# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

June 30, 2020

Prepared for	Mr. William Keenan Eagleville Hospital 100 Eagleville Road Eagleville, PA 19408-0045
Prepared by	
	Kreischer Miller 100 Witmer Road, Suite 350 Horsham, PA 19044-2369
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 17, 2021.

### EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, C Name of organization D Employer identification number Address change EAGLEVILLE FOUNDATION Name Ichange \*\*-\*\*\*5791 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 100 EAGLEVILLE ROAD (610) 539-6000 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 32,343. Amended return EAGLEVILLE, PA 19408-0045 H(a) Is this a group return F Name and address of principal officer; EUGENE J. OTT for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? \_Yes \_\_\_ No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.EAGLEVILLEHOSPITAL.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other > L Year of formation: 1985 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 17 Activities & Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990 T, line 39 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 12,989. 31,534. Revenue Program service revenue (Part VIII, line 2g) O. ٥. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,928. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 0 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 54.462. 32,343.13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 82,144. 41,179. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 82,144. 41,179. 19 Revenue less expenses. Subtract line 18 from line 12 -27,682. -8,836. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 864,731. 903,101 21 Total liabilities (Part X, line 26) 180.562 215,562 22 Net assets or fund balances. Subtract line 21 from line 20 .... 684,169. 687,539 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EUGENE J. OTT, Here Type or print name and title Print/Type preparer's name PTIN Propagar s signature Paid CHRISTOPHER M. PEKULA P00734965 self-employed Preparer Firm's name KREISCHER MILLER Firm's EIN Firm's address 100 WITMER ROAD, SUITE Use Only HORSHAM, PA 19044-2369 Phone no. (215) 441-4600 May the IRS discuss this return with the preparer shown above? (see instructions)

	m 990 (2019) EAGLEVILLE FOUNDATION	**-***5791	Page
Pa	art III Statement of Program Service Accomplishments		ı agc.
_	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?Yes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other services.	as measured by expenses	i.
4-	revenue, if any, for each program service reported.	ners, the total expenses, a	ariu
4a	Code: (Code: (Code: (Code: Code: Cod	RE TO SPONSOR ETTERMENT OF	,
	INSTITUTIONS OPERATED AND ORGANIZED WITHIN THE MEANING 501(C)(3) AND 509(A)(1) OR (2) OF THE INTERNAL REVENUE	OF SECTIONS	; TO
	ENGAGE IN FUND RAISING ON BEHALF OF THESE INSTITUTIONS; THE PLANNING AND COORDINATION OF HEALTH CARE SERVICES A	TO PROVIDE	FOR
	INSTITUTIONS AND TO OTHERWISE ASSIST THESE INSTITUTIONS	IN THE	
	PERFORMANCE OF THEIR ACTIVITIES; TO FACILITATE, THROUGH	I EDUCATIONAL	
	ACTIVITIES, THE INTERCHANGE OF IDEAS AMONG THESE INSTIT	TUTIONS AND	
	COMMUNITIES THEY SERVE; TO ENGAGE IN AND CONDUCT CHARIT	ABLE.	
	EDUCATIONAL, AND SCIENTIFIC ACTIVITIES, AND TO FURTHER	SUCH ACTIVIT	IES
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
			····
4c	(Code:) (Expenses \$) (Rever	nue \$	)
			·
4d	Other program services (Describe on Schedule O.)	Account to the second s	
1e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶	)	

# Form 990 (2019) EAGLEVILLE FOUNDATION 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		v	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	<u> </u>	
	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	Ť	<b></b>	<del></del> -
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			х
9	Schedule D, Part III	8		
-	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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	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		ı	**
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		<u>X</u>
u		المما		Х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	$\overline{\mathbf{x}}$	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	rie		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	77
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
	foreign organization? If "Vos." complete Schodule E. Dorte II and III	<b>ا</b> ء. ا		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		$\neg \dagger$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	[	X
D 14	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	_		37
32003	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

# Form 990 (2019) EAGLEVILLE FOUNDAT Part IV Checklist of Required Schedules (continued)

			Yes	No
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	- 22	+	+
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23	x	
248	bid the digalization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No," go to line 25a	24a	. ]	X
k	bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	24c		
	in bid the organization act as an ion benair of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ļ	
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
9	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			
h		28a		X
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
Ĭ	"Yes." complete Schedule I. Part IV			**
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes," complete Schedule M	l		3.7
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	31	<u> </u>	
	Schedule N, Part II			х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<b>D</b>	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	and tax compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
J_UU4	01-20-20		~~~	

