Mail to:
Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: _____
(N/A if initial registration)

Fiscal year ended: 06 / 30 / 2024
MM DD YYYY

FEIN: 25-0523075

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because _____

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: GREENE COUNTY HEALTH AND WELLNESS FOUNDATION

   ☑ Check if name change and give previous name GREENE COUNTY MEMORIAL HOSPITAL FOUNDATION

2. All other names used to solicit contributions: _____

3. Contact person: DAVID JONES Contact's e-mail: DJONES@GCMHFOUNDATION.ORG

4. Principal address of organization:
   7 EAST HIGH STREET
   WAYNESBURG, PA 15370

   Mailing address (if different than principal address):

   County: GREENE

   Phone number: (724) 852-2060

   800 number: _____

   Fax number: _____

   Email (if different than Contact's email): _____

   Website: WWW.GCHWFOUNDATION.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
   NON-PROFIT 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.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

NONE

7. Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

☐ §162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

☐ §162.7(a)(2) – Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

☐ §162.7(a)(3) – Organizations which receive gross contributions of no more than $25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

☐ §162.7(a)(4) – Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of $100,000 and did not use a professional solicitor.

☑ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

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

8. Date organization first solicited contributions from Pennsylvania residents: _____/_____/_____
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than $25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than $25,000. _____/_____/_____
MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? ☑ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☑ No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☑ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
DIRECT CONTACT, TELEPHONE, AND MAIL

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing 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.

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

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) ☑ Yes ☐ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: 06 (Month) / 01 (Day) / 2015 (Year)

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
DEORIO STRATEGIC GROUP: 6/1/15 - 12/31/16; GREENE COUNTY, PENNSYLVANIA AND SURROUNDING AREAS.

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends 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 services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

N/A

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

N/A

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☑ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")
☐ Yes ☐ No ☑ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.
(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization | Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

PLEASE SEE ATTACHED SHEET

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:
DAVID JONES, EXECUTIVE DIRECTOR
7 EAST HIGH STREET, WAYNESBURG, PA 15370

B. Have final responsibility for the custody of contributions:
ROB BOWMAN, TREASURER
7 EAST HIGH STREET, WAYNESBURG, PA 15370

C. Have final responsibility for final distribution of contributions:
ROB BOWMAN, TREASURER
7 EAST HIGH STREET, WAYNESBURG, PA 15370

D. Are responsible for custody of financial records:
DAVID JONES, EXECUTIVE DIRECTOR
7 EAST HIGH STREET, WAYNESBURG, PA 15370

23. 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 officers, agents or employees of any supplier or vendor providing goods or services? ** ☐ Yes ☑ No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

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 currently has 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, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☑ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

Certification – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- [x] Completed registration statement properly signed and dated.
- [x] A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- [ ] Public Disclosure Form BCO-23 (if required)
- [x] Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- [x] Registration fee and any late filing fees
- [ ] Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

GREENE COUNTY HEALTH AND WELLNESS FOUNDATION
EIN # 25-0523075
FISCAL YEAR ENDED: JUNE 30, 2024

FORM BCO-10

PAGE 4,

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

MIKE BAILY, PRESIDENT
7 EAST HIGH STREET
WAYNESBURG, PA 15370

KIRK KING, VICE PRESIDENT
7 EAST HIGH STREET
WAYNESBURG, PA 15370

ROB BOWMAN, TREASURER
7 EAST HIGH STREET
WAYNESBURG, PA 15370

ALISSA BURNS, SECRETARY
7 EAST HIGH STREET
WAYNESBURG, PA 15370

JOSHUA DAINS, DIRECTOR
7 EAST HIGH STREET
WAYNESBURG, PA 15370

SHARON RODAVICH, DIRECTOR
7 EAST HIGH STREET
WAYNESBURG, PA 15370

JAY HAMMERS, DIRECTOR
7 EAST HIGH STREET
WAYNESBURG, PA 15370

DAVID JONES, EXECUTIVE DIRECTOR
7 EAST HIGH STREET
WAYNESBURG, PA 15370