	ntable, et	c , organization	n describ	ed in							į
	section 4945(d)(4)(A)? See instructions						□ Y	es 🗓	No			ì
	(5) Provide for any purpose other than religious, charita	ble, scie	ntific, literary, o	r educat	ional							ĺ
	purposes, or for the prevention of cruelty to children	or anım	als?				□ Y	es 🛚	No			Ì
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions	fail to qualify u	nder the	exceptions (describe	d				ll]
	In Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions											
Organizations relying on a current notice regarding disaster assistance check here												Ţ
¢	If the answer is "Yes" to question 5a(4), does the foundation	ation clai	m exemption fr	om the t	ax							1
	because it maintained expenditure responsibility for the	grant?				N	/å∏ Y	es 🗌	No			
	If "Yes," attach the statement required by Regulations se	ection 53	3 4945-5(d)									}
6a	Did the foundation, during the year, receive any funds, d	Irectly or	r indirectly, to p	ay prem	ums							ì
	on a personal benefit contract?						□ Y	es 🛚	No			
b	Did the foundation, during the year, pay premiums, direct	tly or inc	directly, on a pe	ersonal b	enefit contra	ct?				6b		x
	If "Yes" to 6b, file Form 8870						_					}
7a	At any time during the tax year, was the foundation a pa	rty to a p	prohibited tax s	helter tra	insaction?.		י 🗆	es 🛚	No			
b	If "Yes," did the foundation receive any proceeds or hav					on? .			N/A	7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) o	of more than \$1	,000,000) in						.	ţ
	remuneration or excess parachute payment(s) during th											ļ
Part		ors, Tr	ustees, Foเ	undatio	on Manag	ers, H	ighly	Paid	Em	ploye	es,	
	and Contractors											
1	List all officers, directors, trustees, and foundation r	nanager	s and their co	mnonca	tion Socin	terration						
	(a) Name and address	(b) Tit!	e, and average rs per week ed to position	(c) Co	impensation ot paid, ter -0-)	(d) empl	Contributions of the contribution of the contr	nefit pla	ns	(e) Expe	ense acc allowan	
Geofi		(b) Tit!	e, and average rs per week ed to position	(c) Co	mpensation ot paid,	(d) empl	Contribu	nefit pla	ns			
	(a) Name and address	(b) Titl hou devot	e, and average rs per week ed to position	(c) Co	mpensation ot paid,	(d) empl	Contribu	nefit pla	ns			
94 Pe	(a) Name and address Frey M Parkinson Jr.	(b) Titl hou devot	e, and average rs per week ed to position .dent 2.00	(c) Co	empensation tot paid, ter -0-)	(d) empl	Contribu	nefit pla	ns ation			ces
94 Pe Deboi	(a) Name and address Frey M Parkinson Jr. erkins Road, Greenwich, CT 06830	(b) Titl hou devot	e, and average rs per week ed to position .dent 2.00	(c) Co	empensation tot paid, ter -0-)	(d) empl	Contribu	nefit pla	ns ation			ces
94 Pe Deboi 94 Pe	(a) Name and address Erey M Parkinson Jr. erkins Road, Greenwich, CT 06830 rah P Hires	(b) Titl hou devot	e, and average rs per week ed to position .dent 2.00 turer 0.30	(c) Co	empensation lot paid, ter -0-)	(d) empl	Contribu	nefit pla	ns ation			
94 Pe Deboi 94 Pe Heatl	(a) Name and address Frey M Parkinson Jr. erkins Road, Greenwich, CT 06830 rah P Hires erkins Road, Greenwich, CT 06830	(b) Title hou devote Presi	e, and average rs per week ed to position .dent 2.00 turer 0.30	(c) Co	empensation lot paid, ter -0-)	(d) empl	Contribu	nefit pla	ns ation			
94 Pe Deboi 94 Pe Heatl	(a) Name and address Frey M Parkinson Jr. erkins Road, Greenwich, CT 06830 rah P Hires erkins Road, Greenwich, CT 06830 her P Wright	(b) Title hou devote Presi	e, and average rs per week ed to position .dent 2.00 surer 0.30	(c) Co	empensation lot paid, ter -0-)	(d) empl	Contribu	nefit pla	ns ation 0			0 0
94 Pe Deboi 94 Pe Heatl	(a) Name and address Erey M Parkinson Jr. Erkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other	(b) Titt hou devot Presi	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30	(c) Cc (If r en	ompensation of paid, ter -0-) 0 0	(d) empl and de	Contnbu	nefit pla	o O O			0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Perkins Road, Greenwich, CT 06830 rah P Hires Perkins Road, Greenwich, CT 06830 her P Wright Perkins Road, Greenwich, CT 06830	(b) Titt hou devot Presi	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30	(c) Cc (If r en	ompensation of paid, ter -0-) 0 0	(d) empl and de	Contnbu	nefit pla	o o			0 0
94 Pe Debon 94 Pe Heath 94 Pe	(a) Name and address Erey M Parkinson Jr. Erkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30	(c) Cc (fr en	ompensation of paid, ter -0-) 0 0	(d) empl and de	If none	nefit pla	o o o o o o o o o o o o o o o o o o o	(e) Expe	allowane	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (fr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (fr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Debon 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0
94 Pe Deboi 94 Pe Heath 94 Pe	(a) Name and address Frey M Parkinson Jr. Parkins Road, Greenwich, CT 06830 Compensation of five highest-paid employees (other "NONE."	(b) Titl hou devot Presi Treas Secre	e, and average rs per week ed to position dent 2.00 surer 0.30 etary 0.30 by the control of the control	(c) Cc (ffr en	ompensation of paid, ter -0-) 0 0 - see instru	(d) empl and de	If none	e, enter	o o o o o o o o o o o o o o o o o o o	(e) Expe	ense acc	0 0 0