### 2019) EAGLEVILLE FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2019) | Part V | Sta

2a Interest the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Yes	No					
b If a least one is reported on line 2a, dut the organization file all required federal employment tax returns?  Note: if the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1'ves, 'install the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a As a farmy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR).  5b If 'Yes,' enter the name of the foreign country.  5c If 'Yes' to line 5 are 5b, did the organization for Foreign Bank and Financial Accounts (FBAR).  5c If 'Yes' to line 5 are 5b, did the organization for Foreign Bank and Financial Accounts (FBAR).  5c If 'Yes' to line 5 are 5b, did the organization for Foreign Bank and Financial Accounts (FBAR).  5c If 'Yes' to line 5 are 5b, did the organization for Foreign Bank and Financial Accounts (FBAR).  5c If 'Yes' are 10 in 5 a foreign for the organization for Foreign 88967.  5c If 'Yes' are 10 in 5 a foreign for the organization for Foreign 88967.  5c If 'Yes' are 10 in 5 a foreign for the organization for foreign 88967.  5c If 'Yes' are 10 in 5 a foreign for the organization for foreign 88967.  5c If 'Yes' are 10 in 5 a foreign for the organization for foreign 88967.  5c If 'Yes' are 10 in 5 a foreign for the deductible contributions under section 170(c).  6c If 'Yes' are 10 in 5 a foreign foreign 88967.  6c If 'Yes' are 10 in 6 a foreign 68967.  6c If 'Yes' are 10 in	2a									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated bublinas gross income of \$1.000 or more during the year? 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce instructions a party to a prohibited tax shelter transaction? 5c If "Yes," to the 5a or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization flat it was or is a party to a prohibited stax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 7a If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 7b If "Yes," did the organization ordity the donor of the value of the goods or services provided? 7c If If "Yes," did the organization ordity the donor of the value of the goods or services pr										
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If 'Yes,' enter the name of the foreign country   Personal part of the programment of the foreign country   Personal part of the programment of the foreign country   Personal part of the programment of the foreign country   Personal part of pa	D	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
b if "Yes," has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account?  b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Was the organization and party to a prohibited tax shelter transaction?  5 b X b Did any taxebile party nority the organization that it was or is a party to a prohibited tax shelter transaction?  5 b X c If "Yes" to line 5 aor 5b, did the organization file Form 8888-7?  5 c If "Yes" to line 5 aor 5b, did the organization file Form 8888-7?  5 c If "Yes" to line 5 aor 5b, did the organization file Form 8888-7?  5 d Does the organization have noral gross receipts that are normally greater than \$100,000, and did the organization sollect any contributions that were not tax deductible so chribitation an express statement that such contributions or gifts were not tax deductible?  5 d Did the organization in excess of \$75 made party sis contributions and party for goods and services provided to the payor?  7 a X b If "Yes," did the organization nority the othors of the value of the goods or services provided?  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Red during the year  5 Did the organization and excess business in clinically, to pay premiums on a personal benefit contract?  7 a X organization sell-except any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization meceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b If the organization and p	2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Althor 6							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5a X b Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X c If 'Yes' ion less far of 5b, did the organization file Form 886-17  6c If 'Yes' loss as of 5b, did the organization file Form 886-17  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If 'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If 'Yes,' did the organization include with every solicitation and partly for goods and services provided to the payor?  7c If Yes,' indicate the number of Forms \$282 filed during the year  8d If 'Yes,' indicate the number of Forms \$282 filed during the year  9d If 'Yes,' indicate the number of Forms \$282 filed during the year  9d If the organization received a contribution of qualified intellectual property, did the organization file form \$899 as required?  7d If the organization received an contribution of cualified intellectual property, did the organization file Form 1098-0?  7d If the organization received an contribution of cualified intellectual property, did the organization file Form 1098-0?  8d Sponsoring organizations maintaining donor advised funds. Did a donor advised				ļ	1 X					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sae instructions of Filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction?  Sa X Yes 1 to line Sa or 5b, did the organization file Form 8886 1?  Sa Dest the organization analy gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions?  Sa I Y'ses, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible;  Bi 1'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  To granizations that many receive deductible contributions under section 170(c).  Bit 1'Yes,' did the organization notify the donor of the value of the goods or services provided?  Cold the organization received a prometin excess of \$75 made party as contribution and party for goods and services provided to the payor?  To Joi the formalization received a prometin excess of \$75 made party as contribution of party of the year and to file Form 8282?  To Joi the organization received a contribution of underty, to pay premiums on a personal benefit contract?  To Joi the organization received a contribution of underty, to pay premiums on a personal benefit contract?  To Joi the organization received a contribution of underty, to pay premiums on a personal benefit contract?  To Joi the organization received an contribution of unde										
b if "Yes," either the name of the foreign country ▶  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  6i Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or Sb, did the organization file Form 88867?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif every entry of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bif every entry of the organization notify the donor of the value of the goods or services provided?  7c Did the organizations state on motify the donor of the value of the goods or services provided?  7d Did the organization received and notify the donor of the value of the goods or services provided?  8d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7e X  7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8d Did the organization received a contribution of cars, boots, arising the year?  8d Did the sponsoring organizations and an accomplication file form the complination organization make a distribution to adonor advised funds.	70				v					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14a  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.		Section 501(c)(7) organizations. Enter:								
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b 11c 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 15a 15a 15b 16 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15b 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
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organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  4a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	ь									
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<ul> <li>4a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> <li>5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li> <li>If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> <li>16 X</li> </ul>	c	Finter the amount of reserves on hand								
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5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X		If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedulo O								
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15 X			14D							
If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X		avance management and the second and	15	]	x					
6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					43					
If "Yes," complete Form 4720, Schedule O.			16	060000000000000000000000000000000000000	X					
		If "Yes," complete Form 4720, Schedule O.								

