

**PRINT, REVIEW AND SIGN (IF APPLICABLE) THE ATTACHED FORMS
AND MAIL TO THE APPROPRIATE TAXING AUTHORITIES**

FEBRUARY 6, 2023

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION
821 GAY STREET
PHOENIXVILLE, PA 19460

DEAR TAMELA:

ENCLOSED ARE THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION
RETURN AND 2022 ESTIMATED TAX PAYMENT INFORMATION.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

MAIL THE DUPLICATE COPY OF FORM 990-PF TO THE PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL, CHARITABLE TRUSTS AND
ORGANIZATIONS, STRAWBERRY SQUARE, HARRISBURG, PA, 17120.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN
FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES.

VERY TRULY YOURS,

GREGORY S. CARE, CPA

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

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

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

EIN or SSN

23-2912035

Name and title of officer or person subject to tax **TAMELA LUCE
PRESIDENT**

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	50,829.
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 2021 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 _____ to enter my PIN Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 2021 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

SIGN HERE

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.

23556602018

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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

Date

02/17/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Return of Private Foundation

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

2021

Open to Public Inspection

Form **990-PF**

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.

For calendar year 2021 or tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**

Name of foundation PHOENIXVILLE COMMUNITY HEALTH FOUNDATION		A Employer identification number 23-2912035
Number and street (or P.O. box number if mail is not delivered to street address) 821 GAY STREET	Room/suite	B Telephone number 6109179890
City or town, state or province, country, and ZIP or foreign postal code PHOENIXVILLE, PA 19460		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) ▶ \$ 53,400,022.	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, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	13,250.			
	2 Check <input checked="" 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	1,152,397.	1,152,397.	1,152,397.	STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,592,860.			
	b Gross sales price for all assets on line 6a	5,100,244.			
	7 Capital gain net income (from Part IV, line 2)		2,592,860.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	3,758,507.	3,745,257.	1,152,397.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	133,950.	0.	0.	133,950.
	14 Other employee salaries and wages	143,050.	0.	0.	143,050.
	15 Pension plans, employee benefits	43,978.	0.	0.	43,978.
	16a Legal fees	6,157.	0.	0.	6,157.
	b Accounting fees	17,000.	0.	0.	17,000.
	c Other professional fees	16,086.	0.	0.	16,086.
	17 Interest				
	18 Taxes	214,612.	0.	0.	214,612.
	19 Depreciation and depletion	25,852.	0.	25,852.	
	20 Occupancy	42,676.	0.	0.	42,676.
	21 Travel, conferences, and meetings	1,278.	0.	0.	1,278.
	22 Printing and publications	272.	0.	0.	272.
	23 Other expenses	192,456.	88,498.	0.	103,958.
	24 Total operating and administrative expenses. Add lines 13 through 23	837,367.	88,498.	25,852.	723,017.
	25 Contributions, gifts, grants paid	2,461,116.			2,461,116.
26 Total expenses and disbursements. Add lines 24 and 25	3,298,483.	88,498.	25,852.	3,184,133.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	460,024.				
b Net investment income (if negative, enter -0-)		3,656,759.			
c Adjusted net income (if negative, enter -0-)			1,126,545.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	480,700.	435,462.	435,462.
	2 Savings and temporary cash investments			
	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			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	6,504.	11,002.	11,002.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 7 48,407,743.	38,916,512.	38,916,512.
	c Investments - corporate bonds	STMT 8 17,918,047.	13,499,075.	13,499,075.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis	966,127.			
Less: accumulated depreciation	STMT 9 428,156.	563,823.	537,971.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	67,376,817.	53,400,022.	53,400,022.	
Liabilities	17 Accounts payable and accrued expenses	21,500.	21,967.	
	18 Grants payable	9,000.		
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	30,500.	21,967.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	65,278,985.	51,310,723.	
	25 Net assets with donor restrictions	2,067,332.	2,067,332.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	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	67,346,317.	53,378,055.		
30 Total liabilities and net assets/fund balances	67,376,817.	53,400,022.		

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	67,346,317.
2 Enter amount from Part I, line 27a	2	460,024.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	67,806,341.
5 Decreases not included in line 2 (itemize) UNREALIZED GAINS/LOSSES	5	14,428,286.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	53,378,055.

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 VANGUARD BROKERAGE ACCOUNT	P		06/30/21
b VANGUARD BROKERAGE ACCOUNT	P		06/30/21
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 4,127,323.		1,816,898.	2,310,425.
b 972,921.		690,486.	282,435.
c			
d			
e			

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			2,310,425.
b			282,435.
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	2,592,860.
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	282,435.

