#### 990

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For	the	2020 calendar ye	ear, or tax year beginr	ning		, 2020, a	nd endi	ng		, 20	)		
В	Chec	ck if ap	pplicable:	C Name of organizationPa	rkinson Plac	e Inc				D Employer identification number				
	Addr	ess ch	nange	Doing business as							84-189	0153		
	Name	e char	nge	Number and street (or P.0	D. box if mail is not delive	red to street address)		Room/suit	te	E Telep	hone number			
	Initia	ıl retun	n	5969 Cattlerid	ge Blvd				100		(941)8	70-4438		
	Final	l returr	n/terminated	City or town, state or prov		foreign postal code				<b>G</b> Gros	s receipts			
	Amer	nded r	eturn	Barasota, FL 34	1232					\$		313,201		
	Appli	ication	pending	F Name and address of prin		nce Hoffheimer			H(a) Is this a	group return	for subordinates?	Yes X No		
				5969 Cattlerido	ge Blvd 100 s	Saraso FL 3423	2		H(b) Are all s	subordinat	es included?	Yes No		
1	Тах-є	exemp	t status: X 501(		) <b>(</b> insert no.)	4947(a)(1) or	527		If "No,"	attach a lis	st. See instructi	ons		
J	Web	site:		arkinsonplace.c					H(c) Group 6	exemption	number <b>•</b>			
ĸ	Form	n of org	ganization: X Corp				L Year of formation	on: 201	.9 м s	State of leg	gal domicile:	FL		
Pa	ırt I	I	Summary											
		1	Briefly describe th	he organization's mission	on or most significa	nt activities: To	meet the	physic	cal, me	ntal,	emotio	nal and		
a			social need	ds of those liv	ing with Par				•					
Activities & Governance			and communi											
rus														
ove		2	Check this box											
Ŏ		3	Number of voting	members of the gover	ning body (Part VI,	line 1a)				. 3		5		
S		4	Number of indepe	endent voting members	of the governing b	ody (Part VI, line 1b)				. 4		3		
iţie		5	Total number of i	ndividuals employed in	calendar year 2020	(Part V, line 2a)				. 5		4		
cţi				olunteers (estimate if n	-					. 6		35		
⋖		7a	Total unrelated be	usiness revenue from F	art VIII, column (C)	, line 12				. 7a		0		
				siness taxable income f						. 7b		0		
									Prior Year	•	Cur	rent Year		
		8	Contributions and	d grants (Part VIII, line	1h)							312,281		
ne				revenue (Part VIII, line								0		
/en	1		-	ne (Part VIII, column (A								0		
Revenue	1			Part VIII, column (A), line								920		
	1		•	dd lines 8 through 11 (n								313,201		
	1	13	Grants and simila	ar amounts paid (Part I)	K, column (A), lines	1-3)						0		
	1					0								
	1											161,544		
Expenses	1	16a	Professional fund	draising fees (Part IX, co	olumn (A), line 11e)							0		
en				expenses (Part IX, colu			5,392							
X	1	17	Other expenses (	(Part IX, column (A), lin	es 11a-11d, 11f-24e				1	,100		214,063		
	1	18	Total expenses.	Add lines 13-17 (must e	equal Part IX, colum	nn (A), line 25)				,100		375,607		
	1	19	Revenue less exp	penses. Subtract line 1	8 from line 12 .					,100)		(62,406)		
	Ses							Begir	nning of Curre			of Year		
ets		20	Total assets (Par	t X, line 16)					35	,099		296,846		
Net Assets or	ğ   2	21	Total liabilities (Pa	art X, line 26)					36	,199		360,352		
Ş	들   2	22	Net assets or fun	d balances. Subtract li	ne 21 from line 20				(1	,100)		(63,506)		
Pa	ırt l	II	Signature l	Block										
				hat I have examined this retur ion of preparer (other than offi				f my knowle	edge and belie	f, it is				
	, 0011	Oot, ui	Ta complete. Declarati	on or property (other than one	oor) to based on an inter-	nation of which property had	any knowledge.							
o:.				ce Hoffheimer										
Sig			Signature of o	officer						Da	ite			
He	re	Lawrence Hoffheimer, President												
			Type or print r	name and title										
_			Print/Type preparer	's name	Preparer's signature		Date		Check	if	PTIN			
Pa			Linda Pat	terson			02-25-20	21	self-em	ployed	P0054	3037		
	-	rer	Firm's name	Linda Pa	tterson CPA	PA		F	irm's EIN 🕨					
Us	e O	nly	Firm's address	2831 Rin	gling Blvd 1	14D		P	Phone no.					
				Sarasota	FL 34237					941-	735-404	2		
May	the	IRS	discuss this retur	rn with the preparer sho	wn above? (see ins	structions)					X	Yes No		

347,596

) (Revenue \$

including grants of \$

Other program services (Describe on Schedule O.)