Form 990 (2019) EAGLEVILLE FOUNDATION

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17		1.00	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	100000000000000000000000000000000000000	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		- 22
	parsons other than the governing had a	76		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
а	The governing body?		х	
b		8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	^	<del></del>
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
			. Т	
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		<u> </u>
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		.,	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
			.,	
	Did the appropriation become after the state of the state	12c	X	
	Did the ergenization have a written decreased with the state of the st	13	Х	
	Did the organization have a written document retention and destruction policy?	14	<u> </u>	
13	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
	Other officers or key employees of the organization	15b	2010/00/00	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		- 1	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	2		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	ole
	for public inspection. Indicate how you made these avai <u>labl</u> e. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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 books and records			
	WILLIAM KEENAN, CFO - (610) 539-6000			
	100 EAGLEVILLE ROAD, EAGLEVILLE, PA 19408		***************************************	

### Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### 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  $\cdot 0 \cdot$  in columns  $(\bar{D})$ , (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. See instructions for the order in which to list the persons above.

Check this box if neither the organization n	(B)	T			C)	pc	50	(D)		(5)
Name and title	Average Position (do not check more than o					า		Reportable	(E)	(F)
Tame and the	hours per	(do	(do not check more than one box, unless person is both an				one th an	compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	nd a d	lirect	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or director	92			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	Institutional trustee		92	Highest compensated employee	bens	(W-2/1099-MISC)		organization
	organizations below	Individual trustee	ional		Key employee	t com				and related
	line)	divid	ıstitu	Officer	ey en	ighes	Former			organizations
(1) EUGENE J. OTT	2.00	Ħ	┢ <u></u>	0		± 5	正			
CEO	38.00	1			х			0.	320,995.	32,124.
(2) MAUREEN KING-POLLOCK	40.00				-	t	-	0.	320,333.	34,124.
FORMER - CEO		i					X	0.	255,544.	28,460.
(3) EILEEN M. JOSEPH, M.S., C.P.R.P	2.00				<del>                                     </del>	┢	-		200,044.	20,400.
CHAIRMAN		х		х				0.	0.	0.
(4) VICTOR LIDZ, PH.D.	2.00				<del>                                     </del>	<del>                                     </del>	_		<b>V</b> •	<u> </u>
VICE-CHARIMAN		х		x		Ì		0.	0.	0.
(5) JAMES P. BAKER, JR.	2.00						-	•	0.	V .
SECRETARY-TREASURER		х		x				0.	0.	0.
(6) JASON R.MCLAUGHLIN, M.S., M.S.S	2.00								· ·	
ASST. SECRETARY-TREASURER		х		$\mathbf{x}$				0.1	0.	0.
(7) ANN E. EICHEN, PH.D.	2.00									
DIRECTOR		x						0.	0.	0.
(8) DAVID T. PIERCE, CPA	2.00			$\neg$						
DIRECTOR		х						0.	0.	0.
(9) HARRY S. SHANIS, PH.D.	2.00									
DIRECTOR		Х						0.	0.1	0.
(10) JON A. SHAPIRO, M.D.	2.00									
DIRECTOR		Х		- 1				0.	0.	0.
(11) JOSEPH P. MCGINLEY	2.00									
DIRECTOR		X						0.	0.	0.
(12) LARRY S. GERSHMAN, BG-USAR(RET.	2.00									
DIRECTOR		X						0.	0.	0.
(13) RAFAEL A. PORRATA-DORIA, JR., E	2.00									
DIRECTOR		X	ı					0.	0.	0.
(14) STEPHEN A. BLEYER, CPA	2.00				$\neg$					
DIRECTOR		X						0.	0.	0.
(15) SUSAN E. MCNAMARA	2.00		$\Box$							<u> </u>
DIRECTOR		X		- 1				0.	0.	0.
(16) WAYNE R. WALKER, JR., ESQ.	2.00			$\neg$	7					
DIRECTOR		Х						0.	0.	0.
(17) ALEXANDRA BRETSCHNEIDER	2.00		$\neg$		$\neg$					
DIRECTOR		$\mathbf{x}$				1	I	0.	0.1	0 -

932007 01-20-20

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	ompensated Employe	es (continued)		
<b>(A)</b> Name and title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/truster					one th an	( <b>D</b> ) Reportable compensation	(E) Reportabl compensat	ion	<b>(F)</b> Estimated amount of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	other compensatio from the organization and related organizations
(18) PARVATI THIRU, M.D., MBA, F.A.C.P DIRECTOR	2.00	х						0.	VICE NO.	0.	(
(19) KAREN D. WILLIAMS, MBA, PHR, SHRM DIRECTOR	2.00	х						0.		0.	(
(20) JAMES MCKAY, PHD DIRECTOR	2.00	х						0.		0.	(
									-		
1b Subtotal  c Total from continuation sheets to Part VI							<b>•</b>	0.	576,5		60,584
d Total (add lines 1b and 1c)							▶	0.	576,5		0 60,584
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100	,000 of reportab	le	
3 Did the organization list any former officer,	director, truste	e, k	ey e	mplo	oyee	e, or	higł	nest compensated emp	loyee on	ſ	Yes No
line 1a? If "Yes," complete Schedule J for st.  4 For any individual listed on line 1a, is the sul	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization		3 X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp</li> </ul>	ccrue compen	sati	on fr	om a	any	unre	<i>J fo</i> elate	or such individualed organization or individ	dual for services		4 X
Section B. Independent Contractors								<u> </u>		<u>.</u>	5 X
1 Complete this table for your five highest conthe organization. Report compensation for the organization.	npensated ind he calendar ye	epe ar e	nder ndin	nt co ig wi	ontra ith c	acto or wit	rs th thin	at received more than \$ the organization's tax y	\$100,000 of con ear.	npensa	tion from
(A) Name and business a			NE					<b>(B)</b> Description of se		Co	(C) empensation
							_				
Total number of independent contractors (in \$100,000 of compensation from the organization from the organization).	cluding but no ation	t lim	ited	to t	hos 0	e list	ed a	above) who received mo	ore than		