06-1485191

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Form **990-PF** (2019)

Form 990-PF (2019)

EEA

Parkinson Family Foundation

Form 990-PF (2019) Parkinson Family Foundation	06-1485191 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)	s, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, et	nter "NONE."
(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	▶ │ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information suclorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	h as the number of Expenses
¹ N/A	
	0
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 _{N/A}	
	0
2	
All other program-related investments. See instructions	-
3	
Total. Add lines 1 through 3	
EEA .	Form 990-PF (2019)

		485191	Page 8
Pàrt	X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundat	ions,	
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		-
	purposes		
а	Average monthly fair market value of securities	1a	931,271
b	Average of monthly cash balances	1b	228,581
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,159,852
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,159,852
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	17,398
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line.4	5	1,142,454
6	Minimum investment return. Enter 5% of line 5	6	57,123
Part		ns	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	57,123
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1,330
3	Distributable amount before adjustments Subtract line 2c from line 1	3	55,793
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	55,793
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	55,793
Part	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	60,000
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	1,330
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,670
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2019)

EEA

Undistributed Income (see instructions) Part XIII (b) Years pnor to 2018 (c) 2018 Distributable amount for 2019 from Part XI. 55,793 Undistributed income, if any, as of the end of 2019 2 Enter amount for 2018 only Total for prior years Excess distributions carryover, if any, to 2019 3 From 2014 From 2015 4,086 From 2016 4,399 From 2017 6,993 From 2018 Total of lines 3a through e 15,478 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 60,000 Applied to 2018, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) Applied to 2019 distributable amount 55,793 Remaining amount distributed out of corpus 4,207 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . 19,685 Prior years' undistributed income Subtract line 4b from line 2b 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 Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be 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) Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a 19,685 10 Analysis of line 9: Excess from 2015 4,086 Excess from 2016 4,399 Excess from 2017 6,993 Excess from 2018 Excess from 2019 4,207