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	50,829.
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	50,829.
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	50,829.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	40,000.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	10,027.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	50,027.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	236.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	1,038.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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?		X
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.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b 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?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
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?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>PA</u>		
b 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	X	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.PCHF1.ORG</u>		
14 The books are in care of ▶ <u>TAMELA LUCE</u> Telephone no. ▶ <u>6109179890</u> Located at ▶ <u>821 GAY STREET, PHOENIXVILLE, PA</u> ZIP+4 ▶ <u>19460</u>		
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	N/A
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	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)?		
(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.)	1a(5)	X
	1a(6)	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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
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 2021?	1d	X
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
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.)	2b	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. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2021?	4b	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		X
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).		
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.

(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
TAMELA LUCE 821 GAY STREET PHOENIXVILLE, PA 19460	PRESIDENT AND	CEO		
	40.00	133,950.	5,278.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
JEANETTE HALL - 821 GAY STREET, PHOENIXVILLE, PW 19460	DIRECTOR OF FINANCE AND OPERATIONS			
	40.00	73,050.	19,916.	0.
SCHORLE VIVIANN - 821 GAY STREET, PHOENIXVILLE, PA 19460	PROGRAM OFFICER			
	40.00	70,000.	13,147.	0.

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. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1: VANGUARD INVESTMENT, PO BOX 1101, VALLEY FORGE, PA 19482-1101, MANAGEMENT FEE, 88,498.

Total number of others receiving over \$50,000 for professional services 0

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Row 1: 1 N/A

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1: 1 N/A

Total. Add lines 1 through 3 0.

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	59,370,689.
b	Average of monthly cash balances	1b	458,081.
c	Fair market value of all other assets (see instructions)	1c	8,753.
d	Total (add lines 1a, b, and c)	1d	59,837,523.
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	59,837,523.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	897,563.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	58,939,960.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,946,998.

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	2,946,998.
2a	Tax on investment income for 2021 from Part V, line 5	2a	50,829.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	50,829.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,896,169.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,896,169.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,896,169.

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	3,184,133.
b	Program-related investments - total from Part VIII-B	1b	0.
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	3,184,133.

Form 990-PF (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				2,896,169.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	334,135.			
b From 2017				
c From 2018				
d From 2019				
e From 2020	54,052.			
f Total of lines 3a through e	388,187.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	3,184,133.			
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				2,896,169.
e Remaining amount distributed out of corpus	287,964.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	676,151.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				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)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	334,135.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	342,016.			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020	54,052.			
e Excess from 2021	287,964.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, 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)

Table with 5 columns: (a) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).)

NONE

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.

NONE

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.

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

SEE STATEMENT 10

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

c Any submission deadlines:

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

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 Paid during the year				
CAPACITY BUILDING MINI GRANT SEE ATTACHED SEE ATTACHED, PA 19460	NONE		SUPPORT FOR DEVELOPMENT OF STRATEGIC PLAN	13,600.
MAJOR GRANTS SEE ATTACHED SEE ATTACHED, PA 19460	NONE		MAJOR GRANTS	2,352,760.
SCHOLARSHIP SEE ATTACHED SEE ATTACHED, PA 19460	NONE		SUPPORT FOR SCHOLARSHIP PROGRAM	36,000.
HEALTH EDUCATION MINI GRANT SEE ATTACHED SEE ATTACHED, PA 19460	NONE		SUPPORT FOR HEALTH EDUCATION	4,500.
MATCHING GIFTS SEE ATTACHED SEE ATTACHED, PA 19460	NONE		MATCHING GIFTS	20,629.
Total SEE CONTINUATION SHEET(S) ▶ 3a				2,461,116.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name PHOENIXVILLE COMMUNITY HEALTH FOUNDATION	Employer identification number 23-2912035
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	50,829.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	50,829.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	176,871.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	50,829.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.	
6 <input type="checkbox"/> The corporation is using the adjusted seasonal installment method.	
7 <input type="checkbox"/> The corporation is using the annualized income installment method.	
8 <input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.	

