

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning 2023, and ending 20

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**SALEM HEALTH AND WELLNESS
FOUNDATION INC**

EIN or SSN

01-0625542

Name and title of officer or person subject to tax

**PAUL S. DILORENZO
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	17,265
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Martini & Martini CPA, P. A.** ERO firm name to enter my PIN **42324** as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

04/23/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22205512898

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Dominick Merighi

Date

04/23/24

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990-PF**

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning , and ending

Name of foundation SALEM HEALTH AND WELLNESS FOUNDATION INC		A Employer identification number 01-0625542
Number and street (or P.O. box number if mail is not delivered to street address) 91 S VIRGINIA AVE STE A	Room/suite	B Telephone number (see instructions) 856-299-4460
City or town, state or province, country, and ZIP or foreign postal code PENNS GROVE NJ 08069-1765		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 37,582,470	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	554,316			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	692,263	692,263		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	488,593			
	b Gross sales price for all assets on line 6a 1,485,729				
	7 Capital gain net income (from Part IV, line 2)		488,593		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) Stmt 1	180,000	180,000			
12 Total. Add lines 1 through 11	1,915,172	1,360,856	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	152,980	7,649		145,331
	14 Other employee salaries and wages	85,479	4,274		93,128
	15 Pension plans, employee benefits	35,483	1,774		33,709
	16a Legal fees (attach schedule) See Stmt 2	78,386	1,176		78,826
	b Accounting fees (attach schedule) Stmt 3	36,753	14,701		22,052
	c Other professional fees (attach schedule) Stmt 4	112,784	89,215		23,569
	17 Interest				
	18 Taxes (attach schedule) (see instructions) Stmt 5	14,457			
	19 Depreciation (attach schedule) and depletion Stmt 6	4,502			
	20 Occupancy				
	21 Travel, conferences, and meetings	14,355			14,355
	22 Printing and publications				
	23 Other expenses (att. sch.) Stmt 7	77,122			79,719
	24 Total operating and administrative expenses. Add lines 13 through 23	612,301	118,789	0	490,689
	25 Contributions, gifts, grants paid	328,310			322,700
26 Total expenses and disbursements. Add lines 24 and 25	940,611	118,789	0	813,389	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	974,561				
b Net investment income (if negative, enter -0-)		1,242,067			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash — non-interest-bearing	44,755	622,840	622,840
	2 Savings and temporary cash investments	1,694,436	881,369	881,369
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule)			
	Less: allowance for doubtful accounts	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	85,067	64,365	64,365
	10a Investments — U.S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) See Stmt 8	11,712,145	13,149,883	13,149,883
	c Investments — corporate bonds (attach schedule) See Stmt 9	7,585,788	8,878,897	8,878,897
	11 Investments — land, buildings, and equipment basis			
Less: accumulated depreciation (attach sch.)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment: basis 93,273				
Less: accumulated depreciation (attach sch.) Stmt 10 50,045	20,708	43,228		
15 Other assets (describe See Statement 11)	13,203,922	13,985,116	13,985,116	
16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	34,346,821	37,625,698	37,582,470	
Liabilities	17 Accounts payable and accrued expenses	47,559	90,013	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	47,559	90,013	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	24,049,411	26,679,898	
	25 Net assets with donor restrictions	10,249,851	10,855,787	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	34,299,262	37,535,685		
30 Total liabilities and net assets/fund balances (see instructions)	34,346,821	37,625,698		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	34,299,262
2	Enter amount from Part I, line 27a	2	974,561
3	Other increases not included in line 2 (itemize) See Statement 12	3	2,261,862
4	Add lines 1, 2, and 3	4	37,535,685
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29	6	37,535,685