	41 L	insk.	Check if Schedule O contains a response	e or note to anv	line in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
g g	3	b	Membership dues 1b					
ts,			Fundraising events 1c					
֓֞֞֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		d	Related organizations 1d				and the second	
ns,			Government grants (contributions)					
e iti	;	f	All other contributions, gifts, grants, and					
년 된			similar amounts not included above 1f	12,989				
ont		g	Noncash contributions included in lines 1a-1f					
<u>0</u> 8	-	h	Total. Add lines 1a-1f	<u> </u>	12,989.			
				Business Code			187 m	
<u>i</u>	2	а						
e Z		b						
e S		С						
ga Re		d						
Program Service Revenue		e						
_		f	All other program service revenue					
	3		Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter		19,354.			10 254
	4		other similar amounts) Income from investment of tax-exempt bond		19,334.			19,354.
	5							
	٦		Royalties (i) Real	(ii) Personal				
	_	_	Gross rents 6a	(ii) reisonai	La Pilla			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c		4			
	1		Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a	(1) 0 1101	-			
		h	Less; cost or other basis		-			
e		_	and sales expenses					
Revenue		С	Gain or (loss) 7c	<u> </u>				
Be	İ	d	Net gain or (loss)	<u> </u>	10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10			
Other	8	а	Gross income from fundraising events (not					
₹			including \$ of				1 TO 1 1	
			contributions reported on line 1c). See					
			Part IV, line 18	ļ				
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<b>&gt;</b>	44000			
			Gross income from gaming activities. See					
			Part IV, line 19					No. 10 Company
		b	Less: direct expenses 9b					
			Not income an Oracl forms and the second	<b>&gt;</b>				
	10	а	Gross sales of inventory, less returns					
İ			and allowances 10a					
		b	Less: cost of goods sold 10b					
$\dashv$		C	Net income or (loss) from sales of inventory	<b>&gt;</b>				
s			;	Business Code			200	
Miscellaneous Revenue	11 :	а						
<u>e</u> <u>a</u>		b						
Re		C						
Ξ̈́	•	d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b></b>	32,343.	0.	0.	19,354.

	m 990 (2019) <b>EAGLEVILLE</b>			**_	***5791 Page 1
	art IX Statement of Functional Expens		· · · · · · · · · · · · · · · · · · ·		
360	tion 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a responsible not include amounts reported on lines 6b,	nse or note to any line i	in this Part IX (B)	(C)	<u> </u>
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	ļ			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				The second secon
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	***************************************				
b	•				
C	3				
d					10
e	· · · · · · · · · · · · · · · · · · ·				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	41,179.		41,179.	
12	Advertising and promotion	41,17,		41,1/3	•
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	*******			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а				The second of the configuration of the configuratio	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	41,179.	0.	41,179.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Form 990 (2019)
Part X Balance Sheet

	ILA	Check if Schedule O contains a response of	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments		130,534.	2	152,030
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	71,242.	4	57,779	
	5	Loans and other receivables from any curre				
		trustee, key employee, creator or founder, s				6867.0
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disc	• •			
		under section 4958(f)(1)), and persons desc			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	•••••		8	
•	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		662,955.	11	693,292.
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - program-related. See Part IV, I	ine 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must			16	903,101
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20				20	
	21	Escrow or custodial account liability. Comple	**********		21	
es	22	Loans and other payables to any current or t				
Liabilities		trustee, key employee, creator or founder, su				
<u> </u>		controlled entity or family member of any of			22	
	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li		100 500		015 560
J	06				$\overline{}$	215,562.
	26	Total liabilities. Add lines 17 through 25	-tt N	180,562.	26	215,562.
3		Organizations that follow FASB ASC 958, and complete lines 27, 28, 32, and 33.	check here	199		
3	27	All the state of t		284,358.		259,994.
	28	Net assets with donor restrictions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		27	427,545.
2		Organizations that do not follow FASB AS		333,011.	28	441,343.
2		and complete lines 29 through 33.	5 336, Check here			
5	29	Capital stock or trust principal, or current fun		20		
	30	Paid-in or capital surplus, or land, building, or	r equipment fund		29	
8	31	Retained earnings, endowment, accumulated	fincome or other funds		30	
Wet Assets of Fund Balances		Total net assets or fund balances	684,169.	31	687,539.	
-	33	Total liabilities and net assets/fund balances				903,101.
				1 00=1/01=	33	503,101.

