

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Tréasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A		2017 ca	lendar year, or tax year beginning		, and e	nding		mspection
	Check if a		C Name of organization PARVEE FOL	INDATION	, and e		mployer identi	fication number
_	Address		Doing business as PARVEE FOUND			———————————————————————————————————————	inployer identifi	ication number
ш	Agaress c	manye	Number and street (or PO box if mail is not		Room/suite		407054	
П	Name cha	ange	11Redwood Cluster	delivered to street address)	100m/suite		107254	
딥			City or town	C4-4-	710 1-		elephone numbe	i.
X	Initial retu	ırn	Doylestown	State PA	ZIP code	215-	340-7111	
	Final return	/terminated			18901			
二		- 4	Foreign country name Foreign	province/state/county	Foreign postal			500 440
\square	Amended	return				<u> </u>	ross receipts \$	560,449
	Applicatio	n pending	F Name and address of principal officer			H(a) Is this a gro	up return for subor	rdinates? Yes X No
			WILLIAM R BRITTON 5 ALMOND C	LUSTER, DOYLESTOW	/N, PA 1890	H(b) Are all su	bordinates inclu	ded? Yes No
	Ta a	at status				1	ttach a list (see	
	Tax-exem			(insert no) 4947(a)(1)	or 527		according (500	modulation)
<u>J</u>	<u>Website</u>	: ► N/A	<u> </u>		<u> </u>	H(c) Group ext	emption number	<u> </u>
K	Form of or	rganization	X Corporation Trust Associa	tion Other ▶	L Yea	er of formation	1979 MS	State of legal domicile PA
	art I	Su	mmary				1070	
	1		lescribe the organization's mission or	most significant activitio	s DDC	VIDE MONT	HIV DENCE	ITS FOR PESIDENTS
Φ	'							ITS FOR RESIDENTS
Ĕ		OF PIN	E RUN RETIREMENT COMMUNITY	WHO ARE NO LUNGER	ABLE TO F	AY THE MU	NIHLY KES	IDENISTEE
Governance	1							
Š	2	Check t	his box ▶ if the organization dis	continued its operations	or disposed	of more than	n 25% of its r	net assets
ၓ	3	Number	r of voting members of the governing l	oody (Part VI, line 1a)			3	6
∞ ŏ	4	Number	of independent voting members of th	e governing body (Part \	VI, line 1b)		4	6
<u>.</u>	5	Total nu	imber of individuals employed in caler	dar vear 2017 (Part V. li	ne 2a)		5	0
Activities &	6		imber of volunteers (estimate if neces		,		6	
뒿	7a		related business revenue from Part V	• •			7a	0
_	'b		elated business taxable income from I	- · · · · · · · · · · · · · · · · · · ·			7b	0
	+	14Ct di iii	clated business taxable income nom	Offit 550°1, lifte 54	•	Prior		Current Year
	8	Contribu	utions and grants (Part VIII, line 1h)					
e							47,583	51,556
Revenue	9	_	n service revenue (Part VIII, line 2g)	- 0 4 17:0		ļ	01.00	0
é	10		ent income (Part VIII, column (A), line	•			21,937	38,687
_	11		evenue (Part VIII, column (A), lines 5,		•		0	0
	12		enue—add lines 8 through 11 (must equ		ie 12)		69,520	90,243
	13		and similar amounts paid (Part IX, col				57,667	88,948
	14		s paid to or for members (Part IX, colu			L 	0	0
S	15	Salaries	, other compensation, employee benefits	(Part IX, column (A), lines	s 5–10)		0	0
Š	16a	Profess	ional fundraising fees (Part IX, columr	n (A), line 11e)			0	0
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ►	0	1044 Jun 1 1	, 1	*:
ũ	17	Othere	vnances (Part IV column (A) lines 11	0 110 116 376			15,036	15,948
	18	Total ex	penses Add lines 13–17 (must equal	Part IX-comm (AN III)	2500	7	72,703	104,896
	19	Revenu	e less expenses Subtract line 18 from	line 12			-3,183	-14,653
- 5					150	Beginning of		End of Year
Net Assets or	20	Total as	sets (Part X, line 16)	0 7 2018	YAM B		1,000,105	1,100,311
88.0	21			100	[65]		1,000,100	1,100,511
ž	22	Not occ	ote or fund balances. Subtract line 21	CENER and TO	I WE		1,000,105	1,100,311
		Net ass	ets or fund balances Subtract line 21	HOITI IIIIC 20	الما الما		1,000,100]	1,100,311
	art II	Sig	mature block				flanda	
			y, I declare that I have examined this return, incluent, and complete. Declaration of preparer (other	· · · · -				3
and	Dener, it is	s true, corre	ect, and complete Declaration of preparer (outer	man onicer) is based on all lillo	imation of which	i preparer nas ar	I Knowledge	
Si	gn		Mellin Jil				<u> </u>	
	ere	[Signature of offider	700 - (Date 4-29-	- 18°
			MILLIAM A LAGRANIA	Hearn			-1/-	70
			Type or print name and title			- 		
		Prin	t/Type preparer's name	Preparer's signature		Date	Check	PTIN
	id					1	self-empl	If loved
Pr	eparer	•				- '		-,
Us	e Only	/ Firm	n's name			Firm's	EIN P	
			n's address 🕨			Phone	no	
Ma	v the IR	RS discus	s this return with the preparer shown	above? (see instructions	;)			Yes No