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	BROKER HELD PUBLICLY TRADED SECURITI	P		
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a	1,019,125	997,136	21,989	
b	466,604		466,604	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			21,989	
b			466,604	
c				
d				
e				
2	Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	488,593
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }		3	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary — see instructions)	1	17,265
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) _____		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____	2	0
3	Add lines 1 and 2 _____	3	17,265
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) _____	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- _____	5	17,265
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023 _____	6a	65,467
b	Exempt foreign organizations — tax withheld at source _____	6b	
c	Tax paid with application for extension of time to file (Form 8868) _____	6c	
d	Backup withholding erroneously withheld _____	6d	
7	Total credits and payments. Add lines 6a through 6d _____	7	65,467
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached _____	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed _____	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid _____	10	48,202
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax 48,202 Refunded _____	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<input checked="" type="checkbox"/>
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<input checked="" type="checkbox"/>
1c Did the foundation file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
4b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	<input checked="" type="checkbox"/>	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NJ		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<input checked="" type="checkbox"/>	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See instructions for Part XIII. If "Yes," complete Part XIII		<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<input checked="" type="checkbox"/>
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<input checked="" type="checkbox"/>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		<input checked="" type="checkbox"/>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.SALEMWELLNESSFOUNDATION.ORG	<input checked="" type="checkbox"/>	
14 The books are in care of PAUL S. DILORENZO Telephone no. 856-299-4460 91 S. VIRGINA AVE. Located at CARNEYS POINT NJ ZIP+4 08069		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		<input checked="" type="checkbox"/>

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		X
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	
c	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	N/A	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years		X
	20, 20, 20, 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions.)	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
	20, 20, 20, 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		X
b	If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?		X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 13				

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EMILY HERNANDEZ 2115 W. KORFF DR	VINELAND NJ 08360	GRANTS ADMIN 40.00	52,500	2,625

Total number of other employees paid over \$50,000 **0**

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEI PRIVATE TRUST COMPANY 1 FREEDOM VALLEY DR. OAKS PA 19456	INVESTMENT MGMT	89,215
FAEGRE DRINKER BIDDLE & REATH LLP 600 CAMPUS DRIVE FLORHAM PARK NJ 07932	LEGAL SERVICES	78,260
Total number of others receiving over \$50,000 for professional services		0

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SUPPORT - CONTRIBUTION TO GRANTMAKERS IN HEALTH TO SUPPORT THEIR MISSION - HEALTH PHILANTHROPY	5,610
2 See Statement 14	90,000
3 See Statement 15	232,700
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	20,591,332
b	Average of monthly cash balances	1b	1,721,672
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	22,313,004
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	22,313,004
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	334,695
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	21,978,309
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,098,915

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	1,098,915
2a	Tax on investment income for 2022 from Part V, line 5	2a	17,265
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	17,265
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,081,650
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,081,650
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	1,081,650

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	813,389
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	813,389

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				1,081,650
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019		21,587,918		
c From 2020		14,374,244		
d From 2021				
e From 2022				
f Total of lines 3a through e	35,962,162			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 813,389				
a Applied to 2022, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2023 distributable amount				813,389
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	268,261			268,261
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	35,693,901			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions				
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	35,693,901			
10 Analysis of line 9:				
a Excess from 2019		21,319,657		
b Excess from 2020		14,374,244		
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling _____

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test — enter ^{2/3} of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
N/A

b The form in which applications should be submitted and information and materials they should include:
N/A

c Any submission deadlines:
N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
N/A

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
APPEL FARM ARTS AND MUSIC CENTER 457 SHIRLEY RD ELMER NJ 08318	NONE	PC GIFT MATCHING	PROGRAM	20,000
ARC OF SALEM COUNTY 150 SALEM-WOODSTOWN RD SALEM NJ 08079	NONE	PC GIFT MATCHING	PROGRAM	20,000
BIG BROTHERS BIG SISTERS OF CUMBER 4934 LANDIS AVE VINELAND NJ 08360	NONE	PC GIFT MATCHING	PROGRAM	20,000
CORNERSTONE WOMEN'S RESOURCE CENTER PO BOX 63 SALEM NJ 08079	NONE	PC GIFT MATCHING	PROGRAM	20,000
HABITAT FOR HUMANITY OF SALEM COUNT 416 S. PENNSVILLE-AUBURN CARNEYS POINT NJ 08069	NONE	PC GIFT MATCHING	PROGRAM	20,000
INSPIRA FOUNDATION 159 BRIDGETON PIKE MULLICA HILL NJ 08062	NONE	PC GIFT MATCHING	PROGRAM	20,000
MEALS ON WHEELS 90 MARKET ST SALEM NJ 08079	NONE	PC GIFT MATCHING	PROGRAM	20,000
PENNS GROVE COMMUNITY HOUSING AUTHO 40 SOUTH BROADWAY PENNS GROVE NJ 08069	NONE	PC SUMMER BASKETBALL CAMP		3,000
PENNSVILLE VISITING NURSES ASSOCIAT 14 N. BROADWAY PENNSVILLE NJ 08070	NONE	PC GIFT MATCHING	PROGRAM	20,000
RANCH HOPE PO BOX 325 ALLOWAY NJ 08001	NONE	PC GIFT MATCHING	PROGRAM	20,000
Total			3a	322,700
b <i>Approved for future payment</i>				
N/A				
Total			3b	