	200 05 0000					5 40
	990-PF (2019) Parkinson Famil XIV Private Operating Foundat		etions and Part	VII.A guestion 9	06-1485191	Page 10
	If the foundation has received a ruling or dete				<u>')</u>	
1a	foundation, and the ruling is effective for 2019			•	N/A	
b	Check box to indicate whether the foundation		~		4043(1)(2) or	42(1)(5)
	Enter the lesser of the adjusted net		ig foundation describ		4942(j)(3) or 49	42(j)(5)
20	income from Part I or the minimum	Tax year	#1 0040	Prior 3 years	(1) 2010	(e) Total
	investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed	_				
	T T					
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					
Part				e foundation ha	ıd \$5,000 or more	in assets at
	any time during the year - s	_	s.)			
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have before the close of any tax year (but only if the					
37		io y marc commodito	a moro a zar 40,000,	(000 000	.~/ /	
Non						
b	List any managers of the foundation who own ownership of a partnership or other entity) of				ge portion of the	
Non	le			····		***************************************
2	Information Regarding Contribution, Gran	t, Gıft, Loan, Scho	larship, etc., Progra	ims:		
	Check here ▶ ☐ If the foundation only mail	kes contributions to	preselected charitab	le organizations and	does not accept	
	unsolicited requests for funds. If the foundation			_	•	
	complete items 2a, b, c, and d See instruction	ns				
а	The name, address, and telephone number of	or email address of	the person to whom a	applications should be	e addressed	
	a-2d: See STM006					
b	The form in which applications should be sub	omitted and informa	tion and materials the	ey snould include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, sud	h as by geographic	al areas, charitable fi	elds, kinds of instituti	ons, or other	
-	factors	, 99	,	,	•	

Part XV: Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year {See Following Statement} 52,000 За 52,000 b Approved for future payment {See Following Statement} 15,000 <u>15,0</u>00

Total

Pa	rt XVI	I-A Analysis of Income-Producing Act	ivities				
Ente	r gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	on 512, 513, or 514	(e)
			, .		·		Related or exempt function income
			(a)	(b)	(c)	(d)	(See instructions)
1	Progr	am service revenue	Business code	Amount	Exclusion code	Amount	(**************************************
	_			_			-
			*		- -		-
					 	<u> </u>	
	_				 		
		· · · · · · · · · · · · · · · · · · ·					
	f				,,,		
		es and contracts from government agencies					
2	Memb	pership dues and assessments					
3	Intere	st on savings and temporary cash investments			14	255	
4	Divide	ends and interest from securities			14	22,431	
5		ental income or (loss) from real estate		-			
		ebt-financed property					
		ot debt-financed property			-		
6		ental income or (loss) from personal property		<u> </u>			
7		investment income					
8		or (loss) from sales of assets other than inventory.			18	112,892	
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Other	revenue a			01	510	
	b			-			
						·	
	е —					············	
12	_	tal. Add columns (b) (d) and (a)					
12		otal Add columns (b), (d), and (e)		<u></u>		136,088	·
		. Add line 12, columns (b), (d), and (e)	• • • • • • •		• • • • • • • • •	. 13	136,088
		neet in line 13 instructions to verify calculations)			· -		
	rt XVI	-B Relationship of Activities to the Ac	complishme	nt of Exemp	t Purposes		
Lır	ne No.	Explain below how each activity for which income	e is reported in co	olumn (e) of Part	XVI-A contributed i	mportantly to the	
	▼	accomplishment of the foundation's exempt purpo	ses (other than b	y providing funds	for such purposes) (See instructions	i)
N	/A						
				<u>. </u>			
	-					-	
			*				
		-			<u></u>		
			-				-
							-
							