Total program service expenses

(Expenses \$

4e

0) <u>Parkinson Place Inc</u> Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<b>.</b>		
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		Х
f	, ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40h		
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

O) Parkinson Place Inc Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
ч		24c 24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
20a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_х_
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		<u> </u>
	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

20) Parkinson Place Inc
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

b If "Yes," has it filled a Form 990-T for this year? /f "No" to line 3b, provide an explanation or Schedule O  All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; scourties account, or other financial accounts (FBAR).  b If "Yes," enter the name of the foreign country (such as a bank account; scourties account, or other financial accounts (FBAR).  See instructions for filing requirements for FIGCIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FIGCIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Did any taxoble party notify the reganization file Form 8885-17  Go Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deuticable;  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deuticable;  C Did the organization receive as experient in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  Did the organization receive as express of the value of the goods or services provided?  To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822 filed during the year  Did the organization foreive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment fax returns?  Note: If the sum of lines 1 and 25 is greater fina 25 or, our may be required to 46 (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A tan y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  3a Did the organization for financial account in a foreign country (such as a bank account, securities account, or other financial account)?  3b Vas the organization party to a prohibled tax sheller transaction at any time during the tax year?  3c Vas the organization party to a prohibled tax sheller transaction?  5c Uniform the star of the star of the star or so, and the star or so, and the organization file for granization that it was or is a party to a prohibled tax sheller transaction?  5c Uniform the star of the star of the star or so, and the star organization and so of the organization include with every solicitation an express statement that such contributions or gifts were not tix deductable?  6c Uniform that may receive deductable contributions under section 170(c).  6d Uniform that may receive deductable contributions under section 170(c).  6d Uniform that may receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?  6d Uniform that may receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?  7d Uniform that the organization notify the donor of the value of the goods or services provided.  7d Uniform that organization selection of the solution of the goods or services provided to the payor?  7d Uniform that organization selection that	Ε	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3	S	Statements, filed for the calendar year ending with or within the year covered by this return			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3a Diff **(***)** has it filed a Form 990-T for this year? # "No" of ine 3b, provide an explanation on Schedule O  3b Diff **(***)** has it filed a Form 990-T for this year? # "No" of ine 3b, provide an explanation on Schedule O  3b Diff **(**)** fire the name of the foreign country or the second of the provided of the organization necessor of \$75 made partly as a contribution and partly for goods and services provided to the provided of the provided of the organization necessor of \$75 made partly as a contribution and partly for goods and services provided to the provided payon?  5a Did the organization roceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payon?  5b Diff **(***)** indicate the number of Forms 8282 filed during the year  5c Did the organization organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payon?  5c Did the organization organization organization file forms 8282 filed during the year  5c Did the organization organization organization file forms 8282 filed during the year  5c Did the organization organization organization file forms 8282 filed during the year  5c Did the organization received as contribution of qualification filed payon provided to the payon?  5c Did the organization received as contribution of qualification filed payon filed payon filed to organization received as contr	lf	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b If "Yes," has it filled a Form 900-T for this year? if "No" to line 3b, provide an explanation on Schedule 0  All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4a  All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4a  b if "Yes," enter the name of the foreign country (such as a bank account; securities account, or other financial Accounts (FBAR).  5b  Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year?  5a  Did any stable party notify the organization that lives or is a party to a prohibited tax shelter transaction?  5b  If "Yes," to life the organization have annual gross receipts that was or is a party to a prohibited tax shelter transaction?  5c  6a  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deutcubles.  6a  1if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deutcubles.  6a  1if "Yes," did the organization receive any ayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b  1if "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  1if "Yes," did the organization organization makes a distribution of underectly, to pay premiums on a personal benefit contract?  7c  1if the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7d  1if the organization during th					
4a Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, accurities account, or other financial accounts (FEAR).  5b If "Yes," enter the name of the foreign country    5c instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5c instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR).  5c in the second of the properties of the properties of the properties of the second of the properties	D	old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country   Such as a bank account, securities account, or other financial account)?   4a    b   ff "Yes" enter the name of the foreign country   Note that the name of the foreign country   Note    see instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   5a    5b   Did any taxable party notify the organization file Form 8889-7?   5b    5c   t""es" to line 5a or 5b. did the organization file Form 8889-7?   5c    6a   Does the organization shelt are namulal gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the tax deductible as charitable contributions?   6a    b   ff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).   6b    c   Did the organization seed as a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?   7a    b   ff "Yes," did the organization norfity the donor of the value of the goods or services provided?   7b    c   Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2822 filed during the year   7c    c   Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2822 filed during the year   7c    g   If the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2822 filed during the year   7c    g   Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2822 filed during the year   7c    g   Did the orga	lf	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O · · · · · · · · · · · · · · · ·	3b		
b If "Yes," and the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Comes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in the organization in the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Comes the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Comes the organization solicit any contributions that may receive deductible as charitable contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d Did the organization receive a contribution of the value of the goods or services provided?  7d Did the organization received a contribution of unity or indirectly to pay premiums on a personal benefit contract?  7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?  7g X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 in the payor of the payo	A	at any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization should not any contributions that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization to solid any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  8 Did any taxable party notify the organization that were solidation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Did the organization receive a payment in excess of 575 made party as a contribution and partly for goods and services provided to the payor?  10 Did the organization receive any payment in excess of 575 made party as a contribution and partly for goods and services provided to the payor?  11 Privac, indicate the number of Forms 8282 filed during the year required to file Form 8282?  12 Did the organization exceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8282 are required?  15 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  15 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  16 Did the organization received any funds, directly or indirectly, to pay promatize the payment of the property did the organization file Form 8899 as required?  17 Did the organization f	а	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   7g					X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h X  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make and stiribution to a donor, donor advisor, or related person?  9b Did the sponsoring organizations. Enter:  10 Section 501(c)(7) organizations. Enter:  11 Section 501(c)(12) organizations. Enter:  12 Section 501(c)(12) organizations. Enter:  13 Gross income from members or shareholders  14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  16 Is the organization licensed to issue qualified health plans in more than one state?  17 Note: See the instructions for additional information the organization must report on Schedule O.  18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  18 Did the organization is licensed to issue qualified health plans in more than one state?  19 Did the organization is licensed to issue qualified health plans in more than one state?  19 Did the organization is licensed to issue qualified health plans in more than one state?  19 Did the organization is licensed to issue qualified health plans in more than one state?  10 Did the organization is licensed to issue qualified health plans in more than one state?  10 Did the organization is licensed					X
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
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Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			IZa		
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Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a		
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the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.					
c Enter the amount of reserves on hand					
Did the organization receive any payments for indoor tanning services during the tax year?					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N.			15		х
• • • • • • • • • • • • • • • • • • • •			16		х
If "Yes," complete Form 4720, Schedule O.					