Form 9	90 (2017)	PARVEE FOUNDATION	23-2107254	Page 2
Pai	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	PROVID	escribe the organization's mission DE MONTHLY BENEFITS FOR RESIDENTS OF PINE RUN RETIREMENT COMMUNITY WHO A R ABLE TO PAY THE MONTHLY RESIDENTS FEE	ARE NO	
2	the prior If "Yes,"	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program describe these changes on Schedule O	Yes	X No
4	Describe expense	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 88,948 including grants of \$) (Revenue MONTHLY BENEFITS FOR RESIDENTS OF PINE RUN RETIREMENT COMMUNITY WHO A THE MONTHLY RESIDENTS FEE	ARE NO LONGER	
4b	(Code) (Expenses \$ including grants of \$) (Revenu	ie \$)
4c	(Code) (Expenses \$ Including grants of \$) (Revenue	ie \$)
4d	Other pro	ogram services (Describe in Schedule O)		
4e	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$ gram service expenses	0)	

23-2107254

Part 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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
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		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		.,
_	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? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		X
3	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
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۲		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	A	sii .	. Vi
	VII, VIII, IX, or X as applicable		. No	. 🟋
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1 1		
	Schedule D, Part VI	11a		X
þ	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		_ <u>X</u>
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		_X
а	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	اممها		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u></u>
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b			l	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	.,
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
5	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	l	v
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
U	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Ì	Х
7	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 ⁹ If "Yes," complete Schedule G, Part I (see instructions)	17	İ	X
8	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	Ì	Х
9	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		Χ

Form 990 (2017) 1 PARVEE FOUNDATION Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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
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	Χ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		X
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		Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>X</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	a. Saan	X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	. 🕺	'ાં X
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
D	Schedule L. Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\chi}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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		X
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, 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		Χ
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		_X_
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		X
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		<u>X</u>
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	X	
	_	Form	990 (2017)