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	11/15/21	12/15/21	03/15/22	06/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	12,707.	12,708.	12,707.	12,707.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	20,000.	20,000.		
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		7,293.	14,585.	1,878.
13 Add lines 11 and 12	13		27,293.	14,585.	1,878.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	20,000.	27,293.	14,585.	1,878.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				10,829.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	7,293.	14,585.	1,878.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2021)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			\$ 236.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) PHOENIXVILLE COMMUNITY HEALTH FOUNDATION					Identifying Number 23-2912035
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
11/15/21	12,707.	12,707.			
11/15/21	-14,400.	-1,693.			
11/15/21	-5,600.	-7,293.			
12/15/21	12,708.	5,415.			
12/15/21	-20,000.	-14,585.			
03/15/22	12,707.	-1,878.			
03/31/22	0.	-1,878.	76	.000109589	
06/15/22	12,707.	10,829.	15	.000109589	18.
06/30/22	0.	10,829.	92	.000136986	136.
09/30/22	0.	10,829.	46	.000164384	82.
Penalty Due (Sum of Column F)					236.

* Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
SECURITIES	1,152,397.	0.	1,152,397.	1,152,397.	1,152,397.	
TO PART I, LINE 4	1,152,397.	0.	1,152,397.	1,152,397.	1,152,397.	

FORM 990-PF	LEGAL FEES				STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
LEGAL FEES	6,157.	0.	0.	6,157.		
TO FM 990-PF, PG 1, LN 16A	6,157.	0.	0.	6,157.		

FORM 990-PF	ACCOUNTING FEES				STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	17,000.	0.	0.	17,000.		
TO FORM 990-PF, PG 1, LN 16B	17,000.	0.	0.	17,000.		

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OTHER PROFESSIONAL FEES	16,086.	0.	0.	16,086.		
TO FORM 990-PF, PG 1, LN 16C	16,086.	0.	0.	16,086.		

FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	20,673.	0.	0.	20,673.	
REAL ESTATE TAXES	9,450.	0.	0.	9,450.	
FEDERAL EXCISE TAX	180,790.	0.	0.	180,790.	
OTHER TAXES	3,699.	0.	0.	3,699.	
TO FORM 990-PF, PG 1, LN 18	214,612.	0.	0.	214,612.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADOPT A FAMILY	10,000.	0.	0.	10,000.	
BANK FEES	180.	0.	0.	180.	
BOARD MEETING EXPENSES	6,692.	0.	0.	6,692.	
COMMUNITY RELATIONS	25,763.	0.	0.	25,763.	
DUES AND SUBSCRIPTIONS	1,115.	0.	0.	1,115.	
INSURANCE	9,722.	0.	0.	9,722.	
MANAGEMENT FEES	88,498.	88,498.	0.	0.	
MEMBERSHIP DUES	13,623.	0.	0.	13,623.	
OFFICE SUPPLIES	3,864.	0.	0.	3,864.	
PAYROLL SERVICES	2,655.	0.	0.	2,655.	
POSTAGE	375.	0.	0.	375.	
SECURITY	240.	0.	0.	240.	
STAFF DEVELOPMENT	2,666.	0.	0.	2,666.	
TELEPHONE & INTERNET	6,244.	0.	0.	6,244.	
TRASH, WATER, SEWER	779.	0.	0.	779.	
UTILITIES	4,654.	0.	0.	4,654.	
CLERICAL SUPPORT	2,760.	0.	0.	2,760.	
PROGRAM SUPPORT	6,000.	0.	0.	6,000.	
REPAIR & EQUIPMENT	6,626.	0.	0.	6,626.	
TO FORM 990-PF, PG 1, LN 23	192,456.	88,498.	0.	103,958.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
CORPORATE STOCK	38,916,512.	38,916,512.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	38,916,512.	38,916,512.	

FORM 990-PF	CORPORATE BONDS	STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
CORPORATE BONDS	13,499,075.	13,499,075.	
TOTAL TO FORM 990-PF, PART II, LINE 10C	13,499,075.	13,499,075.	

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	725,000.	249,425.	475,575.
LANDSCAPING-SCHNATZ & ROHRER	2,691.	1,611.	1,080.
CURBING-PAUL R. SAVILLE	8,500.	5,103.	3,397.
NEW ROOF-GSM ROOFING	33,300.	17,760.	15,540.
DIAMOND QUALITY BUILDERS SPECTRUM	13,519.	7,209.	6,310.
OFFICE FURNITURE	622.	622.	0.
OFFICE DESK SET	558.	558.	0.
RT WORK-DESIGN OF PCH	1,109.	1,109.	0.
ART WORK	8,500.	8,500.	0.
DESKS	450.	450.	0.
ART WORK	2,869.	2,869.	0.
ART WORK	2,760.	2,760.	0.
ART WORK	370.	370.	0.
ART WORK	574.	574.	0.
OFFICE FURNITURE	2,168.	2,168.	0.
REFRIGERATORS	457.	457.	0.
OFFICE FURNITURE	315.	315.	0.
FILING CABINET	777.	777.	0.
DESK & TABLE ED OFFICE	1,993.	1,993.	0.
CHAIR	504.	504.	0.
FILE CABINET	622.	622.	0.
AED	1,595.	1,595.	0.
CONFERENCE ROOM TABLE, RUG	12,312.	12,312.	0.