Form 990 (2019)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

EAGLEVILLE FOUNDATION

Employer identification number \*\*-\*\*\*5791

345.000,00	art I	Reason for Public									
The	orgar	nization is not a private four									
1		A church, convention of c	hurches, or associat	ion of churches describ	ed in <b>sectio</b>	on 170(b)	(1)(A)(i).				
2		A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Fo	rm 990 or 9	90-EZ).)					
3		A hospital or a cooperativ	e hospital service org	ganization described in	section 170	D(b)(1)(A)	(iii).				
4		A medical research organ	ization operated in co	onjunction with a hospit	al describe	d in <b>secti</b>	on 170(b)(1)(A)(iii). Ente	er the hospital's name.			
		city, and state:									
5	Ш	An organization operated	for the benefit of a co	ollege or university own	ed or opera	ted by a	governmental unit descr	ribed in			
		section 170(b)(1)(A)(iv). (									
6		A federal, state, or local go									
7	لــــا	An organization that norm	ally receives a substa	antial part of its support	from a gov	ernmenta	al unit or from the genera	al public described in			
		section 170(b)(1)(A)(vi). (0	Complete Part II.)								
8		A community trust describ									
9	Ш	An agricultural research or	ganization described	in section 170(b)(1)(A	)(ix) operate	ed in conj	unction with a land-grar	nt college			
		or university or a non-land	grant college of agric	culture (see instructions	). Enter the	name, cit	ty, and state of the colle	ge or			
		university:									
10		An organization that norm	ally receives: (1) more	e than 33 1/3% of its su	pport from	contribut	ions, membership fees,	and gross receipts from			
		activities related to its exe	mpt functions - subje	ect to certain exceptions	s, and (2) no	more tha	an 33 1/3% of its suppo	rt from gross investment			
		income and unrelated bus		e (less section 511 tax) f	rom busine	sses acq	uired by the organization	n after June 30, 1975.			
4.4		See section 509(a)(2). (Co	. ,								
11	X	An organization organized	and operated exclus	sively to test for public s	afety. See s	section 5	09(a)(4).				
12		An organization organized	and operated exclus	sively for the benefit of,	to perform t	the functi	ons of, or to carry out th	e purposes of one or			
		more publicly supported o	describes the tune	ed in section 509(a)(1)	or section t	509(a)(2).	See section 509(a)(3).	Check the box in			
а		lines 12a through 12d that	anization approted	or supporting organization	on and com	ipiete line	s 12e, 12t, and 12g.				
_		Type I. A supporting org the supported organizati	on(s) the nower to re	supervised, or controlled	o majaritu s	ported or	ganization(s), typically b	y giving			
		organization. You must	complete Part IV S	ections A and B	a majority c	or trie dire	ectors or trustees of the	supporting			
b	X	Type II. A supporting org			otion with it	c cupped	tod organization(s) but				
		control or management	of the supporting ora	anization vested in the	same nerso	o support	ontrol or manage the au	aving			
		organization(s). You mus	st complete Part IV.	Sections A and C.	same perso	ins triat C	ontroi or manage trie su	pported			
С		Type III functionally into			l in connect	ion with.	and functionally integral	ted with			
		its supported organization	n(s) (see instructions	s). You must complete	Part IV. Se	ctions A.	D. and E.	ica with,			
d		Type III non-functionall						ization(s)			
		that is not functionally in									
		requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Section	s A and D,	and Part	v.				
е	L	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III				
		functionally integrated, o	r Type III non-functio	nally integrated support	ting organiz	ation.					
		r the number of supported						. 1			
g		ide the following information  Name of supported			I /iv/ le the organ	Ization listed					
	(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the organ in your governin		(v) Amount of monetary	(vi) Amount of other			
				above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
EAC	73.15	ILLE HOSPITAL	**-***2115	3		x	_				
		, 2222 11001 21111	2110	<u> </u>			0.				

# Schedule A (Form 990 or 990-EZ) 2019 EAGLEVILLE FOUNDATION \*\*-\*\*\*5 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					1-1-2-3	(1) 10101
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
4	Total. Add lines 1 through 3			1			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					1000	
	on line 1 that exceeds 2% of the		Section 1		11.00		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					The state of the s	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			<u> </u>			
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			1 10			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's					
	organization, check this box and stop	here				` ` ` ` `	<b>&gt;</b>
	ction C. Computation of Publ						
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part I	II, line 14	***************************************		15	%
16a	33 1/3% support test - 2019. If the o	organization did not	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization		***********************		<b>▶</b> □
b	33 1/3% support test - 2018. If the o	organization did not	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			ightharpoonup
17a	10% -facts-and-circumstances test	t <b>- 2019.</b> If the orga	anization did not d	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Par	t VI how the organiz	ation
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances test	t <b>- 2018.</b> If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 10	0% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>&gt;</b>
	Cabadda A (F 200 200 200						

# Schedule A (Form 990 or 990-EZ) 2019 EAGLEVILLE FOUNDATION 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			(7,25	(4) 2010	(6) 2019	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			1990 Charles Control of the Control		\$2250500 \$225050000 COSE 58	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		1-7	(3) 2311	1 19/2010	(e) 2019	(i) rotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						ion,
	check this box and stop here						<u> </u>
	tion C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f), di	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part I	II, line 15	*****************	***************************************	16	%
	tion D. Computation of Inves						
17	nvestment income percentage for 20	19 (line 10c, colum	ın (f), divided by lir	ne 13, column (f))		17	%
	nvestment income percentage from 2				*******	18	%
19a (	33 1/3% support tests - 2019. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
ı	more than 33 1/3%, check this box an	nd <b>stop here.</b> The c	organization qualif	es as a publicly s	upported organizat	tion	
b S	33 1/3% support tests - 2018. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, and	d
ı	ine 18 is not more than 33 1/3%, chec	ck this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	s a publicly suppo	rted organization	<b>&gt;</b>
20 F	Private foundation. If the organization	ı did not check a t	oox on line 14, 19a	, or 19b, check th	is box and see ins	tructions	

### 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** Was 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 (as 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.)