orm 99	90 (2017) '	PARVEE FOUNDATION	23-210	7254	Pá	age 🗧
Part	V	Statements Regarding Other IRS Filings and Tax Compliance				
	_	Check if Schedule O contains a response or note to any line in this Part V.			{	
					Yes	No
1a			1a 0			
b	Enter th	e number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		- 1	
С		organization comply with backup withholding rules for reportable payments to vendors and re	eportable			
	-	(gambling) winnings to prize winners?		1c		
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax				11 % 1 %
			2a 0	~- ·		. · ·
b		st one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
_		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		-	`
3a		organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b		has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b	}	
4a	•	time during the calendar year, did the organization have an interest in, or a signature or other	,	Ì	Ì	ı
	-	financial account in a foreign country (such as a bank account, securities account, or other fir	nanciai	أيما]	v
L.	account			4a	}	X
b		' enter the name of the foreign country ► tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	^	7. jk	\$ \	
	(FBAR)		Accounts	~~ :	`	* *
5a		e organization a party to a prohibited tax shelter transaction at any time during the tax year?	ĺ	≗ . 5a	3	X
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?	5b		x
C	-	to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		ne organization have annual gross receipts that are normally greater than \$100,000, and did the	he			
		ation solicit any contributions that were not tax deductible as charitable contributions?		6a	}	Х
b	-	did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts we	ere not tax deductible?		6ь	j	
7	Organi	zations that may receive deductible contributions under section 170(c).		· 🦠	4 4	₩,
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	* 3	* *	· .
	and ser	vices provided to the payor?		7a		X
b		did the organization notify the donor of the value of the goods or services provided?		7b		
C		organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as	İ	}	
		d to file Form 8282?	, <u> </u>	7c		<u>X</u>
d		<u> </u>	7d	*	* *	A.
е		organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		<u> X</u>
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of gualified intollectual property did the corresponding for 1990.	· · · · · · · · · · · · · · · · · · ·	7f	∤	X
g		ganization received a contribution of qualified intellectual property, did the organization file Form 8899	'	7g		
h 8		ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file pring organizations maintaining donor advised funds. Did a donor advised fund maintaine	•	7h		ж,
0	•	ring organizations maintaining donor advised failes. Did a donor advised faile maintaine ring organization have excess business holdings at any time during the year?	d by the	8		
9	•	oring organizations maintaining donor advised funds.	ł			
а	•	sponsoring organization make any taxable distributions under section 4966?		9a	~	~ ~
b		sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	$\neg \dashv$	—
10		n 501(c)(7) organizations. Enter				
а		· · · · · · · · · · · · · · · · · · ·	0a		ł	
b			0b	I		
11	Section	n 501(c)(12) organizations. Enter		- 1		
а	Gross II	ncome from members or shareholders	1a	ŀ	1	
b	Gross II	ncome from other sources (Do not net amounts due or paid to other sources		I	1	
	-		1b		_	
12a		1 4947(a)(1) non-exempt charitable trusts . Is the organization filing Form 990 in lieu of Form		12a		
b		· · · · · · · · · · · · · · · · · · ·	2b	ľ	- 1	
13		501(c)(29) qualified nonprofit health insurance issuers.	ļ			
а		rganization licensed to issue qualified health plans in more than one state?	ļ	13a		
		ee the instructions for additional information the organization must report on Schedule O		l	l	
b		e amount of reserves the organization is required to maintain by the states in which	21-1	l	1	
_	-	J r- -	3b	l	- 1	
C 142		e amount of reserves on hand organization receive any payments for indoor tanning services during the tax year?	3c	14a		
14a b		has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u>,</u>	14b		
	·· 162,	has it inco a form 120 to report shoot payments in 110, provide an explanation in deficult	<u>. </u>			

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

	A Coverning Redy and Management				
Sect	ion A. Governing Body and Management			V	
4	Enter the number of voting members of the governing body at the end of the tax year	ه ا		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	1a 6	}		
	if the governing body delegated broad authority to an executive committee or similar	l	,		
	committee, explain in Schedule O				
1	·	45			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6	·		À.,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	snip with	\` <u></u>		- >
_	any other officer, director, trustee, or key employee?		2_		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		<u> </u>
6	Did the organization have members or stockholders?		_6_		X
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		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	5,			
	stockholders, or persons other than the governing body?		7b	<u> </u>	Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during) * ^	4 40 20	À by
	the year by the following		×.	3, 5.	Sec. 13
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 re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue (Code)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		26.40	` '	~ »;
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	val by	\$3	# _*	35 e
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		1.32	i i
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Χ
	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 arrang	ement			-4
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)	s only	')	
-	available for public inspection. Indicate how you made these available. Check all that apply		,	•	
		plaın ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, if		cy, an	d	
	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 b	ooks and records	•		
•	WILLIAM J NEUMANN	215-340-7220			
	11 REDWOOD CLUSTER, DOYLESTOWN, PA 18901				

Form 990 (2017)	PARVEE FOUNDATION	23-2107254	Page '
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	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
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	er officer and a director/trustee) any or officer in dividual officer of director officer officer of director officer			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) WILLIAM BRITTON	4 00									
PRESIDENT	_0 00	Х	↓_	X	L.					
(2) WILLIAM J NEUMANN	4 00									
VP TREASURER	0 00	X	-	X	_				·	
(3) MARJORIE VANSANT	2 00					li				
SECRETARY	0 00	X	↓_	X	ļ				<u> </u>	
(4) PAT CHAPMAN	2 00									
TREASURY SEC'Y	0 00	X	├	X	<u> </u>				<u> </u>	
(5) BOB LONG	2 00	١.,								
DIRECTOR	0 00	X	<u> </u>	_	<u> </u>					
(6) MARIANA HOFFMAN	2 00			1						
DIRECTOR	0 00	X		-	_					<u> </u>
(7)										
(8)										
(9)										
(10)										
(11)			-							
(12)							-			
(13)								-		
(14)										

