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. 990 Eorm

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No 1545-0047

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 1 Jan. 2009 22-2107254 2009, and ending 2009 31 Dec. Employer_identification PARVEE Foundation C Name of organization Please B Check if applicable 210:254 Doing Business As See Line 1 Address change label or print o Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type See Ferry and Iron Hill Road C - 12215) 340-7111 Initial return Specific City or town, state or country, and ZIP + 4 Terminated Doylestown, PA 18901-2152 tions G Gross receipts \$ 123,473-Amended return Name and address of principal officer Margaret Judd H(a) Is this a group return for affiliates? Yes No Application pending 15 Quince Cluster, Doyléstown, PA 18901 H(b) Are all affiliates included? Yes No X 501(c) (3) (insert no.) 4947(a)(1) or Tax-exempt status If "No," attach a list (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶Foundation L Year of formation 1979 M State of legal domicile Pa. Part I Summary Briefly describe the organization's mission or most significant activities For elderly or indigent persons living at Pine Run Community in order to provide monthly benefits for those whose income level has decreased. Average of nine cases during the year. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) 8 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . 44,437-87,212-10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17**,**158-36,261-Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,595 123,473 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 104,876 115,722-14 Benefits paid to Com Mentels (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX column (A), line 11e)

b Total undraising expenses (Part IX column (D), line 25) ▶ 17 Other expenses (Part IX, column (III) lines 11a-11d, 11f-24f) . 1,317- 18 Total experises 13-17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12 622 $60,\overline{278}$ 122,851-**Beginning of Current Year** End of Year 990,473 982**,**077-20 Total assets (Part X, line 16) . 0 0 Total liabilities (Part X, line 26) 990,473 982.077-Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2010 auen Sign Here Laurence C. Glass, Treasurer 29 March 2010 Type or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Use Only Phone no ► (Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Cat No 11282Y

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: For elderly or indigent persons living at Pine Run Retirement Commun- ity, in order to provide monthly benefits for those whose income level has decreased. Average of nine cases provided for during the year. All cases receiving benefits are kept confidential, names unknown to Borard
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	N/A
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
	N/A
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	N/A
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 115,722-

Pai	rt IV Checklist of Required Schedules			
			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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		V
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_		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		/
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		\rightarrow \right
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors 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		<i></i>
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		
9	Did the organization report an amount in Part X, line 21; 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		/
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11		\
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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		,	
	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			<u></u>
•	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	b	*	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A	\$	*	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		7
14a		14a		_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		/
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	17		V
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	_	/
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		V
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21				140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		/
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A). line 2? If "Yes," complete Schedule I, Parts I and III	22		/
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		/
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 25	24a		/
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		/
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		/
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):			/
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a 28b		/
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		/
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
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		
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		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		/

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c]
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b		نـــــــــــــــــــــــــــــــــــــ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	źIJ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At 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)?	4 a		
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		_
6a	Prohibited Tax Shelter Transaction?	6a		
-	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		<u>.</u>	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		—
9	Sponsoring organizations maintaining donor advised funds.	9a		ー 丿
	Did the organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter.	- 00		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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.

Sec	tion A. Governing Body and Management			
	— ····		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ارا
	any other officer, director, trustee, or key employee?	2		
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		_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\rightarrow
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		
7a		7-		/
	of the governing body?	7a 7b		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	76	4,0	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a		ال ــا
_	The governing body?	8b	_	
þ	Each committee with authority to act on behalf of the governing body?	θD	_	<u> </u>
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		/
500	tion B. Policies (This Section B requests information about policies not required by the Inte			
	enue Code.)	,,,,,,,		
	3.100 00004		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
• •	form?	11		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe in Schedule O how this is done	12c		L
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	No		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			i
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ئـــــا
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		`	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	16h		J
	the organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, 990, 990, 990, 990, 990, 990, 9	၁)(૩)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request	of	oroce	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	oi int	EIESI	
20	policy, and financial statements available to the public.	rde e	f tha	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization:	ius O	ı uıc	