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, Other investment income, Gain or loss from sales, and Subtotal.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee: _____ Date: _____ Title: EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: Dominick Merighi; Preparer's signature: Dominick Merighi; Date: 05/01/24; Firm's name: Martini & Martini CPA, P. A.; Firm's address: 1135 E. Chestnut Ave, Vineland, NJ 08360; PTIN: P02381479; Firm's EIN: 22-2417800; Phone no.: 856-691-8934

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> REVIVE SOUTH JERSEY 31 WEST COMMERCE ST BRIDGETON NJ 08302	NONE	PC GIFT MATCHING	PROGRAM	12,700
SALEM COMMUNITY COLLEGE 460 HOLLYWOOD AVE CARNEYS POINT NJ 08069	NONE	GOV NURSING SCHOLARSHIPS		10,000
SALEM COUNTY DEPARTMENT OF HEALTH 110 5TH STREET STE 500 SALEM NJ 08079	HEALTH NONE	PC TRANSPORTATION MATCH		43,000
SALEM COUNTY OFFICE ON AGING AND DISABILITY 110 5TH STREET STE 500 SALEM NJ 08079	NONE	PC FALL FESTIVAL		3,000
SALEM COUNTY HIGH SCHOOL 219 WALNUT STREET SALEM NJ 08079	NONE TEEN PREGNANCY PREVENTION	GOV CY PREVENTION	PROGRAM	3,000
SALEM LITTLE LEAGUE CHURCH LANDING RD PENNSVILLE NJ 08070	NONE	PC GIFT MATCHING	PROGRAM	20,000
SHADW EQUESTRIAN 1907 MONROEVILLE RD MONROEVILLE NJ 08343	NONE	PC GIFT MATCHING	PROGRAM	20,000
SOUTHERN NEW JERSEY PERINATAL COOPERATIVE 2500 MCCLELLAN AVE #250 PENNSAUKEN TOWNSHIP NJ 08070	NONE SUPPORT CHILDREN	PC & FAMILIES	INITIATIVE	25,000
STAND UP FOR SALEM 219 E. BROADWAY SALEM NJ 08079	NONE	PC TEEN EMPLOYMENT	PROGRAM	3,000
Total			3a	
b <i>Approved for future payment</i> N/A				
Total			3b	

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
INTEREST INCOME - CHA PARTNER	\$ 180,000	\$ 180,000	\$
Total	<u>\$ 180,000</u>	<u>\$ 180,000</u>	<u>\$ 0</u>

Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$ 78,386	\$ 1,176	\$	\$ 78,826
Total	<u>\$ 78,386</u>	<u>\$ 1,176</u>	<u>\$ 0</u>	<u>\$ 78,826</u>

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Indirect Accounting Fees	\$ 36,753	\$ 14,701	\$	\$ 22,052
Total	<u>\$ 36,753</u>	<u>\$ 14,701</u>	<u>\$ 0</u>	<u>\$ 22,052</u>

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
CONSULTING FEES	\$ 23,569	\$	\$	\$ 23,569
INVESTMENT MGMT FEES	89,215	89,215	\$	\$
Total	<u>\$ 112,784</u>	<u>\$ 89,215</u>	<u>\$ 0</u>	<u>\$ 23,569</u>

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX	\$ 14,457	\$	\$	\$
Total	\$ 14,457	\$ 0	\$ 0	\$ 0

Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Depreciation		\$	\$			\$ 4,502	\$	\$
Total		\$ 0	\$ 0			\$ 4,502	\$ 0	\$ 0

Federal Statements**Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
Expenses				
403 B PLAN	1,875			1,875
COMMUNICATIONS	11,377			11,377
DUES AND MEMBERSHIPS	5,547			5,547
Equipment maintenance	946			946
INSURANCE	17,211			17,211
INTERNET ACCESS FEES	4,512			4,512
MARKETING	750			250
MISCELLANEOUS	1,574			1,574
OFFICE EXPENSE	10,232			13,329
OFFICE RENT	14,400			14,400
STATE FILING FEES	250			250
SUBSCRIPTIONS	1,168			1,168
Telephone	2,586			2,586
WEBSITE HOSTING	4,694			4,694
Total	<u>\$ 77,122</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 79,719</u>

Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
	\$	\$		\$
DOMESTIC EQUITIES	7,692,321	8,046,121		8,046,121
INTERNATIONAL EQUITIES	4,019,824	5,103,762		5,103,762
Total	<u>\$ 11,712,145</u>	<u>\$ 13,149,883</u>		<u>\$ 13,149,883</u>

Federal Statements

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
FIXED INCOME	\$ 7,585,788	\$ 8,878,897		\$ 8,878,897
Total	<u>\$ 7,585,788</u>	<u>\$ 8,878,897</u>		<u>\$ 8,878,897</u>

Statement 10 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
FURNITURE AND FIXTURES	\$ 4	\$ 93,273	\$ 50,045	\$
MACHINERY AND EQUIPMENT	13,234			
IMPROVEMENTS	7,470			
Total	<u>\$ 20,708</u>	<u>\$ 93,273</u>	<u>\$ 50,045</u>	<u>\$ 0</u>

Federal Statements**Statement 11 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
BENEFICIAL INTERETS	\$ 10,163,945	\$ 10,769,881	\$ 10,769,881
INTEREST INCOME RECEIVABLE	7,890	187,890	187,890
INVESTMENT INCOME RECEIVABLE	21,810	27,345	27,345
MISCELANEOUS RECEIVABLE	10,277		
NOTES RECEIVABLE	3,000,000	3,000,000	3,000,000
Total	<u>\$ 13,203,922</u>	<u>\$ 13,985,116</u>	<u>\$ 13,985,116</u>

Statement 12 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
CHANGE IN VALUE OF TRUSTS	\$ 605,936
UNREALIZED GAIN INVESTMENTS	1,655,926
Total	<u>\$ 2,261,862</u>

01-0625542

Federal Statements

FYE: 12/31/2023

Statement 13 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
PAUL S. DILORENZO 91 S. VIRGINA AVE. CARNEYS POINT NJ 08069	EXECUTIVE DI	40.00	152,980	7,649	0
DANIEL DELANEY 37 S. LOCUST AVE SALEM NJ 08079	TRUSTEE	1.00	0	0	0
BENJAMIN GRIFFITH 6 VAN METER TERRACE SALEM NJ 08079	TRUSTEE	1.00	0	0	0
ANN MARIE HEALY 67 E. LAKE RD WOODSTOWN NJ 08098	VICE CHAIR	1.00	0	0	0
JEANETTE JACKSON 13 DIXIE DR PENNS GROVE NJ 08069	SECRETARY	1.00	0	0	0
STEPHEN KROUGH 13 KLESSEL AVE PENNSVILLE NJ 08070	TRUSTEE	1.00	0	0	0
KATHLEEN LOCKBAUM 58 PENNSVILLE PEDRICKTOWN RD PEDRICKTOWN NJ 08067	TREASURER	1.00	0	0	0
LYNNE SAUNDERS 140A WALNUT STREET SALEM NJ 08079	TRUSTEE	1.00	0	0	0
RALPH THOMAS 309 STATE ST ELMER NJ 08318	CHAIRMAN	1.00	0	0	0
PEGGY WHITE	TRUSTEE	1.00	0	0	0

Federal Statements

**Statement 13 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees,
Etc. (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
340 HUSTED STATION RD PITTSBGROVE NJ 08318					

Federal Statements**Statement 14 - Form 990-PF, Part VIII-A, Line 2 - Summary of Direct Charitable Activities**Description

PREVENTATIVE CARE GRANTS:

1. Penns Grove CHA	\$ 3,000
2. Salem Community College	\$10,000
3. Salem County Office on Aging	\$46,000
4. Salem High School	\$ 3,000
5. SNJPC	\$25,000
6. Stand Up for Salem	\$ 3,000

Statement 15 - Form 990-PF, Part VIII-A, Line 3 - Summary of Direct Charitable ActivitiesDescription

MATCHING GIFT PROGRAM - THE SALEM HEALTH AND WELLNESS FOUNDATION PROVIDES GENERAL OPERATING SUPPORT TO SALEM COUNTY 501(C)(3) NON-PROFIT ORGANIZATIONS OFFERING SERVICES THAT FALL WITHIN THE FOUNDATION'S CHARITABLE PURPOSES, VIA THE MATCHING GIFT PROGRAM.