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed Florida			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X    Own website    X    Upon request    Uther (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Lawrence Hoffheimer (941)870-4438, 5969 Cattleridge Blvd 100, Sarasota, FL 34232			

Form	990	(2020)

Parkinson Place Inc

84-1890153

Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

		(C)								
(A)	(B)	ļ ,.			sition			(D)	(E)	(F)
Name and title	Average	o box, amood porcon to boar o						Reportable	Reportable	Estimated amount
	hours per week	offic	er and	d a dii	rector	/trustee)	)	compensation from the	compensation from related	of other compensation
	(list any	오 =	ᠴ	0	<u>~</u>	φт	Ţ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
	organizations	al tru	onal		ηρίοy	t com /ee				
	below dotted line)	ıstee	truste		эе	ipens				
	dotted line)		Ö			ated				
(1) Lawrence Hoffheimer	5.00									
President		Х		х				0	257,000	5,520
(2) Linda Patterson	5.00									
Vice-President, Treasurer		Х		X				0	58,334	0
(3) Julie McHugh	1.00							•		_
Director (A) Marrow Karra	1.00	Х						0	0	0
(4) Tammy KarpDirector	1.00	х						0	0	0
(5) Lauren Rudd	1.00							•		
Director		х						0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

Part VII

) Parkinson	Place Inc			84-189	0153 Page <b>8</b>						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
		(C)									
(A)	(B)	Position (do not check more than one	(D)	(E)	(F)						
Name and title	Average hours	box, unless person is both an	Reportable compensation	Reportable compensation	Estimated amount of other						

(A) Name and title	(B) Average hours per week	box,	unles	eck m ss per	son is	nan one s both ar /trustee)		(D)  Reportable compensation from the	(E)  Reports compenss from rels	able ation ated	Estim		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-I		orga	rom the nization d organiz	
(15)													
<u>(16)</u>													
(17)													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
<u>(23)</u>													
(24)													
(25)													
1b Subtotal							• •						
d Total (add lines 1b and 1c)								0	315	,334		5,!	520
2 Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ve)	who	rece	eived r	nore	than \$100,000 of					0
												Yes	
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J			/ee, (					sated			3		х
4 For any individual listed on line 1a, is the sum of re			tion a										A
organization and related organizations greater than													
individual											4	Х	
for services rendered to the organization? If "Yes," or	-		-			_	IIIZai	·····			5	х	
Section B. Independent Contractors	,												
1 Complete this table for your five highest compensa													
compensation from the organization. Report comp  (A)	ensation for t	ne cale	enda	r yea	ar en	iaing v	vith c	or within the organiz	zation's tax	year.	(C)		
Name and business addres	s							Description of servic	es		Compens	ation	
2 Tatal number of State and State an	. hd ( P - 2	- al ( ('		E-4	al - 1		.le=						
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).			ose •		a ab	ove) v	VIIO						