_	٦	Y	'e	 S	ı	٧o	•
1			X				
					•		Contract of the Contract of th
3a						X X	20000
							200 - 200 -
3b 3c							
4a					2	ζ	•
4b					N.		•
46							
5a	00000			all (a)	X		
5b	L			1		_	
5c	L	00.110	VISS	L	SPES	. Total	
6					X		
7					Х		
8				8	2008	18.	
9a					X		
9b				50000			
10a					X		
10b					177.5		

The site organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with postoris described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above?  f Yes 1 to 8, kr or, provide detail in Part VI.  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or exist at at least a majority of the organization of interctions or trustees at all times during the tax year? if "No," describe his Part VI. In the supported organization is directors or trustees at all times during the tax year? if "No," describe his Part VI. In the supported organization, describe his the arganization satisfactor expectation, and the arganization satisfactor or extretions, if any, applied to such power during departation, describe his the part VI. In the supported organization or extretions, and was a controlled the supported organization or extretions, and any applied or such power during degralation of the transition or extretions, and any applied or such power during degralation of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization's by the last do a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of the supported organization of the directors or trustees of the supported organization of the directors or trustees of the supported organization of the directors or trustees of the supported organization of the supported organization and the supported organization and	FE	Supporting Organizations (continued)			
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.  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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below.  3 Parent of Supported Organizations. Answer (a) and (b) below. a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2	·		Yes	No
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.  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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below. a 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
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a 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? <i>Provide details in Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported oversity of the control of the supported oversity of the control of the supported oversity of the control of the supported oversity of the control of the supported oversity of the control of the supported oversity of the control of the supported oversity of the control of the supported oversity oversity oversity of the supported oversity oversity oversity oversity ov	3	-			
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				- 1	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			30		
of its supported suggestion 10 /f (Vos.) describe in P. 198 for the first of the fi	b	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
			3h		

Sch	edule A (Form 990 or 990-EZ) 2019 EAGLEVILLE FOUNDATION		t .	**-***5791 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	Tage
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	· and the coordinate designation
Sec	tion 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		
_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			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			A SUE THE SUBSTITUTE OF SUBSTI
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	101	
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4 values subject to	╅		

Linear Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

emergency temporary reduction (see instructions).

instructions).

	III V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orç	ganizations <sub>(continued)</sub>					
Sec	tion D - Distributions		,	Current Year				
_1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported						
	organizations, in excess of income from activity							
_3		Administrative expenses paid to accomplish exempt purposes of supported organizations						
_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.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is responsiv	/e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years	Page 17						
b	Applied to 2019 distributable amount			and the Comment of State Comment of the Comment of				
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in	2.0						
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015		The state of the s					
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 EAGLEVILLE FOUNDATION	**-***5791 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17ar Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line I; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C,
-		
***************************************		
:		<del></del>

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number EAGLEVILLE FOUNDATION \*\*-\*\*\*5791 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### EAGLEVILLE FOUNDATION

\*\*-\*\*\*5791

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHARON HARRIS  1137 PUGH ROAD  WAYNE, PA 19087	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### EAGLEVILLE FOUNDATION

\*\*-\*\*\*5791

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization	Employer identification number			
EAGLE	VILLE FOUNDATION		**-***5791		
Part III		<ul> <li>a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le</li> </ul>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	, , , , , , , , , , , , , , , , , , ,	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				
			Troutionship of dansieror to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer  Transferee's name, address, and ZIP + 4		er of gift  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Transfer of wife			
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

EAGLEVILLE FOUNDATION

**Employer identification number** \*\*-\*\*\*5791

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	53 <b>p.13.2 0.13</b>			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring			
LPS.	impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	***************************************		2a			
b	3	***************************************	2b			
С		ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax			
	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements it		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year			
8	Does each conservation easement reported on line 2(d) abov					
0	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	ts that describes the			
Pai	organization's accounting for conservation easements.  till Organizations Maintaining Collections of	Art Historical Transuras or Oth	ov Similar Access			
1,400,600,000	Complete if the organization answered "Yes" on Form	990 Part IV line 8	er Similar Assets.			
	If the organization elected, as permitted under FASB ASC 956					
	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finan		nerance of public			
h	If the organization elected, as permitted under FASB ASC 958					
-	art historical tressures or other similar assets hold for public	o, to report in its revenue statement and bal	ance sheet works of			
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	ance of public service,			
			\$			
2	If the organization received or held works of art, historical trea	purpo or other similar appets for fire and in	<b>&gt;</b> \$			
	the following amounts required to be reported under FASB AS		ain, provide			
а			•			
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					
			<del></del> 3			

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	FOUNDATION	**.	-***5791 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			<u></u>
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	<u></u>		
(H)			, , , , , , , , , , , , , , , , , , ,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)		***************************************	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	,	And the state of t	
Complete if the organization answered "Yes	" on Form 990. Part IV. line	11d. See Form 990. Part X, line 15	
	) Description	T	(b) Book value
(1)			
(2)			
(3)			
(4)			M
(5)		***************************************	
(6)			
(7)	***************************************		
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes	on Form 990, Part IV. line	11e or 11f. See Form 990. Part X line 25	
(a) Description of liability		, and 20.	(b) Book value
(1) Federal income taxes			
O DUE TO AFFILTATE			215 562