						_	
				_			
				•		· <u>-</u>	
		1					

Form 990-	PF (2019) Pa:	rkinson Famil	y Foundation			06-14	85191	F	Page 1
Part XV			ers to and Transaction	ns and Relation	onships With N	oncharital	ble Exempt		
	Organization								
			age in any of the following	-	-	oed		Yes	No
		than section 501(c)(3	3) organizations) or in sect	ion 527, relating	to political				1
	ganizations?								
		-	noncharitable exempt orga						
									X
	•		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •		• • • • •	<u>1a(</u>	2)	<u> </u>
	ther transactions								
			pt organization						<u> </u>
			le exempt organization						<u> </u>
			assets						X
								`	<u>x</u>
			or fundraising solicitation					`	X
			other assets, or paid empl				<u> </u>	•	X
			omplete the following sch					<u></u>	X
			given by the reporting fou						
			nent, show in column (d)						
(a) Line no			onchantable exempt organiza		Description of transfe			arranger	onte
	1	3-7			Poddi.publ. of transic	no, transaction	o, and sharing t	mungen	Citto
N/A									
								-	
			<u>-</u>						
									_
					_				
			d with, or related to, one o					_	_
			on 501(c)(3)) or in section	527?			· · · ·	Yes 🛚	4 No
DIT	'Yes," complete the foll					_			
N/A	(a) Name of organi	zation	(b) Type of organi	zation	(c)	Description o	f relationship		
- N/A									
	 .			-					
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			<u> </u>			
Ur	nder penalties of penuar. Toe	olare that I have examined	this return, including accompanyi	no schedules and state	ments, and to the hest	of my knowledge	e and belief it is to		
Sign	prrect, and camplete Declara	tion of preparer (other than	this return, including accompanying taxpayer) is based on all informations.	ion of which preparer I	has any knowledge	or my knomedge	, and belief, it is the	10,	
Here	MAL	_	14/20/20	Preside	n t		May the IRS disc with the preparer		
riere,	Signal e of officer or trust	ee	bate	Title			See instructions		No.
	Print/Type preparer's n		Preparer's signature		Date	Check	, PTIN		
Paid							nployed		
Prepare	Firm's name					Firm's EIN			
Use On		·				Phone no			
	יי הייי כיי								
FFA			•				Form	aan-PF	(2010)

The Parkinson Family Charitable Foundation, Inc EIN: 06-1485191 Form 990-PF, 01/01/19-12/31/19

PART I, LINE 25 AND PART XV, LINE 3(a) GRANTS AND CONTRIBUTIONS MADE DURING YEAR

NAME AND ADDRESS	RELATIONSHIP	STATUS OF RECIPIENT	<u>PURPOSE</u>	AMOUNT
Friends Of Forman Christian College Inc 3434 Roswell Road, NW Atlanta, Georgia 30305	N/A	PC ·	Education Scholarships	2,000 00
Global PEHT 105 Woodside Drive Greenwich, Connecticut 06830	N/A	PC	Human Trafficking Prevention & Relief	2,000 00
The Grace Notes, Inc. P O Box 14 Old Greenwich, CT 06870	N/A	PC	Community Enrichment Through Music	1,000 00
Greenwich Center for Hope and Renewal 237 Taconic Road Greenwich, CT 06831	N/A	PC	Counseling Scholarships	4,000 00
Greenwich Chaplaincy Services 70 Parsonage Road Greenwich, Connecticut 06830	N/A	PC	Chaplaincy Services	1,000.00
Greenwich Chaplaincy Services 70 Parsonage Road Greenwich, Connecticut 06830	N/A	PC	Chaplaincy Services	1,000 00
Greenwich Country Day School Old Church Road Greenwich, CT 06836-0623	N/A	PC	School Capital Campaign	5,000 00
Greenwich Family YMCA 50 East Putnam Ave Greenwich, Connecticut 06830	N/A	PC	Youth Development	1,000 00
Luis Palau Association 1500 NW 167th Place Beaverton, Oregon 97006	N/A	PC	Leadership Development	2,000 00
The Marshall Legacy Institute 2425 Wilson Blvd, Suite 240 Arlington, VA 22201	N/A	PC	Landmine Eradication Support & Education	5,000 00
Partnership For Resource Development Inc 1403 Sommerton Way Chesapeake, Virginia 23320	N/A	PC	Discipleship Ministry	1,000 00
Pivot Ministries Inc. 485 Jane Street Bridgeport, CT 06608	N/A	PC	Addiction Recovery	1,500 00
The Seed Company 220 Westway Place Arlington, Texas 76018	N/A	PC	Bible Translation	5,000 00

The Parkinson Family Charitable Foundation, Inc EIN: 06-1485191 Form 990-PF, 01/01/19-12/31/19