Parkinson Place Inc
Statement of Revenue Part VIII

		Check if Schedule O cor	ntains a respons	e or no	te to any line in this	Part VIII			
			·		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
<b>(</b> 0	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c	26,637				
שַׁ פַּ	d	Related organizations .		1d					
if A	е	Government grants (contri		1e					
s, Bila	f	All other contributions, gifts							
ion		and similar amounts not in		1f	285,644				
the	g	Noncash contributions incl			200,011				
d of the	"	lines 1a-1f		1g	\$				
ŏ ₩	h					312,281			
					Business Code	322,232			
Φ.	2a								
<u>Š</u>	b								
Ser	c								
E S	d								
gra Se	e								
Program Service Revenue	f	All other program service re	evenue	<del></del> .					
_		Total. Add lines 2a-2f							
	3	Investment income (includir							
		other similar amounts) .							
	4	Income from investment of	tax-exempt bond	proce	eds 🟲				
	5	Royalties							
			(i) Rea	ı	(ii) Personal				
	6a	Gross rents	6a	920					
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c	920					
		Net rental income or (loss)				920	920		
	7a	7a Gross amount from (i) Securities			(ii) Other				
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
Se.	d	Net gain or (loss)							
Other	8a	Gross income from fundrais	sing						
₹		events (not including \$	26,637						
		of contributions reported on	line						
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
	С	Net income or (loss) from fu	undraising events						
	9a	Gross income from gaming							
		activities, See Part IV, line 1	19	9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from g	aming activities		<u> ▶</u>				
	10a	Gross sales of inventory, les	ss						
		returns and allowances .		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from sa	ales of inventory		<u> ▶</u>				
					Business Code				
e e	11a								
Miscellanous Revenue	b								
eve	С								
<u>≅</u> ĕ	d	All other revenue							
_	е	Total. Add lines 11a-11d			<b>&gt;</b>				
	12	Total revenue. See instruct	ions			313,201	920	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b, 7b, (A) (B) (C) Total expenses Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees ...... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 12,037 5,000 149,537 132,500 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 12,007 10,509 1,106 392 11 Fees for services (nonemployees): Legal b 2,000 2,000 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ....... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 30,915 30,915 12 1,249 1,249 13 7,476 7,476 14 15 16 156,000 156,000 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance ............. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Exercise Equipment 8,371 8,371 Event & Program Supplies 8,052 8,052 С d e All other expenses Total functional expenses. Add lines 1 through 24e 25 375,607 347,596 22,619 5,392 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ | if

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	35,099	1	292,346
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	4,500
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	35,099	16	296,846
	17	Accounts payable and accrued expenses	,	17	3,523
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	36,199	24	356,829
	25	Other liabilities (including federal income tax, payables to related third	,		,
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	36,199	26	360,352
		Organizations that follow FASB ASC 958, check here	,		,
es		and complete lines 27, 28, 32, and 33.			
Fund Balances	27	Net assets without donor restrictions	(1,100)	27	(63,506)
3al	28	Net assets with donor restrictions	, , , , ,	28	<b>,</b> , , , , , , , , , , , , , , , , , ,
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	(1,100)		(63,506)
ž	33	Total liabilities and net assets/fund balances	35,099	33	296,846
EEA			55,055		Form <b>990</b> (2020)

		4-18	<u>90153</u>	3	Pa	ige 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			313,	201
2	Total expenses (must equal Part IX, column (A), line 25)	2			375,	607
3	Revenue less expenses. Subtract line 2 from line 1	3			(62,	406)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			(1,	100)
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			(63,	506)
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