WINDOW TREATMENT DEPOSIT	4,500.	4,500.	0.
CHAIR DEPOSIT	3,100.	3,100.	0.
LAMP PURCHASE	1,075.	1,075.	0.
RUG PURCHASE	3,356.	3,356.	0.
RUG PURCHASE	1,194.	1,194.	0.
WINDOW TREATMENTS	7,927.	7,927.	0.
RUG PURCHASE	985.	985.	0.
PRESIDENTS OFFICE, PROGRAM OFFICER OFFICE	8,902.	8,902.	0.
TELEPHONE SYSTEM	5,135.	5,135.	0.
OFFICE COPIER	6,145.	6,145.	0.
RUGS, LAMPS	6,863.	6,863.	0.
FILING CABINET	1,558.	1,558.	0.
2 FILE CABINETS	994.	994.	0.
RUGS	1,734.	1,734.	0.
SECURITY CAMERA	1,303.	1,303.	0.
BOOK CASE	789.	789.	0.
LJB WINDOW TREATMENTS	1,100.	1,100.	0.
SIGNAGE	4,025.	4,025.	0.
ELAND GALLERY PAINTING-DOWNSTAIRS BATHROOM	300.	300.	0.
SHADE FOR PRES OFFICE	1,088.	1,088.	0.
OFFICE COPIER 2ND FLOOR XPO	1,298.	1,298.	0.
COMPUTER EQUIP	1,525.	1,525.	0.
COMPUTER EQUIP	1,343.	1,343.	0.
COMPUTER EQUIP	3,426.	3,426.	0.
COMPUTER EQUIP	1,791.	1,791.	0.
LATERAL FILES	1,866.	1,866.	0.
LATERAL FILES	1,749.	1,749.	0.
FLAG POLE	1,355.	1,355.	0.
LED OUTDOOR PATHWAY LIGHTS	6,050.	6,050.	0.
OVERHEAD PROJECTOR	2,969.	2,969.	0.
DELL OFFICE COMPUTERS & INSTALLATION	11,761.	11,761.	0.
LED PATH LIGHTS	4,719.	4,719.	0.
RESEOURCE PARTNERS	1,968.	1,968.	0.
RUG-CHES-MONT CARPET ONE	2,296.	2,296.	0.
SHELVING FOR BASEMENT	688.	688.	0.
SHUTTERS (CAROLS OFFICE	3,010.	3,010.	0.
DELL COMPUTER (CAROL)	863.	863.	0.
HP PRINTER	530.	530.	0.
NEW ROOF-GSM ROOFING (FINAL)	14,606.	6,655.	7,951.
HVAC SYSTEM	7,325.	1,128.	6,197.
DELL OFFICE COMPUTER CAROL	5,024.	3,768.	1,256.
DELL OFFICE COMPUTER LYNN	3,309.	2,482.	827.
LED LIGHT PATH	2,325.	1,821.	504.
TOTAL TO FM 990-PF, PART II, LN 14	965,434.	446,797.	518,637.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEANETTE HALL
821 GAY STREET
PHOENIXVILLE, PA 19460

TELEPHONE NUMBER

610-917-9890

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION HAS DEVELOPED A GRANT APPLICATION FORM WHICH MAY BE REQUESTED OR DOWNLOADED FROM THE INTERNET.

