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: 104458	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be
Fiscal Year 12/31/2021	voluntary, at least one of the following must apply:
Ended: 12/51/2021	☐ Organization is exempt from registration because
FEIN: <u>25-1899860</u>	Organization does not solicit contributions in Pennsylvania
1. Legal name of organization: PALMYRA A CARING	COMMUNITY
☐ Check if name change and give previous name	
2. All other names used to solicit contributions: PACC COUNCELING CENTER, Other Name	
3. Contact person: Thomas Peiffer	Contact's e-mail: thomaspeiffer@comcast.net
1. Principal address of organization:	Mailing address (if different than principal address):
11 W CHERRY ST	
PALMYRA PA 17078	
County: Lebanon	Phone number: (717) 838-9493
800 number:	Fax number:
Email (if different than Contact's email): paccministr	y@gmail.com
Website: paccministry.org	
5. Type of organization (e.g. non-profit corporation, unincor	rporated association, etc.):
Corporation	
Where established: PALMYRA, PA	Date established:* 01/01/1949

^{*}Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

		d addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate
		ated in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a sheet if necessary)
N/A		
file sec	a sho tion tl	rm registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may ort form registration, which permits the organization to register without filing a financial report. Check the hat describes the organization. If the organization does not meet any of the criteria below for short form ton, check "Not Applicable":
	contri	7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the butions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all butions collected shall be held in trust
	organi contri organi and or	7(a)(2) – Organizations which only solicit within the membership of the organization by other members of the ization. The term "membership" shall not include those persons who are granted a membership solely upon making a bution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other ization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form reganization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and ors, to hold office or position as ordinarily conferred on members of such organizations.
	activit	7(a)(3) – Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising ties are carried on only by volunteers, members, officers or permanent employees and only permanent employees are ensated for those fundraising activities
	associ	7(a)(4) – Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance iations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not we gross contributions in excess of \$100,000 and did not use a professional solicitor.
x	Not A	Applicable
this	s regis	le organizations which check boxes $\$162.7(a)(1) - \$162.7(a)(4)$ are not required to file a financial report with stration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are reviewed, compiled or internally prepared. See Instructions.
		Items 8 and 9 are required to be completed by initial registrants only
8. D	ate or	ganization first solicited contributions from Pennsylvania residents:
O	ther	N/A MM / DD / YYYY
		nization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
0	ther	N/A
		*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

10. Has the organization been granted IRS tax-exempt status? x Yes No
A. If "Yes," under which IRS code section: 501c3
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 applicab schedules, for its most recently completed fiscal year?
x 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 require 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 mail, Website, Telephone and in-person
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.
PACC is a nonprofit organization whose purpose is to meet the needs of the community through outreach programs. PACC is a non-sectarian organization addressing the needs of the community, making Palmyra a great place to live.
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 x No
If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solic 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)
N/A
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

			anization located in Pennsylvania, does the organization elect to file a nnsylvania affiliates? (See note "Affiliate and Parent Organization")
☐ Yes	☐ No	X	Not Applicable
(Each affiliate	whose parent orga	nization file	numbers of the affiliate organizations: es an IRS 990 group return must submit a copy of the parent organization's 990 group D-23) for each affiliate.)
			a affiliate of a parent organization, which elected to file a combined registration e "Affiliate and Parent Organization")
☐ Yes	□ No	x	Not Applicable
(Each affiliate	e whose parent orga	anization fil	able, certificate number of the parent organization. es an IRS 990 group return must submit a copy of the parent organization's 990 group O-23) for each affiliate.)
			officers, directors, trustees and principal salaried executive staff officers. to the 990 or the BCO-23 is not sufficient.)
RON FOUC TOM PEIFF CINDY BO	CHE 131 N RAIL FER 131 N RAIL RTNER 131 N R	ROAD ST ROAD ST AILROAD	T Palmyra Pennsylvania 17078 Palmyra Pennsylvania 17078 Palmyra Pennsylvania 17078 OST Palmyra Pennsylvania 17078 OAD ST Palmyra Pennsylvania 17078
22. Names of th	ne individuals or o	officers of	the organization who: (Attach a separate sheet if necessary)
A. Are in ch RON FO TOM PE		on activities	s:
B. Have fina	l responsibility fo	or the custo	ody of contributions:
TOM PE RON FO			
		r final dist	ribution of contributions:
RON FO			
D. Are respon	nsible for custody IFFER	of financi	al records:
23. Are any off	icers, directors, tr	ustees, or	employees related by blood, marriage, or adoption to:
A. Any oth	er officer, directo	or, trustee,	or employee?
☐ Yes	x No		
	icer, agent, or em		any professional fundraising counsel or solicitor under
☐ Yes	x No		

C. Any off	icers, agents or employees of any suj	pplier or vendor providing goods or services? **
☐ Yes	x No	
		r employee of the charitable organization who is also an officer, director, ndraising counsel, professional solicitor, supplier or vendor)
	" is checked to any of the above, attach as ses of related parties.	a list of related individuals including names, business, and residence
24. Has the org	anization or any of its present office	rs, directors, executive personnel or trustees ever:
charitable a		actices in the solicitation of contributions or administration of ag contributions or currently has such proceedings pending in this or
☐ Yes	x No	
B. Had its	registration or license to solicit contr	ributions denied, suspended, or revoked by any governmental agency
☐ Yes	x No	
compliance	• • •	ent (such as a consent agreement, an assurance of voluntary reement) with any district attorney, Office of Attorney General, or
☐ Yes	x No	
	s checked in response to any of the a of all relevant documents.)	bove, attach a written explanation, including the reasons for actions,
	- This registration statement must be ef fiscal officer or the equivalent.	signed by two different officers of the organization, one of whom
document that the fa §4904 (rel	tation, is true and correct to the be alsification of any statement or doc	is registration, including all statements and attached st of my knowledge, information and belief. I understand cumentation made is subject to the penalties of 18 Pa.C.S. uthorities) and 10 P.S. §162.17 (relating to administrative
See attached si	gnature page	07/14/2022
Signature of Cl	hief Fiscal Officer	Date
See attached si	gnature page	
Type or print n	name and title of Chief Fiscal Officer	
See attached si	gnature page	07/14/2022
Signature of O	ther Authorized Officer	Date
See attached sig	gnature page	
Type or print n	ame and title of Other Authorized Ot	fficer

Checklist for registration:		
	Completed registration statement properly signed and dated.	
	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)	
	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)	
	Registration fee and any late filing fees	
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.	