Parkinson Place Inc 84-1890153 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 Parkinson Place Inc 84-1890153 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	<u>-</u>		•	•	•	
	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					303,144	303,144
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3					303,144	303,144
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						247,617
6	Public support. Subtract line 5 from line 4						55,527
Se	ction B. Total Support		•	•	•	•	•
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					303,144	303,144
8	Gross income from interest, dividends,					·	
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11							303,144
12	Gross receipts from related activities, etc. (s	ee instructions	3)			12	8,850
	First five years. If the Form 990 is for the org			I. fourth. or fifth	tax vear as a	section 501(c)(3)	0,000
	organization, check this box and <b>stop here</b>						_
Se	ction C. Computation of Public Suppo						
_	Public support percentage for 2020 (line 6, c			column (f)) .		14	%
	Public support percentage from 2019 Sched					15	%
	33 1/3% support test - 2020. If the organizat					or more, check t	
	box and <b>stop here</b> . The organization qualifie						
ı	33 1/3% support test - 2019. If the organizat						
	this box and <b>stop here</b> . The organization qua						
17a	10%-facts-and-circumstances test - 2020.	•		•			
	10% or more, and if the organization meets the						
	Part VI how the organization meets the facts				-	•	1
	organization			•	•		
	o 10%-facts-and-circumstances test - 2019.						
•	15 is 10% or more, and if the organization me	•					n
	in Part VI how the organization meets the fac					-	
	organization			•	•		_
12	<b>Private foundation.</b> If the organization did no						
	instructions		511 mile 15, 10d	, 100, 17a, 01	TAD, OHEOR HIIS	NON GIRL SEE	

#### 90 or 990-EZ) 2020 Parkinson Place Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support				•		
	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)		1	-	-		
13	Total support. (Add lines 9, 10c, 11,						
44	and 12.)	Landie - la Cart					
14	First 5 years. If the Form 990 is for the organ						. $\Box$
<u></u>	organization, check this box and stop here						· · · · · <u>•                                 </u>
	ction C. Computation of Public Suppo			(5)		45	0/
	Public support percentage for 2020 (line 8, c	. , ,		` ' ' '		15	<u>%</u>
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment In			no 10 /	.v.)	47	
	Investment income percentage for 2020 (line					17	<u>%</u>
	Investment income percentage from 2019 Sc					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the organiza						
	17 is not more than 33 1/3%, check this box a	-	_	-		_	_
b	33 1/3% support tests - 2019. If the organization 18 is not mare than 33 1/3%, who all this let						
20	line 18 is not more than 33 1/3%, check this b						nization 🕨 📙
ZU	<b>Private foundation.</b> If the organization did no	от спеск а рох	on line 14, 198	i, or 190, check	k unis dox and s	ee instructions	▶

Schedule A (Form 990 or 990-EZ) 2020 Parkinson Place Inc 84-1890153 Page 4

#### Part IV Supp

#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Bid the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ı		162	INO
	1		
	2		
	3a		
	3b		
	20		
	3с		
	4a		
	4b		
	710		
	4c		
	5a		
	5b		
	5c		
	-		
	6		
	7		
	'		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	40h		
	10b		
E			7) 2020

Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44.		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	ion B. Type I Supporting Organizations	110		
	ion Di Typo i oupporting organizationo		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations	<u>'</u>		
-	ion D. Air Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations	4!-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance of The organization satisfied the Activities Test. Complete line 2 below.	uctioi	ns).	
a b	The organization satisfied the Activities Test. Complete <b>line 2</b> below.  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
C	☐ The organization is the parent of each of its supported organizations. Complete time 5 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e inst	ructio	ns)
	Activities Test. Answer lines 2a and 2b below.	C II ISLI	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	i	

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See							
	instructions. All other Type III non-functionally integrated supporting organiz	ations r	must complete Sections	A through E.				
Sact	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year				
			(A) I Hor Icai	(optional)				
_1_	Net short-term capital gain	1						
_2	Recoveries of prior-year distributions	2						
_3_	Other gross income (see instructions)	3						
_4	Add lines 1 through 3.	4						
_5_	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of							
	gross income or for management, conservation, or maintenance of property							
	held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sact	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year				
	Hori D - Millimum Asset Amount		(A) I floi feai	(optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):	1e						
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	tion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization				
	(see instructions).							

EEA Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018 d Excess from 2019 e Excess from 2020

84-1890153 Page 7 Schedule A (Form 990 or 990-EZ) 2020 Parkinson Place Inc

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued	1)	•
Sec	tion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exem			1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		/i\	(ii)		(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	<b>Total</b> of lines 3a through 3e				
	Applied to underdistributions of prior years			$\neg$	
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Par	kinson Place Inc			84-1890153
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.	
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in write	ting that the assets held in donor advis	sed	
	funds are the organization's property, subject to the organization	's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be	used	
	only for charitable purposes and not for the benefit of the donor			
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or education of land for public use)	·	ation of a histo	orically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ation of a certi	ified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form o	of a conservati	on
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		[	2a
b	Total acreage restricted by conservation easements		[	2b
С	Number of conservation easements on a certified historic struct		t t	2c
d	Number of conservation easements included in (c) acquired after		Ī	
				2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by th	۔ e organization	during the
	tax year 🕨			
4	Number of states where property subject to conservation easen	nent is located 🕨		
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	_	
	violations, and enforcement of the conservation easements it ho	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing cons	servation ease	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ition easemen	ts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expens	e statement a	nd
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statement	ents that desci	ribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections		, or Other	Similar Assets.
	Complete if the organization answered "Yes" o	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	and balance sh	neet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance of	public
	service, provide, in Part XIII the text of the footnote to its financial			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasu	ıres, or other similar assets for financi	al gain, provid	le the
	following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