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if the organization did not co	mpensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Margaret Judd President	N/A							0		
Laurence C. Glass Treasurer	91							0		
Richard Wetherill Secretary	11							0		
Ruth HurwitzAsst. Treasurer	11							0		
John Gourley Board Member	"	<u> </u>						0		
Ann Hadfield Board Member	11							00		
Benjamin Rapp Board Member	11							0		
Frances Vannoy Board Member	11		_	_				0		
					_					
All of the above are residents	of the	Pi	ne	Rı	un	Com	mui	nity,		
Doylestown, PA and volunteer	their 1	ime	,	no	CC	mpe	nsa	ation.		
				_						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)							ntınued)				
	(A)	(B) (C) (D) (E)					(F)				
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	a Key employee	a Highest compensated employee	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
			ee	ıstee			ensated				organizations
		-									
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	<u> </u>										
	/\/ / / \										
							<u></u>				
1h	Total							_		······································	
2	Total number of individuals (including but	not limited	to the	ose	liste	ed a	bove	•	no received mo	ore than \$100,0	00 in
	reportable compensation from the organization							,			
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	chedule J	for su	ch	indi	vidu	al				3
4	For any individual listed on line 1a, is the sthe organization and related organizations										4
5	individual	or accrue Yes." comp	 comp plete S	oens S <i>ch</i>	satio edu	on f <i>le J</i>	rom a for s	any <i>uch</i>	unrelated org	anızation for	5
Sec	tion B. Independent Contractors	<u></u>							<u></u>		
1	Complete this table for your five highest compensation from the organization.	ompensate	d indi	ере	nde	nt c	ontra	ictoi	rs that received	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
_											
								<u> </u>			
								 			
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received	

Part	VIII	Statement of Re	venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta. under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	c b	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (contri	1a 1b 1c 1d 1d			3	, ,	-
Contribution and other si	f g	All other contributions, gifts, g and similar amounts not include Noncash contributions include Total. Add lines 1a–1f	grants, ded above 1f	36,241-	36 261-	-	,	
	-"	Total. Add lines 1a-11		Business Code	30, 241	-		
Program Service Revenue	2a b							
Servic	d							
ram	e	All other program servi						
Prog		Total. Add lines 2a-2f		>				
	3	Investment income (incother similar amounts)	-	►	87212-			
	4 5	Income from investment of Royalties .	of tax-exempt bor	d proceeds	A			
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (lo		· · · · · · · · · · · · · · · · · · ·	***			
	ĺ	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				-
	b	Less cost or other basis and sales expenses .			, , ,			4 .
		Gain or (loss) Net gain or (loss) .		_			-	_ ^ _
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18.	d on line 1c).					^,
Other		Less direct expenses Net income or (loss) fro	. b				-	
	ŀ	Gross income from garr See Part IV, line 19	-					
		Less direct expenses Net income or (loss) fro	b		3			<u> </u>
	l	Gross sales of inverteurns and allowances	entory, less		_		-	
		Less cost of goods so Net income or (loss) from	ild . b			~		
		Miscellaneous Rev		Business Code			_	
	11a b							
	1	All other revenue .				5		
		Total. Add lines 11a-1 Total revenue. See ins			123 473		 	

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) but are not required to complete columns (B), (C), and	(D).

	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				^ -
4	Benefits paid to or for members		115,722-	**	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				1000
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	·			
12	Advertising and promotion	607-		· · · · · · · ·	
13	Office expenses	φοι			
14 15					
16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20 21	Interest			·····	
22	Depreciation, depletion, and amortization.				
23	Insurance	-	,,,,,,,	-	
24	Other expenses ltemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			•	•
	5% of total expenses shown on line 25 below.)				
а			·-··.		
þ					
C					
d					
e	All other expenses PA FILING FEE	15-			-
f 25	Total functional expenses. Add lines 1 through 24f	622-	115,722-		
26	Joint costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	V **-	1 2 4 1 5 5		

Pa	irt X	Balance Sheet		, ,	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
١	2	Savings and temporary cash investments	47,404-	2	17,874-
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	-
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6_	,
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D		-	•
	b	Less accumulated depreciation . [10b]		10c	
	11	Investments—publicly traded securities	943 339-	11	964.203-
	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 34)	990,743-	16	982,077
	17	Accounts payable and accrued expenses		17_	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	, * - <u>-</u>		-
		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	·		
<u>a</u>	27	Unrestricted net assets		27	·
Ва	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
ts or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ř	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	990 743-	33	982 077-
_	34	Total liabilities and net assets/fund balances .	· · · · · · · · · · · · · · · · · · ·	34	

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash 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	/	
b	Were the organization's financial statements audited by an independent accountant?	2b	/	ļ
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	/	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Ì
3а	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		/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		V

Form **990** (2009)

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. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PARVEE FOUNDATION