Total (add lines 1 band 1:0) Total (add lines 1 band 1:0)		(A) Name and title		(do r box, office	not ch unles er an	Pos neck s pe d a d	c) ition more rson	than o	one nan	(D) Reportable compensation	(E) Reportable compensation	E	(F) stimate	of
(16) (17) (18) (20) (21) (22) (23) (24) (25) 1b Sub-total (25) (26) (27) (28) (29) (29) (29) (29) (20) (21) (29) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (24) (25) (26) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (20) (25) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		org ar	rom th ganizated id relat	ation e tion ted
(27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(15)													
(16) (19) (20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization from the organization or individual for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Complete Schedule J for such person Section B. Independent Contractors (A) Description of services Compensation Compensation for method organization's tax year	(16)				-									
(20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(17)			-										
(20) (21) (22) (23) (24) (25) 1b Sub-total c Total from continuation sheets to Part VII, Section A	(18)													
(21) (22) (23) (24) (25) (25) (25) (26) (26) (27) (27) (28) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)													
(22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(20)										·	-		
(24) (25)	(21)								-				<u> </u>	
(24) (25)	(22)								_				-	
1b Sub-total	(23)													
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(24)										_ 			
C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Do 0 0 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services Compensation O O O O O O O O O O O O O	(25)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) O O O O O			ection A				L		▶					0
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services O O O O O		•	>			_ `	•110							
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the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4	, ,				n a	nd d	other	con	npensation from		3		7 73
for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O O O O O O O O O O O O		•	ter than \$150,00	007 <i>If</i>	"Ye	S, "	com	plete	Sc	hedule J for suci	ל	4	· ***	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation O O O O O O	5										ndual	5		
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) (Description of services O O O O O O O	Sec													
(A) Name and business address Description of services Compensation 0 0 0 0 0 0	1	compensation from the organization Report co										tax		
0 0 0 0		(A)	ress			-					/ices			·
														0
														0
		Total number of independent contractors (include	ting but not limit	ed to	tho	ا م		1 abo	Ve)	who received				0

Part VIII Statement of Revenue

		Check if Schedule O contains	s a response or r	ote to any line i	n this Part VIII			X
AND A					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
b. 75.						exempt function	business revenue	excluded from tax under sections
	1					revenue		512-514
23 y	1a	Federated campaigns	1 <u>a</u>	0				
Grants	b	Membership dues	1b	0				
s, G Amo	С	Fundraising events	1c	<u>_</u>				
Gifts, ilar Ar	d	Related organizations	1d	0				
Sins,	e	Government grants (contribution		0				
outlo her	t	All other contributions, gifts, gran		54.550				
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts not included abo		51,5 <u>56</u>				
Col	g	Noncash contributions included in I	ines 1a-1f \$		51,556			
	h	Total. Add lines 1a–1f	<u> </u>	Business Code	31,336	12304		44.00
Program Service Revenue	2a				0	ning and the		Mark . Suite of the first
30.6	b				0			
Ce F	c				0			
A.	d				0			
S E	е		1		0			_
gra	f	All other program service revenu	e ¦		0			
7	g	Total. Add lines 2a–2f	1	•	0	x 140 (100 x 100 x		
	3	Investment income (including div	idends, interest,	and			,	
		other similar amounts)		•	35,899			35,899
	4	Income from investment of tax-ex	xempt bond proc	eeds >	0			
	5	Royalties		>	0	y or child, a time, y or parket to the	282 1 Mass 1,500	a * .40 data
			(ı) Real	(II) Personal				
	6a	Gross rents	1					
	b	Less rental expenses						
	C	Rental income or (loss)	0	0			San Press	
	d 72	Net rental income or (loss) Gross amount from sales of				\$40 MINES (\$4)	CHARLE WE LIM	\$4300.034 (\$\$\$\$\$\$\$
	7a	assets other than inventory	472,994	(II) Other				
	b	Less cost or other basis	412,334					
		and sales expenses	470,206	0				
	С	Gain or (loss)	2,788	0				
	d	Net gain or (loss)	<u></u>	>	2,788	The same of the sa	Carried Communication Communic	2,788
		•					2 (B): (B)	
en (8a	Gross income from fundraising	İ					
Ver		events (not including \$	10					
Other Revenue		of contributions reported on line	1c)					
je.	١.	See Part IV, line 18	a	0				
ŧ l		Less direct expenses	b [and lacing wall
		Net income or (loss) from fundral	- 1		U Seal Mark Selection	A TOWN TO THE	n said in a said in the fact	1437 387 4688
	Эа	Gross income from gaming activities See Part IV, line 19	a l	0				
	b	Less direct expenses	b b	0				
		Net income or (loss) from gaming		•	0	Course Consider C	Danie A. State C. P. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	
					Mark 1 Tak			Decay State Val
		returns and allowances	а	0				
	b	Less cost of goods sold	b	0				
		Net income or (loss) from sales of	of inventory	>	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	C				0	 		
	d All other revenue				0	PERMIT OF THE POST	TO SELECT THE VAN	AN INCLUDE ALPERATE
	12 12	Total. Add lines 11a–11d Total revenue. See instructions	1		90,243	0	0	38,687
		- Lugar revenue, dec illanuciiona		_	, ,,,,,,,,,			