Schedu	ule D (Form 990) 2020 Parkinson Place						84-1890			ige <b>2</b>
Par	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures, o	r Oth	er Similar As	sets (co	ntinu	ed)
3	Using the organization's acquisition, accession,	, and other records, o	check any	of the follow	wing that make	signific	ant use of its			
	collection items (check all that apply):		•		-	•				
а	Public exhibition		d	☐ Loan o	or exchange pro	ograms				
b	Scholarly research		е	_	0 1	-				
С	Preservation for future generations				-					
4	Provide a description of the organization's colle	ctions and explain he	ow they fur	ther the ord	ganization's exe	empt pu	rpose in Part			
-	XIII.	ouerie and explain	o ay .a		ga <u>.</u>		. p = = = = = = = = = = = = = = = = = =			
5	During the year, did the organization solicit or re	eceive donations of a	rt historic	al treasures	s or other simils	ar				
•	assets to be sold to raise funds rather than to b		•		,			. $\square$ Yes	. $\sqcap$	No
Par	t IV Escrow and Custodial Arrar		or the org	anizations	CONCOLION: 1					-110
	Complete if the organization a		on Form	990. Pa	art IV. line 9.	or re	ported an amo	ount on F	orm	
	990, Part X, line 21.				, 0,		p 0 1 1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1		•	
1a	Is the organization an agent, trustee, custodian	or other intermedian	v for contri	hutions or a	other assets not	t				
ıa		· · · · · · · · · · · · ·						□ vos	. п	No
h	If "Yes," explain the arrangement in Part XIII an							🗀 163	, П	NO
b	ii res, explain the arrangement in Part Alli an	a complete the follow	virig table.				Λ			
_	Designation belows					4.	All	ount		
C	Bogining balance					1c				
d						1d	+			
e	0 ,					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Forr					•			一	No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the expla	anation has	s been prov	vided on Part XI				. Ц	
Par			an Farm	. 000 D-	- wt IV / Iim - 10	`				
	Complete if the organization a	answered res	1		artiv, ime id	J. 				
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years ba	ack	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end balance (l	ine 1g, col	umn (a)) he	eld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment • %	6								
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possessi	on of the organizatio	n that are l	neld and ad	dministered for t	the				
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Sched	ule R? .				. 3b		
4	Describe in Part XIII the intended uses of the or	rganization's endown	nent funds							
Par	t VI Land, Buildings, and Equip	ment.								
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line 11	la. Se	e Form 990, F	Part X, lir	ne 10	)
	Description of property	(a) Cost or oth	er basis	(b) Cost o	or other basis	(c) A	Accumulated	(d) Boo	k value	
	· · · · · · · ·	(investme		1	other)		preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
	Add lines 1a through 1e. (Column (d) must equ		column (B)	line 10c )						

	,					
Part VII	Inve	estments	- Other	Se	curit	ies
	_					

Schedule D (Form		Inc			84-	1890153	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered	d "Yes" on For	m 990, Part	V, line 11b.	See Form	990, Part X, I	ine 12.
	(a) Description of security or category (including name of security)		(b) Book valu	е		e) Method of valuation: end-of-year market va	
(1) Financial d	erivatives						
(2) Closely-he	d equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(h)						
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.						
I alt VIII	Complete if the organization answered	d "Yes" on For	m 990 Part	V line 11c	See Form	990 Part X I	ine 13
	·	100 0111 011					
	(a) Description of investment		(b) Book valu	е		<ul> <li>Method of valuation: end-of-year market va</li> </ul>	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX	Other Assets.	-l !!\/!!	000 Dt	N / 1: 44 -l	C F	000 D-# V I	: 1F
	Complete if the organization answered		m 990, Part	iv, iine i ia.	See Form		
(4)	(a) De	escription				(b) Boo	k value
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 15.)				▶		
Part X	Other Liabilities.						
	Complete if the organization answered	d "Yes" on Fori	m 990, Part	IV, line 11e	or 11f. See	Form 990, P	art X,
	line 25.						
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal in	icome taxes						
(2)							
(3)							
(5)							
(6)							
(7)							
(8)							
(9)							
	o) must equal Form 990, Part X, col. (B) line 25.) . 🕨						