1. Ranch Hope	\$20,000
2. Meals on Wheels	\$20,000
3. Pennsville VNA	\$20,000
4. Cornerstone	\$20,000
5. Habitat for Humanty	\$20,000
6. BBBS	\$20,000
7. Appel Farms	\$20,000
8. ARC	\$20,000
9. Inspira	\$20,000
10. Revive South Jersey	\$12,700
11. Salem Little League	\$20,000
12. SHADOW Equestrian	\$20,000

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Table with 2 columns: Name of the organization (SALEM HEALTH AND WELLNESS FOUNDATION INC) and Employer identification number (01-0625542)

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization Form 990-PF [X] 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

- [X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization

SALEM HEALTH AND WELLNESS

Employer identification number

01-0625542

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALBERT M. PARVIN TRUST PNC, PO BOX 91309 CLEVELAND OH 44101	\$ 12,746	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ELEANOR RUMSEY CHARITABLE TRUST PO BOX 95021 HENDERSON NV 89009-5021	\$ 9,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF J. EVAN HITCHNER PO BOX 95021 HENDERSON NV 89009-5021	\$ 484,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MORRIS FOX CHARITABLE TRUST PO BOX 95021 HENDERSON NV 89009-5021	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

**SALEM HEALTH AND WELLNESS
FOUNDATION INC**

Identifying number
01-0625542

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	21,618
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	4,954
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property	5,405	15.0	HY	150DB	271
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,843
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

01-0625542

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
15-year GDS Property:											
55	Paint Walls	4/10/23	3,264			X	653	15	HY 150DB	0	2,644
56	Carpet Replacement	4/10/23	17,400			X	3,480	15	HY 150DB	0	14,094
57	Drywall Repair	7/25/23	850			X	170	15	HY 150DB	0	689
58	Carpet Repair	5/08/23	4,098			X	820	15	HY 150DB	0	3,319
59	New Toiler and Sink Faucet	4/20/23	1,411			X	282	15	HY 150DB	0	1,143
			<u>27,023</u>				<u>5,405</u>			<u>0</u>	<u>21,889</u>
Prior MACRS:											
4	MICROWAVE OVEN	11/08/03	40			X	20	5	HY 200DB	40	0
10	HP SERVER, MONITOR, ETC	6/30/05	4,205				4,205	5	HY 200DB	4,205	0
11	160 GB SERIAL HARDWARE	7/12/05	230				230	5	HY 200DB	230	0
12	SERVER INSTALLATION	9/23/05	4,275				4,275	5	HY 200DB	4,275	0
13	SWITCH & CABLE	3/26/06	46				46	5	HY 200DB	46	0