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 Do not in clude amounts reported on lines 6b, 7b, (A) (D) Total expenses Program service 8b. 9b. arid 10b of Part VIII. Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 88,948 88.948 Grants and other assistance to foreign 3 orgamizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 4 0 Compensation of current officers, directors, trustees, and key employees 0 0 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 0 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0 10 Payroll taxes 0 11 Fees for services (non-employees) Management 0 Legal b 0 Accounting С 550 550 d Lobbying 0 Professional fundraising services See Part IV, line 17 e 0 f Investment management fees 15,310 15,310 g Other. (If line 11g amount exceeds 10% of line 25, column (A) annount, list line 11g expenses on Schedule O) 12 Advertising and promotion 0 13 Office expenses 73 14 Information technology 0 15 Royalties 0 16 Occupancy 0 17 Travel 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 20 Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 0 23 Insurance 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 15 15 b 0 0 d 0 All other expenses е 0 25 Total functional expenses. Add lines 1 through 24e 104,896 88,948 15,948 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

3 Prelicyses and griants receivable, net			Check if Schedule O contains a response of	r note to an	y line in this Pa	art X			
1							(A)	7	(B)
Cash—non-interest-beaning 0 1 4,50							Beginning of year		
2 Savings and retinionary cash investments 73,988 2 66.5		1						0 1	
A Accounts receivable, net A Accounts receivable, net Complete Part II of Schedule L Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees and sponsoring organizations (see institutions) Complete Part II of Schedule L Notes and loans receivable, net Investmentones for sale or use Prepaid expenses and deferred charges III Investments—protect Part II of Schedule D b Less accumulated depreciation II Investments—protect Part II of Schedule D b Less accumulated depreciation III Investments—protect Part II of II officers III Investments—protect Part II officers III Intangible assets Solve Part IV, line 11 Intangible assets Solve Part IV, line 11 Total assets. Add lines 1 through 15 (must equal kine 34) III Accounts payable and accrued expenses III Out III Investments—protects the part IV officers, directors, trustees, key employees, inghest compensated employees and sponsory to the parties, and other inabilities not included on lines 177-24) Complete Part IV of Schedule D Competition that follow SFAS 117 (ASC 958), check here Part IV of Spanical States III Individual States III III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual States III Individual Individual Individual Individual Individ		1					73,98	8 2	66,54
Section Complete		1							35,5.
trustees, key employees, and highest compensated employees Complete Part II of Schedule L Laans and other receivables from other disqualified persons (as defined under section 4958/(f)1), persons described in section 4958/(5)(8), and contributing employers and sponsoring organizations of section 5016(6)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b Less accumulated depreciation 10 Investments—publicity fraded securities 12 Investments—but rescurities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 21 Security of the special securities of the spayable to unrelated third parties 22 Unsecured nortgages and notes payable to unrelated third parties 23 Security of through 25 organizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D 24 Unrestricted net assets 25 Other liabilities (nuclouring federal nicome as, tayables to related third parties 26 Tribulation (nuclouring federal nicome as, tayables to related third parties 27 Tribulation (nuclouring federal nicome as, tayables to related third parties 28 Temporanity restricted net assets 30 Capital stock or trust principal, or current funds 31 Capital stock or trust principal, or current funds 32 Retained earnings, endowment, accumulated income, or other funds 34 Televities and the parties of the distribution of equipment fund 35 Capital stock or fund								0 4	
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6			trustees, key employees, and highest compens	sated emplo	yees			l	· · · · · · · · · · · · · · · · · · ·
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Form'9	90 (2017) PARVEE FOUNDATION	23-210	7254	Pag	e 12
Part	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		90	,243
2	Total expenses (must equal Part IX, column (A), line 25)	2		104	,896
3	Revenue less expenses Subtract line 2 from line 1	3		-14	,653
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,000	,105
5	Net unrealized gains (losses) on investments	5		114	,859
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,100),311
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			Į.	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		15 4	` ,	<i>a</i> .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		~ (* 1	. 3
	Schedule O			,	اد اکم اکما
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		* W	¥ ~.	***
	reviewed on a separate basis, consolidated basis, or both			700	89 M
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Ì	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			¥ "	10 mg
	separate basis, consolidated basis, or both			* 3	\$ 3 ₄
	Separate basis Consolidated basis Both consolidated and separate basis			¥ \$	4. 4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	ıf			
·	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		»	, , ,	<u>, , (</u>
	Schedule O		14 m	* . * d	; . * . * . ;
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			* %	≥ ئىس
-	the Single Audit Act and OMB Circular A-133?		За	ı	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		 	$\neg \dagger$	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form	990 c	2017)