PART I, LINE 25 AND PART XV, LINE 3(a) GRANTS AND CONTRIBUTIONS MADE DURING YEAR

NAME AND ADDRESS	RELATIONSHIP	STATUS OF RECIPIENT	<u>PURPOSE</u>	AMOUNT
Spirit of America 1100 N Glebe Road Arlington, VA 22201	N/A	PC	Human Services	2,500.00
Stanwich Congregational Church 202 Taconic Road Greenwich, CT 06831	Employer	PC	Church Operations	5,000.00
Stanwich Congregational Church 202 Taconic Road Greenwich, CT 06831	Employer	PC	Clergy Programs	5,000.00
University of Virginia P O Box 400807 Charlottesville, VA 22904-4807	N/A	PC	Historical Preservation	1,000 00
Virginia Athletics Foundation P O Box 400833 Charlottesville, VA 22907-3015	N/A	PC	Athletic Program Support	1,500 00
Waterside School 770 Pacific Street Stamford, Connecticut 06902	N/A	PC	School Support	2,500 00
World Vision Inc 34834 Weyerhaeuser Way South Federal Way, WA 98063-9716	N/A	PC	Water & Sanitation Education & Projects	3,000 00
TOTAL				52,000.00

The Parkinson Family Charitable Foundation, Inc EIN: 06-1485191 Form 990-PF, 01/01/19-12/31/19

PART XV, LINE 3(b) GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE USE

NAME AND ADDRESS	RELATIONSHIP	STATUS OF RECIPIENT	PURPOSE	AMOUNT
Greenwich Center for Hope and Renewal 237 Taconic Road Greenwich, CT 06831	N/A	PUBLIC	Counseling Scholarships	5,000 00
Greenwich Country Day School Old Church Road Greenwich, CT 06836-0623	N/A	PUBLIC	School Capital Campaign	5,000 00
The Seed Company 220 Westway Place, Suite 100 Arlington, Texas 76018	N/A	PUBLIC	Bible Translation	5,000.00
TOTAL				15,000.00

The Parkinson Family Charitable Foundation, Inc.

EIN: 06-1485191

2019 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-19	\$	931,507.05	\$ 933,485.86	\$	932,496.46	
Feb-19	\$	933,485.86	\$ 919,492.32	\$	926,489.09	
Mar-19	\$	919,492.32	\$ 924,777.65	\$	922,134.99	
Apr-19	\$	924,777.65	\$ 895,892.11	\$	910,334.88	
May-19	\$	895,892.11	\$ 859,832.90	\$	877,862.51	
Jun-19	\$	859,832.90	\$ 916,130.72	\$	887,981.81	
Jul-19	\$	916,130.72	\$ 916,838.07	\$	916,484.40	
Aug-19	\$	916,838.07	\$ 920,347.57	\$	918,592.82	
Sep-19	\$	920,347.57	\$ 929,360.98	\$	924,854.28	
Oct-19	\$	929,360.98	\$ 951,504.72	\$	940,432.85	
Nov-19	\$	951,504.72	\$ 1,042,764.15	\$	997,134.44	
Dec-19	\$:	1,042,764.15	\$ 998,135.28	\$	1,020,449.72	

Average Fair Market Value of Securities

\$ 931,270.68

Part X, Line 1b - Average Monthly Cash Balances

	_		 			
	BEGINNING		 ENDING			
DATE	OF MONTH		OF MONTH		AVERAGE	
Jan-19	\$	118,608.35	\$ 194,119.62	\$	156,363.99	
Feb-19	\$	194,119.62	\$ 231,381.78	\$	212,750.70	
Mar-19	\$	231,381.78	\$ 233,639.82	\$	232,510.80	
Apr-19	\$	233,639.82	\$ 274,429.78	\$	254,034.80	
May-19	\$	274,429.78	\$ 256,426.58	\$	265,428.18	
Jun-19	\$	256,426.58	\$ 257,110.13	\$	256,768.36	
Jul-19	\$	257,110.13	\$ 232,697.75	\$	244,903.94	
Aug-19	\$	232,697.75	\$ 212,506.71	\$	222,602.23	
Sep-19	\$	212,506.71	\$ 215,632.15	\$	214,069.43	
Oct-19	\$	215,632.15	\$ 216,100.46	\$	215,866.31	
Nov-19	\$	216,100.46	\$ 216,754.78	\$	216,427.62	
Dec-19	\$	216,754.78	\$ 285,739.58	\$	251,247.18	