15	SMITH CORONA TYPEWRITER	7/12/06	130				130	5	HY 200DB	130	0
16	PANASONIC SPEAKERPHONE	2/27/07	500				500	5	HY 200DB	500	0
17	HP DESKTOP COMPUTER	10/14/07	495				495	5	HY 200DB	495	0
18	NEW UPS UNIT	8/15/08	302			X	151	5	HY 200DB	302	0
19	22" LCD MONITOR	2/23/09	160			X	80	5	HY 200DB	160	0
20	2 PANASONIC PHONES	2/23/09	181			X	90	5	HY 200DB	181	0
21	FELLOWES SHREDDER	4/09/09	131			X	65	5	HY 200DB	131	0
22	COMPUTER EQUIPMENT	6/25/09	340			X	170	5	HY 200DB	340	0
25	OFFICE FURN-EXECUTIVE	3/20/03	6,450			X	4,515	10	HY 200DB	6,450	0
26	SAFECO WORKSTATION	9/20/05	230				230	10	HY 200DB	230	0
27	STORAGE CABINET 18X36	7/28/08	320			X	160	10	HY 200DB	320	0
28	4 SHELF CORNER BOOKCASE	4/09/10	220			X	110	10	HY 200DB	220	0
29	15' CONFERENCE TABLE	1/25/11	3,537			X	0	10	HY 200DB	3,537	0
30	20 CONFERENCE CHAIRS	1/25/11	4,738			X	0	10	HY 200DB	4,738	0
31	PHONE & COMPUTER LINES	8/01/06	975				975	10	HY 200DB	975	0
32	CONSTR-NEW OFFICE	8/01/06	10,090				10,090	39	MMS/L	4,251	259
33	BATHROOM FAUCET	4/10/09	47			X	23	5	HY 200DB	47	0
34	2 BASEBOARD HEATERS	4/22/09	650			X	325	10	HY 200DB	650	0
35	3 PHONE SYSTEM	2/07/13	1,480			X	740	5	HY 200DB	1,480	0
36	DELL OPTIPLEX 7010	2/20/13	1,354			X	677	5	HY 200DB	1,354	0
37	VARIOUS OFFICE EQUIP	2/20/13	204			X	102	5	HY 200DB	204	0
38	EXTERIOR SIGN ABOVE DOOR	6/05/13	675			X	337	10	HY 200DB	651	24
39	XEROX PHASER LASER PRINTR	3/14/14	280			X	140	5	HY 200DB	280	0
40	EPSON SVGA PROJECTOR	1/14/15	405			X	202	5	HY 200DB	405	0
41	HP 3500 DESKTOP PC	2/03/15	550			X	275	5	HY 200DB	550	0
42	HP ELITE DESKTOP PC	9/29/15	630			X	315	5	HY 200DB	630	0
43	LG 22" LCD MONITOR	2/19/16	199			X	99	5	HY 200DB	199	0
44	5 APPLE IPAD MINIS	4/04/16	1,162			X	581	5	HY 200DB	1,162	0
45	1 APPLE IPAD MINI	5/11/16	243			X	121	5	HY 200DB	243	0
46	LENOVA THINKPAD LAPTOP	9/13/16	529			X	264	5	HY 200DB	529	0
47	GRANT CAMERA/PROJECTOR	10/14/16	793			X	396	5	HY 200DB	793	0
48	31 LED LIGHT FIXTURES	7/19/17	3,565			X	1,782	10	HY 200DB	1,934	362
49	HIGH BACK DESK CHAIR	1/16/18	240			X	4	5	HY 200DB	236	4
50	ZOOM EQUIPMENT	8/17/20	1,600			X	853	5	HY 200DB	747	341
51	REFRIG 18 CF - LOWES	4/29/21	629			X	524	10	HY 200DB	105	105
52	HP PC	9/09/21	1,172			X	860	5	HY 200DB	312	344
53	XEROX COPIER	12/21/21	8,923			X	7,648	7	HY 200DB	1,275	2,185
54	3 LENOVO LAPTOPS	12/28/22	3,325			X	3,325	5	HY 200DB	0	1,330
			<u>66,250</u>				<u>46,130</u>			<u>45,542</u>	<u>4,954</u>
Grand Totals			93,273				51,535			45,542	26,843
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>93,273</u>				<u>51,535</u>			<u>45,542</u>	<u>26,843</u>