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 chantable trust

OMB No 1545-0047

Open to Pu<u>blic</u>

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

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

Open to Public Inspection

Name of the organization Employer identification number PARVEE FOUNDATION 23-2107254 Reason for Public Charity Status (All organizations must complete this part) See instructions 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12q 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. 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. 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. 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 functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 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 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Section A. Public Support Calendar year (or fiscal year beginning in) Galts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenuos leved for the organization's benefit and either paid to to expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge The potion of total contributions by each person (other than a governmental unit to publicly supported organization) mitude any in the services of services or facilities furnished by a governmental unit to the organization include any in the services of services or facilities furnished by a governmental unit to the organization without charge The potion of total contributions by each person (other than a governmental unit or publicly supported organization) mituded on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support Soldrard line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from unrelated business activities, whether or not the business is regularly camed on Other income from unrelated business activities, whether or not the business is regularly camed on Other income from unrelated activities, etc (see organizations) 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 4 Public support percentage for 2017 (lipf 6, column (f) divided by line 11, column (f)) 14 Incomputing the percentage for 2017 (lipf 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 (lipf 6, column (f) divided by line 11, column (f)) 16 Sa 31 (13% support text—2015. If the organization did not check the box on line 13 or 18a, and line 15 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10 (40 fine fine fine fine fine fine fine fine	Page 2
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ii	▶□
b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	. ▶□
18 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 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.)

	tion A. Public Support			, . 	· ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	42,440	32,660	57,007	47,583	40,365	220,055
2	Gross recei pts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an				_		
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on			,		ĺ	
	its behalf.						0
5	The value of services or facilities						
	furnished by a governmental unit to the					1	
	organization without charge						0
6	Total. Add lines 1 through 5	42,440	32,660	57,007	47,583	40,365	220,055
7a	Amounts Included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3		·				
	received from other than disqualified	[į				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b .	0	0	. 0	0	0	0
8	Public su pport (Subtract line 7c from				\$ 3 W W		
	line 6)				<u>() , a'</u>	* * * *	220,055
Section B. Total Support							
Cale	ndar year (Or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	42,440	32,660	57,007	47,583	40,365	220,055
10a	Gross income from interest, dividends,]	
	payments re ceived on securities loans, rents,						
	royalties, and income from similar sources	30,078	37,397	46,659	46,254	35,899	196,287
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				ļ	ļ	
	acquired a fter June 30, 1975					 _	0
C	Add lines 10a and 10b	30,078	37,397	46,659	46,254	35,899	196,287
11	Net income from unrelated business					Į.	
	activities not included in line 10b, whether			İ			_
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)		77,673	62,535		11,191	151,399
13	Total support. (Add lines 9, 10c, 11,	70.540				22.1-5	
	and 12)	72,518	147,730	166,201	93,837	87,455	567,741
14	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	. —
organization, check this box and stop here .							
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, o			f))		15	38.76%
16	Public support percentage from 2016 Sched					16	39.66%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (line			olumn (f)) .		17	34 57%
18	Investment income percentage from 2016 S					18	32.67%
19a	33 1/3% support tests—2017. If the organi			•		and line 17 is	
_	not more than 33 1/3%, check this box and s				=	00.4/00/ == -1	. ▶ 🗀
þ	33 1/3% support tests—2016. If the organi						⊾ ເ⊽
	line 18 is not more than 33 1/3%, check this		=	•	•		
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		▶⊥