ANY SUBMISSION DEADLINES

GRANT REQUESTS MUST BE RECEIVED AT LEAST 6 WEEKS PRIOR TO SCHEDULED GRANT MAKING MEETINGS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION SERVES 501(C)(3) ORGANIZATIONS/PUBLIC CHARITIES WHICH SUPPORT COMMUNITY OR PERSONAL HEALTH AND IS LIMITED TO 19 MUNICIPALITIES IN THE GREATER PHOENIXVILLE AREA.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	01/01/10	SL	39.00	MM	16	725,000.				725,000.	230,835.		18,590.	249,425.
2	LANDSCAPING-SCHNATZ & ROHRER	06/05/08	SL	15.00		16	2,691.				2,691.	1,432.		179.	1,611.
3	CURBING-PAUL R. SAVILLE	10/14/11	SL	15.00		16	8,500.				8,500.	4,536.		567.	5,103.
4	NEW ROOF-GSM ROOFING	12/30/14	SL	15.00		16	33,300.				33,300.	15,540.		2,220.	17,760.
5	DIAMOND QUALITY BUILDERS	12/30/14	SL	15.00		16	13,519.				13,519.	6,308.		901.	7,209.
6	SPECTRUM	10/13/06	SL	5.00		16	622.				622.	622.		0.	622.
7	OFFICE FURNITURE	12/15/98	SL	7.00		16	558.				558.	558.		0.	558.
8	OFFICE DESK SET	10/02/98	SL	7.00		16	1,109.				1,109.	1,109.		0.	1,109.
9	RT WORK-DESIGN OF PCH	06/30/98	SL	5.00		16	8,500.				8,500.	8,500.		0.	8,500.
10	ART WORK	09/30/98	SL	5.00		16	450.				450.	450.		0.	450.
11	DESKS	10/30/98	SL	7.00		16	2,869.				2,869.	2,869.		0.	2,869.
12	ART WORK	10/30/98	SL	5.00		16	2,760.				2,760.	2,760.		0.	2,760.
13	ART WORK	11/12/98	SL	5.00		16	370.				370.	370.		0.	370.
14	ART WORK	12/15/98	SL	5.00		16	574.				574.	574.		0.	574.
15	OFFICE FURNITURE	04/15/99	SL	7.00		16	2,168.				2,168.	2,168.		0.	2,168.
16	REFRIGERATORS	10/15/99	SL	5.00		16	457.				457.	457.		0.	457.
17	OFFICE FURNITURE	05/31/11	SL	7.00		16	315.				315.	315.		0.	315.
18	FILING CABINET	10/18/04	SL	5.00		16	777.				777.	777.		0.	777.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	DESK & TABLED OFFICE	07/25/06	SL	5.00		16	1,993.				1,993.	1,993.		0.	1,993.
20	CHAIR	08/04/06	SL	5.00		16	504.				504.	504.		0.	504.
21	FILE CABINET	08/04/06	SL	5.00		16	622.				622.	622.		0.	622.
22	AED	12/14/06	SL	5.00		16	1,595.				1,595.	1,595.		0.	1,595.
23	CONFERENCE ROOM TABLE, RUG	07/13/07	SL	7.00		16	12,312.				12,312.	12,312.		0.	12,312.
24	WINDOW TREATMENT DEPOSIT	07/13/07	SL	7.00		16	4,500.				4,500.	4,500.		0.	4,500.
25	CHAIR DEPOSIT	07/25/07	SL	7.00		16	3,100.				3,100.	3,100.		0.	3,100.
26	LAMP PURCHASE	08/08/07	SL	7.00		16	1,075.				1,075.	1,075.		0.	1,075.
27	RUG PURCHASE	08/08/07	SL	7.00		16	3,356.				3,356.	3,356.		0.	3,356.
28	RUG PURCHASE	08/31/07	SL	7.00		16	1,194.				1,194.	1,194.		0.	1,194.
29	WINDOW TREATMENTS	08/31/07	SL	7.00		16	7,927.				7,927.	7,927.		0.	7,927.
30	RUG PURCHASE	08/31/07	SL	7.00		16	985.				985.	985.		0.	985.
31	PRESIDENTS OFFICE, PROGRAM OFFICER OFFICE	07/19/07	SL	7.00		16	8,902.				8,902.	8,902.		0.	8,902.
32	TELEPHONE SYSTEM	09/05/07	SL	5.00		16	5,135.				5,135.	5,135.		0.	5,135.
33	OFFICE COPIER	09/14/07	SL	5.00		16	6,145.				6,145.	6,145.		0.	6,145.
34	RUGS, LAMPS	09/26/07	SL	5.00		16	6,863.				6,863.	6,863.		0.	6,863.
35	FILING CABINET	09/26/07	SL	5.00		16	1,558.				1,558.	1,558.		0.	1,558.
36	2 FILE CABINETS	09/30/07	SL	5.00		16	994.				994.	994.		0.	994.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	RUGS	10/03/07	SL	5.00		16	1,734.				1,734.	1,734.		0.	1,734.