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	215,562.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 215,562.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Sch	edule D (Form 990) 2019 EAGLEVILLE FOUNDATION		**-***5791	Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1 44	, 549
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a   1	2,206.	
b				
c	n · · · · ·			
d		2d		
е			2e 12,	, 206
3	Subtract line 2e from line 1			, 343
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		N. C. C. C. C. C. C. C. C. C. C. C. C. C.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••••••••		343
***************************************	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe		7 10
10000000	Complete if the organization answered "Yes" on Form 990, Part IV, line		one per metalini	
1	Total expenses and losses per audited financial statements		1 41,	179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	<sub>2a</sub>		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
				٥
3	Add lines 2a through 2d Subtract line 2e from line 1			179
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	1 42		
	Other (Describe in Part XIII.)		<del></del>	
	A 110 A 140			n
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			179
	t XIII Supplemental Information.	/	3 = 1,	1/2
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 2h:	Part V line 4: Part V line 2: Part V	/1
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		i art v, inte 4, i art X, inte 2, r art X	ч,
	and to, and that this, into ad and ho, those complete this part to provide any	additional information.		
PAF	RT V, LINE 4:			
THE	ORGANIZATIONS ENDOWMENT FUNDS ARE INTE	NDED TO BE U	SED TO FURTHER TH	Æ
EXE	EMPT PURPOSE OF THE ORGANZIATIONS SUPPOR	TED ORGANIZA	TION: EAGLEVILLE	
HOS	SPITAL.			
				***************************************
PAF	T X, LINE 2:			
THE	FOUNDATION AND THE HOSPITAL ARE EXEMPT	FROM FEDERA	L INCOME TAX UNDE	:R
SEC	TION 501(C)(3) OF THE INTERNAL REVENUE	CODE (IRC).		
		\		
THE	FOUNDATION AND THE HOSPITAL FILE FEDER	AL FORM 990	AND NOT FORM 990T	1

WITH FEW EXCEPTIONS, THE FOUNDATION AND THE HOSPITAL ARE NO LONGER SUBJECT TO U.S. FEDERAL, STATE OR LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES

Part XIII Complemental Information ( )	je <b>5</b>
Part XIII Supplemental Information (continued)	
FOR YEARS BEFORE 2017. IT IS DIFFICULT TO PREDICT THE FINAL TIMING AND	
RESOLUTION OF ANY PARTICULAR UNCERTAIN TAX POSITION. BASED ON THE	
FOUNDATION AND THE HOSPITAL'S ASSESSMENT OF MANY FACTORS, INCLUDING PAST	
EXPERIENCE AND COMPLEX JUDGMENTS ABOUT FUTURE EVENTS, THE FOUNDATION AND	
THE HOSPITAL DO NOT CURRENTLY ANTICIPATE SIGNIFICANT CHANGES IN THEIR TAX	
POSITIONS OVER THE NEXT 12 MONTHS.	
	-
	-

### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

EAGLEVILLE FOUNDATION

**Employer identification number** \*\*-\*\*\*5791

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any agency listed at E			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Pageing a gaverner and another and for the last			v
h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		42
	the start of the start and persons and provide the applicable amounts for each item in a fair.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Saverance of the	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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EAGLEVILLE FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	orner deferred compensation	Denefits	(n)-(n)(n)	in column (B) reported as deferred on prior Form 990
(1) EUGENE J. OTT	18	0	0	0	0	0	C	U
CEO	<u> </u>	295,99	25,000.		13,74	18,375.	353,119.	0
(2) MAUREEN KING-POLLOCK	≘		0			٠l	٠,	0
FORMER - CEO	≘	255,544.	0		18,46	10,000.	284,004.	0
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Schedule J (Form 990) 2019

Page 3

EAGLEVILLE FOUNDATION

Schedule J (Form 990) 2019 \*\*-\*\*5791

| Part III | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information | Supplemental Information

									Schedule J (Form 990) 2019

### **SCHEDULE 0**

(Form 990 or 990-EZ)

epartment of the Treasury internal Revenue Service

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

Name of the organization EAGLEVILLE FOUNDATION Employer identification number \*\*-\*\*\*5791

