

COPY

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**Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120**

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)

Fax: (717) 783-6014

Website: www.dos.state.pa.us/charities

Tracy L. McCurdy, Director

Commonwealth of
Pennsylvania
Department of State

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: _____
(Renewals Only)

Fiscal Year Ended: 06 / 30 / 16

Employer Identification Number (EIN): 25-0523075

1. Legal name of organization: GREENE COUNTY MEMORIAL HOSPITAL FOUNDATION

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: DAVID JONES

Contact's E-mail: DJONES@GCMHFOUNDATION.ORG

Physical address or organization: (Required) 7 EAST HIGH STREET Mailing address: (If different than physical) _____

City: WAYNESBURG City: _____

State: PA Zip code: 15370 State: _____ Zip code: _____

County: GREENE 800 number: _____

Phone number: (724) 852-2060 Fax number: _____

E-mail (if different that Contact's E-mail): _____

Website: WWW.GCMHFOUNDATION.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

7 EAST HIGH STREET, WAYNESBURG, PA 15370

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

162.7(a)(1) 162.7(a)(2)
162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.): CORPORATION
Where established: WAYNESBURG, PA Date established:** 1945
**(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. 06 / 01 / 15

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: / /

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. / /

*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

TO ADVANCE, PROMOTE, AND SUPPORT THE GENERAL HEALTHCARE AND RELATED NEEDS OF THE RESIDENTS OF GREENE COUNTY, PENNSYLVANIA AND SURROUNDING COMMUNITIES; AND TO ENGAGE IN ACTIVITIES, ESTABLISH AND MAINTAIN PROGRAMS, RAISE FUNDS AND RECEIVE CONTRIBUTIONS IN ATTAINING THE ABOVE.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT CONTACT, TELEPHONE, AND MAIL

14. Is organization registered to solicit contributions in any other state or municipality? Yes No (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents where first solicited, or will be solicited: (Attach separate sheet if necessary.)

DEORIO STRATEGIC GROUP 6/1/15 - 12/31/16; GREENE COUNTY, PENNSYLVANIA AND SURROUNDING AREAS

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates service began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary.)

N/A

17. Names, addresses, and telephone numbers of any commercial coventures under contract with your organization:

N/A

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations:
(For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization of for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

PLEASE SEE ATTACHED

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

DAVID JONES, EXECUTIVE DIRECTOR

7 EAST HIGH STREET, WAYNESBURG, PA 15370

B. Individual(s) with final responsibility for the custody of contributions:

MATT BLAIR, TREASURER

7 EAST HIGH STREET, WAYNESBURG, PA 15370

C. Individual(s) with final responsibility for final distribution of contributions:

MATT BLAIR, TREASURER

7 EAST HIGH STREET, WAYNESBURG, PA 15370

D. Individual(s) responsible for custody of financial records:

MATT BLAIR, TREASURER

7 EAST HIGH STREET, WAYNESBURG, PA 15370

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, and assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 49004.

Signature of Chief Fiscal Officer

Date _____

Type or Print Name and Title of Chief Fiscal Officer

Date _____

Signature of Another Authorized Officer

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

GREENE COUNTY MEMORIAL HOSPITAL FOUNDATION
EIN # 25-0523075
FISCAL YEAR ENDED: JUNE 30, 2016

FORM BCO-10

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ITEM 24: ATTACH NAMES AND ADDRESSES OF ALL OFFICERS, DIRECTORS,
TRUSTEES, AND EXECUTIVE STAFF OFFICERS.

SHEILA STEWART, PRESIDENT
FIRST NATIONAL BANK
1 W HIGH STREET
WAYNESBURG, PA 15370

KIRK KING, DIRECTOR
495 NORTH MAIDEN STREET
WAYNESBURG, PA 15370

JAY HAMMERS, VICE PRESIDENT
161 GORBY ROAD
WASHINGTON, PA 15301

DON HEADLEE, DIRECTOR
495 NORTH MAIDEN STREET
WAYNESBURG, PA 15370

MATT BLAIR, TREASURER
7 EAST HIGH STREET
WAYNESBURG, PA 15370

BLAIR ZIMMERMAN, DIRECTOR
349 BRIDGE STREET
WAYNESBURG, PA 15370

JOHN KENDRALLA, SECRETARY
7 EAST HIGH STREET
WAYNESBURG, PA 15370

BRET MOORE, DIRECTOR
103 HUNTINGTON WOODS
WAYNESBURG, PA 15370

DANIEL CHURCH, DIRECTOR
263 ELM DRIVE, STE 101
WAYNESBURG, PA 15370

DAVID JONES, EXECUTIVE DIRECTOR
1522 HASTINGS MILL ROAD
UPPER ST. CLAIR, PA 15241

JOHN DOREAN, DIRECTOR
7 EAST HIGH STREET
WAYNESBURG, PA 15370