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of 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 (b) and (c) 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** Wa's 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 (b) and (c) 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 (b) and (c) 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?
- 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 (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)
- 8 Did 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
1	4 h	
2	,	
	~	
3a	シ ~	V.
3b 		,
3C		.
4b		
4c	** \ \ ** *	
5a		-
50		
5b 5c	ä	***
6		i22
7	»: 1: 	
8	J	(
9a		
9b		
9c		
10a		
 10h		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			r
		1%	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		,	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		· 4,	`**
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	8,	S]
	controlled the organization's activities. If the organization had more than one supported organization,		Ý	***
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		**	X ,
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	. b	
2	Did the organization operate for the benefit of any supported organization other than the supported	-%*	. *	Ι,
	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	~ ~~	- '
Sacti	on C. Type II Supporting Organizations		L	L
Secu	On O. Type if 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	11/3		1.00
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	* ·		·
	or management of the supporting organization was vested in the same persons that controlled or managed		ě	, ,
	the supported organization(s)	1	addier s	
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3	*	> 9
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	₩	* ~.	No. 1
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		د د مشدد د د مشد	
	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	Ä.		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	χι '	y. 3
	significant voice in the organization's investment policies and in directing the use of the organization's	, %	. 42	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	[·]
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstru	ctions	;)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			7
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ,,	* '	
	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 (a) 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	ŀ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	L		/
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin		, ,	•
instructions. All other Type III non-functionally integrated supporting organ	nızatı	ons must complete Sections	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	0	0
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	Ì		
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	36.5		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			758 W WY 786
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5_	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2	* , 4 , 4 ,	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The Man No. of the second	0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	X	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	lly int	egrated Type III supporting	organization (see
instructions)			

	(Point 950 of 955 Ez) 25 mally integrated 509(2)(3)	Supporting Organiza	ations (continued)	
Part V	Type III Non-Functionally Integrated 509(a)(3)	Jupporting Cigarite	100////	Current Year
2 - 41	n - Distributions	ent nurnoses		
1 /	Amounts paid to supported organizations to accomplish exem	purposes of supported		
2 /	Amounts paid to supported organizations of furthers exempt	purposes or supported		
Ç	organizations, in excess of income from activity	of supported organizat	ions	
3 /	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	10/13	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			0
	Total appual distributions Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respon-	Sive	
	(provide details in Part VI) See instructions			0
9	Distributable amount for 2017 from Section C, line 6			0 000
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
		(i)	Underdistributions	Distributable
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Amount for 2017
				0
1	Distributable amount for 2017 from Section C, line 6		* * * * * * * *	
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI) See			
-	instructions			
3	Excess distributions carryover, if any, to 2017	# V A' & X Y Y A	<u> </u>	
 _	EXCESS distributions conjugate to the second confusion of the second confusion			
<u>u</u> _	From 2013 0			
<u>c</u> _	From 2014 0			42 8 40 1
d	From 2015 0			
<u>u</u>	From 2016 0		***	
-	Total of lines 3a through e	0	** * * * * * *	
	Applied to underdistributions of prior years	* * * * * * * * * *	0	
<u>g</u> h	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)		******	
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
4	Section D, line 7 \$ 0		7. // V 2 4 × -	
	Applied to underdistributions of prior years	A 3 & 2 & 2 7 7		
<u>a</u>	Applied to 2017 distributable amount		1/ 2 x 4 4 4 .	
b	Remainder, Subtract lines 4a and 4b from 4	0	- 12 May 18 18 18 18	
5	Remaining underdistributions for years prior to 2017, if			The control of the control
5	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	0 ~ **
	Remaining underdistributions for 2017 Subtract lines 3h	1 4 4 4 7 6		
6	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	1 1 1 1 1 1 1 1 1 1	,	
	Excess distributions carryover to 2018. Add lines 3			`
7				
	and 4c Breakdown of line 7	*	* 1	
8_		ol	<u> </u>	
a	Excess from 2013	0		
<u>b</u>	Excess from 2014	0	<u>,</u>	
	Excess from 2015	0		
	Excess from 2016	0	, , , , , , , , , , , , , , , , , , , ,	_1
	Excess from 2017		Schedu	ıle A (Form 990 or 990-EZ) 201