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	ule D (Form 990) 2020 Parkinson Place Inc	84-1890153	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	313,201
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		313/201
a	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
b			
С			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	313,201
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		313,201
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	375,607
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)	_	
	Add lines 2a through 2d	. 2e	
e	5		
3		. 3	375,607
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.   5	375,607
Pai	rt XIII Supplemental Information.		
⊃rovi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Name of the organization						Employer ide	ntification number				
Parkinson Place Inc						84-18	90153				
Parkinson Place Inc  Part I Fundraising Activities	. Complete if the	ne organiz	ation ansv	wered "Yes" on	Form 99	0, Part IV,	line 17.				
Form 990-EZ filers are no	t required to com	plete this p	art.								
1 Indicate whether the organization rais	ed funds through ar	ny of the follo	wing activitie	s. Check all that app	oly.						
a Mail solicitations	_	e ∏ 9	Solicitation of	non-government gr	ants						
b Internet and email solicitations f Solicitation of government grants											
c Phone solicitations  g Special fundraising events											
d In-person solicitations											
<del>-</del> ·											
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											
	· •		•	_		_	es 🗌 No				
<b>b</b> If "Yes," list the 10 highest paid individ		draisers) pur	suant to agre	ements under which	i the lundra	iser is to be					
compensated at least \$5,000 by the o	rganization.										
	T				6 A A						
(i) Name and address of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to				
or entity (fundraiser)	(ii) Activity		control of	from activity		ser listed in	(or retained by) organization				
		contributions?			С	ol. <b>(i)</b>	Organization				
		Yes	No								
1											
2											
3											
4											
5											
6											
7	<del>                                     </del>										
1											
0											
8											
9											
10											
Total											
3 List all states in which the organization	is registered or lice	nsed to solic	it contributior	ns or has been notifi	ed it is exer	npt from					
registration or licensing.											

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Page	4

84-1890153

		gross receipts greater than	<u> </u>			
		gioss receipts greater triair	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	26,637			26,637
_	2	Less: Contributions Gross income (line 1 minus				
		line 2)	26,637			26,637
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	2,167			2,167
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 2				2,167 24,470
Pa	rt II	Gaming. Complete if the o	rganization answered "			
		\$15,000 on Form 990-EZ,	line 6a.			
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2		(a) Bingo		(c) Other gaming	
ct Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	2 3 4	Cash prizes	(a) Bingo  Yes %  No		(c) Other gaming  Yes %  No	
ct Expenses	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo	Yes %	
ct Expenses	2 3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % No▶	
ct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo  Yes %  No	☐ Yes % No▶	
ct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % No▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activition	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En I Is is if " W	Cash prizes	Yes % No  2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activition aming activities in each of the	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % ☐ No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En I Is is if " W	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activitic	bingo/progressive bingo  Yes %  No  n (d)	☐ Yes % ☐ No	col. (a) through col. (c))

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Parkinson Place Inc

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

84-1890153

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Х 4b **b** Participate in or receive payment from a supplemental nongualified retirement plan? Х **c** Participate in or receive payment from an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х Х If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х Х If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Х Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
	(i)	0	0	0	0	0	0	0
	(ii)	257,000	0	0	0	5,520	262,520	0
	(i)	0	0	0	0	0	0	0
2 Vice-President, Treas	(ii)	58,334	0	0	0	0	58,334	0_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
10	(11)							<u> </u>

#### **SCHEDULE L**

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Name of the organization								Employer ide	ntificatio	n numbe	er		
Parkinson Place Inc			\ (0)	=-				84-1890			`		
Part I Excess Benefit Complete if the					. , . ,						,	)h	
	organization e	(b) Relationship bet				254	51 255, G	1 01111 330-	LZ, I 6	11 V, 1	1110 40	(d) Corr	ected?
1 (a) Name of disqualified person	on		rganization				(c) Des	scription of trans	action			Yes	No
(1)													
(2)													
(2)													
(3)													
2 Enter the amount of tax inc	curred by the org	anization managei	rs or disc	qualified p	oersons du	ring the	year						
under section 4958						• • • •				§			
3 Enter the amount of tax, if a	any, on line 2, at	oove, reimbursed b	by the or	ganizatio	n				•	<b>.</b>			
Part II Loans to and/o	or From Intere	ested Persons.											
Complete if the							Ba or Form	1990, Part	IV, line	e 26; d	or if th	ie	
organization rep	oorted an amo	ount on Form 99	0, Part ⊤	X, line 8	5, 6, or 22	2.	ı						
(a) Name of interested person (b) Relations		from the		(e) Ori		ginal (f) Balance do		default?		proved	(i) Written agreement?		
	with organization	loan	1	organization?						by board or committee?		agreement	
			То	From	-			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(2)													
(3)													
(4)													
(5)													
						. ▶ \$	3						
		fiting Intereste											
Complete if the	e organization	answered "Yes'	" on Fo	rm 990,	Part IV, I	ine 27.							
(a) Name of interested person	` '	ship between interested and the organization	(c)	) Amount of	assistance	(c	I) Type of assis	tance	(6	) Purpos	se of ass	istance	
	рогооп	and the organization											
(1)													
400													
(2)													
(3)													
. ,													
(4)													