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SPECIFIC AND PRIMARY PURPOSES OF THE CORPORATION ARE TO SPONSOR,
ENCOURAGE, SUPPORT AND ADVANCE THE PROVISION AND THE BETTERMENT OF
HEALTH CARE IN THE COMMUNITIES SERVED BY EAGLEVILLE HOSPITAL BY
PROVIDING BEHAVIORAL HEALTH AND DRUG AND ALCOHOL ADDICTION SERVICES
THROUGH ITS INPATIENT AND RESIDENTIAL PROGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EAGLEVILLE FOUNDATION IS COMMITTED TO PROVIDING COMPREHENSIVE
BEHAVIORAL HEALTH TREATMENT FOR CONSUMERS AND FAMILY MEMBERS, YOUNG
ADULTS THROUGH GERIATRIC POPULATIONS, WHO SUFFER FROM SUBSTANCE USE
DISORDERS, CO-OCCURRING MEDICAL AND PSYCHIATRIC CONDITIONS, AND PRIMARY
MENTAL ILLNESS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AS MAY BE DEEMED ADVISABLE FOR THE ADVANCEMENT OF HEALTH CARE; AND TO
TAKE SUCH OTHER AND FURTHER ACTIONS IN FURTHERANCE OF THE TAX EXEMPT
PURPOSES OF THIS CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED IN THE AUDIT COMMITTEE AND APPROVED BY THE
COMMITTEE. THE COMMITTEE THEN PROVIDES A COPY OF THE FORM 990 TO THE
FOVERNING BODY FOR APPROVAL.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  EAGLEVILLE FOUNDATION	Employer identification number **-**5791
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO	SIGN A CONFLICT
OF INTEREST POLICY DOCUMENT EACH YEAR. THE POLICY IS REG	ULARLY MONITORED
BY THE COMPLIANCE OFFICE.	
	***************************************
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST AND
FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	A CONTRACTOR OF THE CONTRACTOR
	4
FORM 990, PART IX, LINE 11G, OTHER FEES:	4.416
ADMINISTRATIVE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	41,179.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,179.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	41,179.
FORM 990, SCHEDULE A, PART 1, LINE 12G:	
EAGLEVILLE FOUNDATION SUPPORTS EAGLEVILLE HOSPITAL BY PERI	FORMING
FUNDRAISING ACTIVITIES. AS THE FUNDS ARE RAISED, THEY ARE	E HELD WITHIN
EAGLEVILLE FOUNDATION UNTIL THE ORGANIZATION IS READY TO M	MOVE FORWARD.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT MAKE ANY CHANGES TO ITS OVERSIGHT	r process
DURING THE TAX YEAR.	

FORM 990, PART VI, LINE 15

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization EAGLEVILLE FOUNDATION	Employer identification number **-**5791
NOT APPLICABLE - NO EMPLOYEES	
	P. C. C. C. C. C. C. C. C. C. C. C. C. C.
	144

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2019 OMB No.

0047

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

EAGLEVILLE FOUNDATION

► Attach to Form 990.

Employer identification number \*\*-\*\* 5791

(f) Direct controlling entity End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(a)	(0)	(p)	(e)	(J)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	2
EAGLEVILLE HOSPITAL - 23-1352115						+	
P.O. BOX 45, 100 EAGLEVILLE ROAD	IN-PATIENT/OUT-PATIENT				EAGLEVILLE		
EAGLEVILLE, PA 19408-0045	TREATMENT FACILITY	PENNSYLVANIA	501(C)(3)	LINE 3	FOUNDATION		×
EAGLEVILLE HOSPITAL WORKERS COMPENSATION							
TRUST - 23-7740057, P.O. BOX 45, 100	SUPPORTING ORGANIZATION OF				EAGLEVILLE		
EAGLEVILLE ROAD, EAGLEVILLE, PA 19408-0045 EAGLEVILLE	EAGLEVILLE HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 12B, II HOSPITAL	HOSPITAL	×	
		TANKS THE PROPERTY OF THE PROP					
	-						

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

\*\*-\*\*5791 Page 2

Schedule R (Form 990) 2019 EAGLEVILLE FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(i) (k) General or Percentage managing ownership			ore related	Section 5 12(b)(13) controlled entity?			
			one or mo	(h) Percentage ownership			
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			, because it had	(g) Share of Peend-of-year or assets			
(h) Disproportionate allocations?	2		V, line 34,				
(g) Share of Dis assets			n 990, Part I	(f) Share of total income			
			es" on Forr	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			swered "Y				
			ization ans	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			the organ				
Predom (relate excluded sectio			omplete if	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity			oration or Trust. Coyear.	(b) Primary activity			
Legal domicile (state or foreign country)			is a Corpo	Prima			
(b) Primary activity			<b>anizations Taxable</b> a poration or trust durin	Z _			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019 EAGLEVILLE FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	*	Yes No
		2002020
	1a	×
	4Þ	×
c Girt, grant, or capital contribution from related organization(s)	10	×
d Loans or loan guarantees to or for related organization(s)	P	×
e Loans or loan guarantees by related organization(s)	4	×
f Dividends from value of account of the contract of the contr	2	
Converior in treated organization(8)	<b>=</b>	×
g Sale of assets to related organization(s)	19	×
h Purchase of assets from related organization(s)	+	×
i Exchange of assets with related organization(s)	┊	: ×
j Lease of facilities, equipment, or other assets to related organization(s)	=   ;	*
	1	17
k Lease of facilities, equipment, or other assets from related oxiganization(s)		•
	<b>*</b>	×
renormance of services of membership of fundraising solicitations for related organization(s)	=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ᄩ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	t X	
o Sharing of paid employees with related organization(s)	<b>10</b> ⊠	
Designation of the second seco		
	4	×
q Heimbursement paid by related organization(s) for expenses	19	×
The state of the s		
	1.	×
	1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(9)			

932163 09-10-19

Schedule R (Form 990) 2019

# Schedule R (Form 990) 2019 EAGLEVILLE FOUNDATION

Part.VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065)	N S S S S S S S S S S S S S S S S S S S				
(h) Disproportionate amour allocations? of Sc					
Dispr tion alloca	8				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.?					
(d)  Predominant income par (related, unrelated, sections 512-514)					
(country)					
(a)  Increase, and EIN  Primary activity  entity  (b)  (c)  (date or foreign  (state or foreign  (state or foreign)  (c)  (date of foreign)					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 EAGLEVILLE FOUNDATION	**-***5/91 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
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	WWW.
	***************************************