01-0625542

NJ Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
15-year GDS Property:								
55	Paint Walls	4/10/23	3,264	3,264	0	163	2,644	2,481
56	Carpet Replacement	4/10/23	17,400	17,400	0	870	14,094	13,224
57	Drywall Repair	7/25/23	850	850	0	43	689	646
58	Carpet Repair	5/08/23	4,098	4,098	0	205	3,319	3,114
59	New Toiler and Sink Faucet	4/20/23	1,411	1,411	0	71	1,143	1,072
			<u>27,023</u>	<u>27,023</u>	<u>0</u>	<u>1,352</u>	<u>21,889</u>	<u>20,537</u>
Prior MACRS:								
4	MICROWAVE OVEN	11/08/03	40	40	40	0	0	0
10	HP SERVER, MONITOR, ETC	6/30/05	4,205	4,205	4,205	0	0	0
11	160 GB SERIAL HARDWARE	7/12/05	230	230	230	0	0	0
12	SERVER INSTALLATION	9/23/05	4,275	4,275	4,275	0	0	0
13	SWITCH & CABLE	3/26/06	46	46	46	0	0	0
15	SMITH CORONA TYPEWRITER	7/12/06	130	130	130	0	0	0
16	PANASONIC SPEAKERPHONE	2/27/07	500	500	500	0	0	0
17	HP DESKTOP COMPUTER	10/14/07	495	495	495	0	0	0
18	NEW UPS UNIT	8/15/08	302	302	302	0	0	0
19	22" LCD MONITOR	2/23/09	160	160	160	0	0	0
20	2 PANASONIC PHONES	2/23/09	181	181	181	0	0	0
21	FELLOWES SHREDDER	4/09/09	131	131	131	0	0	0
22	COMPUTER EQUIPMENT	6/25/09	340	340	340	0	0	0
25	OFFICE FURN-EXECUTIVE	3/20/03	6,450	6,450	0	0	0	0
26	SAFECO WORKSTATION	9/20/05	230	230	230	0	0	0
27	STORAGE CABINET 18X36	7/28/08	320	320	320	0	0	0
28	4 SHELF CORNER BOOKCASE	4/09/10	220	220	220	0	0	0
29	15' CONFERENCE TABLE	1/25/11	3,537	3,537	3,537	0	0	0
30	20 CONFERENCE CHAIRS	1/25/11	4,738	4,738	4,738	0	0	0
31	PHONE & COMPUTER LINES	8/01/06	975	975	975	0	0	0
32	CONSTR-NEW OFFICE	8/01/06	10,090	10,090	4,251	259	259	0
33	BATHROOM FAUCET	4/10/09	47	47	47	0	0	0
34	2 BASEBOARD HEATERS	4/22/09	650	650	650	0	0	0
35	3 PHONE SYSTEM	2/07/13	1,480	1,480	1,480	0	0	0
36	DELL OPTIPLEX 7010	2/20/13	1,354	1,354	1,354	0	0	0
37	VARIOUS OFFICE EQUIP	2/20/13	204	204	204	0	0	0
38	EXTERIOR SIGN ABOVE DOOR	6/05/13	675	675	651	24	24	0
39	XEROX PHASER LASER PRINTR	3/14/14	280	280	280	0	0	0
40	EPSON SVGA PROJECTOR	1/14/15	405	405	405	0	0	0
41	HP 3500 DESKTOP PC	2/03/15	550	550	550	0	0	0
42	HP ELITE DESKTOP PC	9/29/15	630	630	630	0	0	0
43	LG 22" LCD MONITOR	2/19/16	199	199	199	0	0	0
44	5 APPLE IPAD MINIS	4/04/16	1,162	1,162	1,162	0	0	0
45	1 APPLE IPAD MINI	5/11/16	243	243	243	0	0	0
46	LENOVA THINKPAD LAPTOP	9/13/16	529	529	529	0	0	0
47	GRANT CAMERA/PROJECTOR	10/14/16	793	793	793	0	0	0
48	31 LED LIGHT FIXTURES	7/19/17	3,565	3,565	1,934	362	362	0
49	HIGH BACK DESK CHAIR	1/16/18	240	240	236	4	4	0
50	ZOOM EQUIPMENT	8/17/20	1,600	1,600	747	341	341	0
51	REFRIG 18 CF - LOWES	4/29/21	629	629	105	105	105	0
52	HP PC	9/09/21	1,172	1,172	312	344	344	0
53	XEROX COPIER	12/21/21	8,923	8,923	1,275	2,185	2,185	0
54	3 LENOVO LAPTOPS	12/28/22	3,325	3,325	0	1,330	1,330	0
			<u>66,250</u>	<u>66,250</u>	<u>39,092</u>	<u>4,954</u>	<u>4,954</u>	<u>0</u>
Grand Totals			93,273	93,273	39,092	6,306	26,843	20,537
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>93,273</u>	<u>93,273</u>	<u>39,092</u>	<u>6,306</u>	<u>26,843</u>	<u>20,537</u>

Underdistribution and Excess Distributions for Part XII

Form **990-PF**

2023

For calendar year 2023, or tax year beginning _____, ending _____

Name

**SALEM HEALTH AND WELLNESS
FOUNDATION INC**

Employer Identification Number
01-0625542

Undistributed Income Carryovers

Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2023	Total per Year		Nontaxable or Previously Taxed	Taxable in 2024
Years prior						
20 19						
20 20						
20 21						
2022						
2023			1,081,650	1,081,650		
Total Carryover to Next Year						0

* Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers

Form 990-PF, Part XII

Preceding Tax Year Excess Distributions	Current Year	Next Year
	Decreases	Carryover
2018		
2019 21,587,918	268,261	21,319,657
2020 14,374,244		14,374,244
2021		
2022		
Current Year Excess Distribution Generated (2023)		0
Total Carryover to Next Year		35,693,901

Federal Statements**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
	554,316	
Total	<u>554,316</u>	<u>0</u>

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
	\$ 692,263		14		
Total	<u>\$ 692,263</u>				

Other Investment Income

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
INTEREST INCOME - CHA PARTNER	\$ 180,000		14	
Total	<u>\$ 180,000</u>			