Average of Monthly Cash Balances

\$ 228,581.13

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

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

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

Attach to Form 990, Form 990-EZ, or Form 990-PF
 Go to www irs gov/Form990 for the latest information

OMB No 1545-0047

2019

Employer identification number

Parkinson Family	Foundation 06-14	85191
Organization type (c	neck one)	
Edon of	Contrac	
Filers of	Section	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organi	zation is covered by the General Rule or a Special Rule	
Note Only a section instructions	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See	
General Rule		
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000	
•	money or property) from any one contributor Complete Parts I and II See instructions for determining a stotal contributions	
Special Rules		
☐ For an or	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the	
_	ns under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line	ı
-	or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)	
\$5,000, c	r (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and	II
For an org	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
contribute	or, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific,	
literary, o	r educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
For an or	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one	
contribute	or, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such	
contributi	ons totaled more than \$1,000. If this box is checked, enter here the total contributions that were received	
•	e year for an exclusively religious, charitable, etc , purpose Don't complete any of the parts unless the	
	Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions	
totaling \$	5,000 or more during the year	
Caution An organis	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,	
-	, but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ o	or on its
	, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Schedule B (Fo	`m 990, 990-EZ, or 990-PF) (2019)		Page :
Name of org		E	mployer identification number 06-1485191
Part I	Contributors (see instructions) Use duplicate copies of P	art I if additional space is	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Geoffrey & Elizabeth Parkinson c/o Parkinson Family Foundation Greenwich, CT 06830	\$70,21	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions)

Name of organization

Parkinson Family Foundation

Employer identification number 06-1485191

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) 200 shares of Boeing 1_ Company common stock 70,218 11-04-2019 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions).