-	on answered "Yes" on Form 990			1	
(a) Name of interested person	(b) Relationship between interested person and the organization			(e) Sha organiz reven	zation's
				Yes	No
	Family Member of		Employee processes		
(1) Joanna Hoffheimner	Chairman	7,037	state registrations.		x
		·	-		
(2)					
(3)					
(4)					
(4)					
(5)					
Part V Supplemental Information	າ.			'	
	ion for responses to questions	on Schedule L (see	e instructions).		
		•	,		

EEA Schedule L (Form 990 or 990-EZ) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Parkinson Place Inc 84-1890153 01. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by management prior to mailing. 02. Conflict of interest policy compliance (Part VI, line 12c) A conflict of interest disclosure statement is completed and signed annually by all board members. All conflicts of interest must be disclosed to the board. 03. CEO, executive director, top management comp (Part VI, line 15a) The President compensation is reviewed annually by the board and compared with other entities as reported on their 990's. 04. Other officer or key employee compensation (Part VI, line 15b Officer's compensation is reviewed annually by the board and compared with other entities as reported on their 990's. 05. Governing documents, etc, available to public (Part VI, line 19) Governing documents are available upon request. Financial audits and tax returns are available on the organizations website.

#### **SCHEDULE R** (Form 990)

#### **Related Organizations and Unrelated Partnerships**

2020 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

Parkinson Place Inc 84-1890153 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Primary activity (c) Legal domicile (state (f) Direct controlling (e) Name, address, and EIN (if applicable) of disregarded entity Total income End-of-year assets or foreign country) (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 512(b)(13) controlled entity?		
		or foreign country)		(11 3001011 30 1(0)(3))	Chity	Yes	No	
(1) Parkinson Research Foundation Inc, 20-0205035								
5969 Cattleridge Blvd, Suite 100	Parkinson's							
Sarasota FL 34232	Disease	FL	501 (c) (3)	10	N/A			
(2)								
(3)								
(4)								
(5)								

84-1890153 Parkinson Place Inc Page 2 Schedule R (Form 990) 2020

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity Name, address, and EIN of Legal Direct controlling Predominant Share of total Share of end-of-Disproportionate General or Percentage Code V-UBI income (related, income year assets related organization domicile entity allocations? amount in box 20 managing ownership unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b)	(c)	(d)	(e)	( <b>f</b> )	(g)	(h)	(i	i)
Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?	
							Yes	No
		Primary activity Legal domicile	Primary activity Legal domicile Direct controlling	Primary activity Legal domicile Direct controlling Type of entity	Primary activity Legal domicile Direct controlling Type of entity Share of total	Primary activity Legal domicile Direct controlling Type of entity Share of total Share of	Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percentage	Primary activity  Legal domicile (state or foreign country)  Direct controlling entity  C corp, S corp, or trust)  Type of entity  Share of total income end-of-year assets  Percentage ownership  Section 5 controlling entity  entity  Share of total income end-of-year assets

Schedule R (Form 990) 2020 Parkinson Place Inc 84-1890153 Page 3

Yes

1a

No

### Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c ,	
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	x
e Loans or loan guarantees by related organization(s)				1e ,	
f Dividends from related organization(s)				1f	x
g Sale of assets to related organization(s)				1g	x
h Purchase of assets from related organization(s)				1h	x
i Exchange of assets with related organization(s)				1i	x
j Lease of facilities, equipment, or other assets to related organization(s)				1j	x
k Lease of facilities, equipment, or other assets from related organization(s)				1k ,	<b>.</b>
l Performance of services or membership or fundraising solicitations for related organization(s)				11	x
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	x
o Sharing of paid employees with related organization(s)				10	x
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p	x
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	x_
r Other transfer of cash or property to related organization(s)				1r	x_
s Other transfer of cash or property from related organization(s)				1s	x_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relationship	s and transaction thresho	olds.		
(a)	(b)	(c)	(d)		
Name of related organization	Transaction	Amount involved	Method of determining amount involved		
	type (a-s)				
<u>(1)</u>					
_(2)					
_(3)					
_(4)					
_(5)					
_(5)					
(6)					

Schedule R (Form 990) 2020 Parkinson Place Inc 84-1890153

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, a	address, and EIN of entity	Primary activity												(k)
		Timely dollyly	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations		Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)												_		

Page 4