38	SECURITY CAMERA	10/31/07	SL	5.00		16	1,303.				1,303.	1,303.		0.	1,303.
39	BOOK CASE	11/02/07	SL	5.00		16	789.				789.	789.		0.	789.
40	LJB WINDOW TREATMENTS	11/16/07	SL	5.00		16	1,100.				1,100.	1,100.		0.	1,100.
41	SIGNAGE	11/08/07	SL	5.00		16	4,025.				4,025.	4,025.		0.	4,025.
42	ELAND GALLERY PAINTING-DOWNSTAIRS BATHROOM	12/10/07	SL	5.00		16	300.				300.	300.		0.	300.
43	SHADE FOR PRES OFFICE	01/09/08	SL	5.00		16	1,088.				1,088.	1,088.		0.	1,088.
44	OFFICE COPIER 2ND FLOOR XPO	07/25/08	SL	5.00		16	1,298.				1,298.	1,298.		0.	1,298.
45	COMPUTER EQUIP	07/31/08	SL	5.00		16	1,525.				1,525.	1,525.		0.	1,525.
46	COMPUTER EQUIP	08/05/08	SL	5.00		16	1,343.				1,343.	1,343.		0.	1,343.
47	COMPUTER EQUIP	08/05/08	SL	5.00		16	3,426.				3,426.	3,426.		0.	3,426.
48	COMPUTER EQUIP	08/05/08	SL	5.00		16	1,791.				1,791.	1,791.		0.	1,791.
49	LATERAL FILES	01/11/10	SL	5.00		16	1,866.				1,866.	1,866.		0.	1,866.
50	LATERAL FILES	06/23/10	SL	5.00		16	1,749.				1,749.	1,749.		0.	1,749.
51	FLAG POLE	07/10/10	SL	5.00		16	1,355.				1,355.	1,355.		0.	1,355.
52	LED OUTDOOR PATHWAY LIGHTS	06/30/14	SL	5.00		16	6,050.				6,050.	6,050.		0.	6,050.
53	OVERHEAD PROJECTOR	07/07/10	SL	5.00		16	2,969.				2,969.	2,969.		0.	2,969.
54	DELL OFFICE COMPUTERS & INSTALLATION	08/06/12	SL	5.00		16	11,761.				11,761.	11,761.		0.	11,761.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	LED PATH LIGHTS	02/07/13	SL	5.00		16	4,719.				4,719.	4,719.		0.	4,719.
56	RESEOURCE PARTNERS	10/23/13	SL	5.00		16	1,968.				1,968.	1,968.		0.	1,968.
57	RUG-CHES-MONT CARPET ONE	07/01/14	SL	5.00		16	2,296.				2,296.	2,296.		0.	2,296.
58	SHELVING FOR BASEMENT	06/30/13	SL	5.00		16	688.				688.	688.		0.	688.
69	SHUTTERS (CAROLS OFFICE	08/20/15	SL	5.00		16	3,010.				3,010.	3,010.		0.	3,010.
70	DELL COMPUTER (CAROL)	06/24/16	SL	5.00		16	863.				863.	863.		0.	863.
71	HP PRINTER	06/23/16	SL	5.00		16	530.				530.	530.		0.	530.
72	NEW ROOF-GSM ROOFING (FINAL)	09/14/15	SL	15.00		16	14,606.				14,606.	5,681.		974.	6,655.
73	HVAC SYSTEM	06/27/16	SL	39.00	MM	16	7,325.				7,325.	940.		188.	1,128.
84	DELL OFFICE COMPUTER CAROL	04/15/19	SL	5.00		16	5,024.				5,024.	2,763.		1,005.	3,768.
85	DELL OFFICE COMPUTER LYNN	04/11/19	SL	5.00		16	3,309.				3,309.	1,820.		662.	2,482.
96	LED LIGHT PATH	07/29/19	SL	5.00		16	2,325.				2,325.	1,356.		465.	1,821.
	* TOTAL 990-PF PG 1 DEPR						965,434.				965,434.	421,046.		25,751.	446,797.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **8868**
(Rev. January 2022)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. PHOENIXVILLE COMMUNITY HEALTH FOUNDATION	Taxpayer identification number (TIN) 23-2912035
	Number, street, and room or suite no. If a P.O. box, see instructions. 821 GAY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIXVILLE, PA 19460	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TAMELA LUCE

- The books are in the care of ► **821 GAY STREET - PHOENIXVILLE, PA 19460**

Telephone No. ► **6109179890**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year _____ or
- tax year beginning **07/01/2021**, and ending **06/30/2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)