The Parkinson Family Charitable Foundation, Inc

EIN: 06-1485191

2019 Return of Private Foundation (Form 990-PF) - ATTACHMENTS

Part I .	Attachment to Part I Analysis	of Rev	venues ai	<u> </u>				STATE	MENT 001
Line 3	Interest on savings	R	evenue						
	and temporary cash	& E	xpenses	Net I	nvestment	Adı	usted	Ch	arıtable
Interest	,		r Books	lr	ncome	-	Income	Pu	rposes
	Morgan Stanley Smith Barney	\$	255	\$	255	\$	_	\$	-
		\$	255	\$	255	\$	0	\$	0
						:		STATE	MENT 002
Line 4	Dividends & interest	R	evenue						
	from securities	& E	xpenses	Net li	nvestment	Adj	usted	Ch	arıtable
<u>Dividends</u>		Pe	r Books	Ir	ncome	Net	Income	Pu	rposes
	Fidelity Investments	\$	18,562	\$	18,562	\$	-	\$	-
	Morgan Stanley Smith Barney	\$	1,995	\$	2,192	\$	-	\$	-
Interest									
	Fidelity Investments	\$	1,873	\$	1,873	\$	_	\$	-
	•	\$	22,431	\$	22,627	\$	0	\$	0
	Net gain or (loss) from sale of as Capital gain net income	sets						STATE	EMENT 003
Line 6a Line 7		affect		_		-	ired by	STATE	EMENT 003
	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35	affect		_		-	ired by		EMENT 003
	Capital gain net income Includes a cost basis adjustment	affect 2.33 d	lue to was	sh sale	disallowan	ce		STATE	EMENT 106
Line 7	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income	affect 2.33 d Ro & E	evenue expenses	sh sale		ce Adj	usted	STATE Ch	EMENT 106 arıtable
Line 7 Line 11 Description	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income	affect 2.33 d R R & E Pe	evenue expenses or Books	Net Ir	disallowan nvestment ncome	Adj Net	usted Income	STATE Ch. Pu	EMENT 106 arıtable rposes
Line 7	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income	affect 2.33 d Ro & E	evenue expenses	Sh sale	disallowan	ce Adj	usted	STATE Ch	EMENT 106 arıtable
Line 11 Description 1	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income Excise Tax Refund with Interest	affect 2.33 d R R & E Pe	evenue expenses or Books	Net Ir	disallowan nvestment ncome	Adj Net	usted Income	STATE Ch. Pu \$	EMENT 106 arıtable rposes
Line 11 Description 1	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income	affect 2.33 d Re & E Pe \$	evenue expenses or Books 510	Net Ir	disallowan nvestment ncome	Adj Net	usted Income 0	STATE Ch. Pu \$	EMENT 106 aritable rposes 0
Line 11 Description 1 Line 16c	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income Excise Tax Refund with Interest Other Professional Fees	affect 2.33 d R & E Pe \$	evenue expenses 510 evenue expenses	Net II	disallowan nvestment ncome	Adj Net	usted Income 0	STATE Ch. Pu \$	EMENT 106 aritable rposes 0
Line 11 Description 1 Line 16c	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income Excise Tax Refund with Interest Other Professional Fees	affect 2.33 d R & E Pe \$	evenue expenses fr Books fr Books fr Books	Net II	nvestment 10 nvestment	Adj Net	usted Income 0	STATE Ch. STATE Ch. Pu	EMENT 106 aritable rposes 0 EMENT 109 aritable rposes
Line 7 Line 11 Description	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income Excise Tax Refund with Interest Other Professional Fees	affect 2.33 d R & E Pe \$	evenue expenses 510 evenue expenses	Net II	nvestment 10	Adj Net	usted Income 0	STATE Ch. Pu \$ STATE	EMENT 106 aritable rposes 0 EMENT 109 aritable
Line 11 Description 1 Line 16c Description	Capital gain net income Includes a cost basis adjustment purchase - in the amount of \$35 Other Income Excise Tax Refund with Interest Other Professional Fees	affect 2.33 d Rr & E Pe \$	evenue expenses fr Books fr Books fr Books	Net II	nvestment 10 nvestment	Adj Net	usted Income 0	STATE Ch. STATE Ch. Pu	EMENT 106 aritable rposes 0 EMENT 109 aritable rposes

The Parkinson Family Charitable Foundation, Inc

EIN: 06-1485191

2019 Return of Private Foundation (Form 990-PF) - ATTACHMENTS

- Page 2 -

Pati00	Attachment to Part I Analysis	nses	Contin	ued					
								STATE	MENT 004
Line 17	Interest	Re	evenue						
		& Expenses Net Investment		Adjusted		Charitable			
Descriptio	n	Pe	r Books	Inc	ome	Net	Income	Pu	rposes
		terest Expense \$ 11 \$ 11 \$		0	\$	0			
1	Margin Interest Expense	<u>\$</u>	11	<u> </u>				STATE	MENT 110
1 Line 18	Margin Interest Expense Taxes		evenue	Ψ				STATE	MENT 110
		Re			vestment		justed		MENT 110
Line 18	Taxes	Re & E	evenue	Net Inv		Ad	justed Income	Ch	
Line 18	Taxes	Re & E	evenue xpenses	Net Inv	vestment	Ad		Ch	arıtable
Line 18 Descriptio	Taxes	Re & E Pe	evenue xpenses r Books	Net Inc	vestment	Ad_ Net		Ch Pu	arıtable

STATEMENT 116

Paralli	Attachment to Part III - Analysis of Changes	in Net Assets or	Fund Balances]	
	Line 5 Other Decreases				Change in Net Assets
	Rounding Adjustment			\$	1
	Contribution from Schedule B	FMV	Cost		
	200 shares Boeing Co common stock	\$ 70,218	\$ 4,005	\$	66,213
	Total Decreases			\$	66,214

STATEMENT 114

Attachment to Part VII-A - Statements Regarding Activities

Line 10 Substantial Contributors

GEOFFREY & BETSY PARKINSON c/o GREENWICH ADVISORY ASSOCIATES 94 PERKINS ROAD GREENWICH, CT 06830