Schedule A (Fo	orm 990 or 990-EZ) 2017 PARVEE FOUNDATION	23-2107254	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 ar 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 2, 5, and 6 Also complete this part for any additional information	II, line 10, Part II, line 17a or 17b, Part t, 11a, 11b, and 11c, Part IV, Section ad 3, Part IV, Section E, lines 1c, 2a, 2b, lines 5, 6, and 8, and Part V, Section E,	
Part III Sect	ction B Line 12 CONTRIBUTIONS IN EXCESS OF 2% OF TOTAL SUPPO	ORT NOT INCLUDED	
SECTION A	A CONTRIBUTIONS		
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			~-~
n-n-n			

SCHEDULE 1

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

PARVEE FOUNDATION

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public

OMB No 1545-0047

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

Employer identification number 23-2107254

		actended of value						
	ace is needed.	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Part II can be duplic	more than \$5,000.	ipient that received	21, for any rec	990, Part IV, line	
d "Yes" on Form	rganization answere	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	estic Government	nizations and Don	to Domestic Orga	er Assistance	Grants and Oth	Part II
			in the United States	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monitoring	ganization's proce	cribe in Part IV the or	2 Des
X Yes No					nts or assistance?	to award the gra	the selection criteria used to award the grants or assistance?	the
[o assistance, and	DOES HIE OLGENIZAROT HARRAN TECOLOS IO SUOSIAINIATE HIE GINOONT OL HE GIANIS OL ASSISIANCE, HIE GIANIECES ENGIONING TOT WE GIANIS OF ASSISIANCE, AND	istalice, the grantees	int or the grants or ass	substantiale life amor	indian records to	s ine organization me	-

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

		اعادي دادا	50	ייסוס מוימיו לכלים:	and an action	מנספ זו מפטוניסו מלים		
1 (a) Na	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Ξ								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	tions listed in the line	table.		A	0
3 8	Enter total number of other organizations listed in the line 1 table	ganizations liste	ed in the line 1 table				4	0

Schedule I (Form 990) (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

PARVEE FOUNDATION

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
TOTO	ANCE TO DIVIE DI IN DECIDENTO	recipients	cash grant	noncash assistance	FMV, appraisal, other)	NOT ABBI CABI E
1 2000	AGGISTANCE TO TIME NOW NEGIOEN IS	9	88.948	0		
7						
m						
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2						
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7						
Part IV	Supplemental Information. Provide the information	the information r	equired in Part I, line	e 2; Part III, column	n required in Part I, line 2; Part III, column (b); and any other additional information.	itional information.
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RESIDENTS FEE- THE BOARD OF PARVEE REVIEWS THE APPLICATIONS ON A CASE BY CASE AND APPOVES WHEN IT AGREES WITH PINE RUN'S MANAGEMENT Part I Line 2 PINE RUN MANAGEMENT RECOMMENDS FINANCIAL ASSISTANCE FOR PINE RUN RESIDENTS WHO ARE NO LONGER ABLE TO PAY THEIR MONTHLY RECOMMENDATION Schedule I (Form 990) (2017)

'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

Open to Public Inspection

Employer identification number

PARVEE FOUNDATION	
Form 990, Part VIII, Section C, Line 19 THE TREASURER HAS COPIES OF THESE DOCUM	MENTS THAT HE
WILL MAKE AVAILABLE UPON REQUEST	

Schedule 0 (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
PARVEE FOUNDATION	23-2107254
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Schedule O (Form 990 or 990-EZ) (2017)