Employer identification number 23 2107 254

Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sche	edule E.)					
3		A hospital or	r a cooperative h	nospital service organ	ization de	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4		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	П			emment or governme	ental unit	describe	d in sect	ion 170ſt)(1)(A)(v)	\ _	
7		An organizat	ion that normally	receives a substantia	al part of						the general public
	\Box			1)(A)(vi). (Complete P		omploto	Dort II)				
8 9	H			f in section 170(b)(1) receives: (1) more tha				n contrib	utione m	amharch	in face and arnee
3	ш			ed to its exempt funct							
				ent income and unre							
				after June 30, 1975.							
10	П	· ·	-	nd operated exclusive						(a)(4).	
11	\Box	_	-	nd operated exclusive	_						r to carry out the
•		purposes of	one or more pul	olicly supported organ	nizations	described	d in secti	on 509(a)	(1) or sec	ction 509	a)(2). See section
		509(a)(3). Ch	neck the box tha	t describes the type	of suppo	rting orga	anization	and com	plete line	s 11e thr	ough 11h.
		a 🗌 Type				e III-Fund	-	_			Type III-Other
е				ify that the organizat							
				n managers and other	r than one	e or more	publicly	supporte	d organiz	zations de	scribed in section
		509(a)(1) or s	section 509(a)(2)	•							
f				a written determinati	on from	the IRS t	that it is	a Type I	, Type II	, or Type	III supporting _
		•	, check this box								
9		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the)	
		- •		r indirectly controls, e	either alo	ne or ton	ether wil	h nersor	s describ	ned in (ii)	Yes No
				ning body of the supp							11g(i)
			-	rson described in (i) a	•						11g(ii)
				of a person described							11g(iii)
h				ation about the suppo				_			
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify								s the	(vii) Amount of		
	ΟŃ	ganization		(described on lines 1-9 above or IRC section	in col. (i) listed in your governing document?		the organization in col. (i) of your		organization in col. (i) organized in the		support
				(see Instructions))	g-1			ort?		S ?	
					Yes	No	Yes	No	Yes	No	
											
									j		
								-	<u> </u>		
								· · ·	 		

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % Public support percentage from 2008 Schedule A, Part II, line 14 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1 through 5			N/A			
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			_			
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support						
Ça	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total
9	Amounts from line 6						
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	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			NA			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop I	here		nd, third, fourth			
<u> </u>	tion C. Computation of Public Sup					, ,	
15	Public support percentage for 2009 (lin	e 8, column (f) divided by lin	e 13, column	(f))	15	%_
<u>16</u>	Public support percentage from 2008 S	chedule A, Pa	art III, line 15	<u></u>		16	%_
<u>sec</u>	tion D. Computation of Investmen	it Income Pe	ercentage				
17	Investment income percentage for 2009					17	%
18	Investment income percentage from 20					18	%
19a	33% % support tests - 2009. If the orga						
b	17 is not more than 331/3 %, check this be 331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more	than 331/3 %, and
20	Private foundation. If the organization						

chedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12	part to provide the Provide any other	e explanations require additional information	d by Part II, line 10; n. See instructions.
	······				
	•				
			••		
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		/	VIA		
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	•••••	***************************************	***************************************		

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	·				

PARVEE FOUNDATION TREASURER'S REPORT DECEMBER 2009

OPERATING STATEMENT

	DECEMBER	
	TRANSACTIONS	TOTALS
INVESTMENT INCOME		
Interest	\$1,258.29	\$30,136.30
Dividends	\$1,337.58	\$7,075.31
Capital Gains	\$0.00	\$0.00
Other	\$53.35	\$366.30
Redemption Proceeds	<u>\$0.00</u>	\$50,000.00
Total Cash Income	\$2,649.22	\$87,577.91
DONATIONS INCOME		
Gifts & Memorials	\$2,195.00	\$25,895.00
Bequests	\$0.00	\$10,000.00
Total Donations	\$2,195.00	\$35,895.00
Total Cash Income		\$123,472.91
OPERATING EXPENSES		
Pine Run Community		
Case #125	\$1,200.00	
Case #140	\$1,094.00	
Case #142	\$2,324.00	
Case #147	\$1,101.00	
Case #148	\$837.00	
Case #150	\$1,200.00	
Case #151	\$1,850.00	
Case #152	\$512.00	
Case #154	\$1,629.00	
Total Expense	\$11,747.00	\$116,344.20
NET OPERATING INCOME/LOSS	\$7,381.71	
L. C	. Glass 1/15/10	

PARVEE FOUNDATION ASSETS AND NET WORTH 31 DECEMBER 2009

ASSET	DESCRIPTION	PARVEE	FOUND.	CURRENT	VALUE

MERRILL LYNCH

EQUITIES 087 \$238,034.95

CORPORATE BONDS 088 \$636,303.62

MUTUAL FUNDS 087 \$45,653.45

MONEY MKT. FDS., SOURCE CAP. \$62,085.47

MERRILL LYNCH

TOTAL VALUE \$982,077.49

CHECKING ACCT.BAL. \$17,874.46

TOTAL INVESTMENTS \$982,077.49

L. C.Glass 1/15/10

M/L Fee to 12/31/09 3358.09