Form **990-PF**

EXTENDED TO MAY 15, 2023 Return of Private Foundation

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

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.

Department of the Treasury Internal Revenue Service For calendar year 2021 or tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 Name of foundation A Employer identification number PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 821 GAY STREET 6109179890 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here PHOENIXVILLE, PA 19460 G Check all that apply: Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Cash X Accrual F If the foundation is in a 60-month termination. Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here ... **\$** 53, 400, 022. (Part I, column (d), must be on cash basis.) Part I | Analysis of Revenue and Expenses (a) Revenue and expenses per books (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) income income 13,250. Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,152,397. 1,152,397. 1,152,397.STATEMENT 1 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 2,592,860. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5,100,244. 2,592,860. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain N/A Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 3,758,507. 3,745,257. 1,152,397. 12 Total. Add lines 1 through 11 133,950. 13 Compensation of officers, directors, trustees, etc. 0. 133,950. 0. 14 Other employee salaries and wages _____ 143,050. 0. 0 . 143,050. 43,978. 15 Pension plans, employee benefits 43,978. 0 . 0. 6,157. 16a Legal fees STMT 2 0. 0. 6,157. b Accounting fees STMT 3 17,000. 0. 0 17,000. c Other professional fees STMT 4 16,086. 0. 16,086. 17 Interest **18** Taxes **STMT** 5 214,612. 0. 0 , 214,612. 19 Depreciation and depletion 25,852. 0. 25,852. 20 Occupancy 42,676. 0. 42,676. 0. 21 Travel, conferences, and meetings 1,278. 1,278. 0. 0. 22 Printing and publications 272. 0. 0. 272. 23 Other expenses STMT 6 192,456. 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 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: 460,024. a Excess of revenue over expenses and disbursements ... b Net investment income (if negative, enter -0-) 3,656,759. 1,126,545. C Adjusted net income (if negative, enter -0-).

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-war amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
L.	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	480,700.	435,462.	435,462.		
	2	Savings and temporary cash investments					
		Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable			Andrew Landson and		
		Less: allowance for doubtful accounts	11-				
	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					
S	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges	6,504.	11,002.	11,002.		
Ř	10a	Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 7	48,407,743.	38,916,512.	38,916,512,		
	C	Investments - corporate bonds STMT 8	17,918,047.	38,916,512. 13,499,075.	13,499,075.		
	11	Investments - land, buildings, and equipment: basis	Addition to estate				
		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.	537,971.		
	15	Other assets (describe)	,	00.75.20	331/3120		
		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.		
	17	Accounts payable and accrued expenses	21,500.	21,967.	33/100/0228		
	18	Grants payable	9,000.				
S	19	Deferred revenue					
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
abi		Mortgages and other notes payable					
\exists	22	Other liabilities (describe)					
					Bubbling & Tenderstrak		
	23	Total liabilities (add lines 17 through 22)	30,500.	21,967.			
		Foundations that follow FASB ASC 958, check here			APPENDED DE L'ANTENNE		
S		and complete lines 24, 25, 29, and 30.					
alances	24	Net assets without donor restrictions	65,278,985.				
	25	Net assets with donor restrictions	2,067,332.	2,067,332.			
P		Foundations that do not follow FASB ASC 958, check here ▶ □					
Net Assets or Fund B		and complete lines 26 through 30.					
ō		Capital stock, trust principal, or current funds					
ets		Paid-in or capital surplus, or land, bldg., and equipment fund					
Ass		Retained earnings, accumulated income, endowment, or other funds					
et	29	Total net assets or fund balances	67,346,317.	53,378,055.			
Z			282				
-	30	Total liabilities and net assets/fund balances	67,376,817.	53,400,022.			
P	art	Analysis of Changes in Net Assets or Fund Ba	alances				
		net assets or fund balances at beginning of year - Part II, column (a), line 2		. April	67 246 245		
n	(IIIUS) Entor	t agree with end-of-year figure reported on prior year's return)			67,346,317.		
		amount from Part I, line 27a			460,024.		
				3	0.		
5	Decre	nes 1, 2, and 3	IS/I.OGGFG	4	67,806,341.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col		5	14,428,286. 53,378,055.		
-	· oui	The access of fund balances at one of year (line 4 millus line 3) - Falt II, COI	uiiii (u), iiiio 23	6	Form 990-PF (2021)		
					101111 330-11 (2021)		

Form 990-PF (2021)

9

10

11

Refunded

50,027.

236. 1,038.

d Backup withholding erroneously withheld

11 Enter the amount of line 10 to be; Credited to 2022 estimated tax

8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

7 Total credits and payments. Add lines 6a through 6d

9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed

ГС	ALL AI-W	Otatements negaring Activities			
18		tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any politica	l campaign?	1a		X
t		d more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
		er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or by the foundation in connection with the activities.			
,			10		V
,	Diu lile iou	ndation file Form 1120-POL for this year? mount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c		X
		foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$			1
	Enter the re	eimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
		\$ 0.			
9		Indation engaged in any activities that have not previously been reported to the IRS?		11.0	X
2		ach a detailed description of the activities.	2		A
2		indation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
3				0.000	v
A	Did the four	other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
		ndation have unrelated business gross income of \$1,000 or more during the year?	4a		Α
		s it filed a tax return on Form 990-T for this year? N/A	4b		X
5		a liquidation, termination, dissolution, or substantial contraction during the year?	5		Δ
6		ach the statement required by <i>General Instruction T.</i> uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
0		age in the governing instrument, or			
		egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
				v	
7	Did the four	ne governing instrument? Indation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	6	X	\vdash
•	Did tile lou	ndation have at least \$0,000 in assets at any time during the year? It les, complete Farth, cor. (c), and Fart Aiv	-	Δ	
Q a	Enter the ct	ates to which the foundation reports or with which it is registered. See instructions.	1		
U	PA	aces to which the foundation reports of with which it is registered, see histractions.			
h		er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
~		te as required by General Instruction G? If "No," attach explanation	8b	х	
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	OD	22	20.00
•		or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9	111111111111111111111111111111111111111	X
10		sons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	10		
3.62		(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the four	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			-22
-		ch statement. See instructions	12		X
13	Did the four	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
		dress WWW.PCHF1.ORG	10	21	
14		are in care of ► TAMELA LUCE Telephone no. ►610917	989	0	
		▶821 GAY STREET, PHOENIXVILLE, PA ZIP+4 ▶19			
		7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	100		T
•		the amount of tax-exempt interest received or accrued during the year	N	/A	
16		during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
17		or other financial account in a foreign country?	16	. 03	X
		ructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	y a mil	22
	foreign cou			1	
	. J. J. gir Jou		000	DE	(0004)

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.	137	Yes	No
1a During the	year, did the foundation (either directly or indirectly):	Steels		100
(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	v money from, lend money to, or otherwise extend credit to (or accept it from)			100
a disqu	ialified person?	1a(2)		X
(3) Furnis	n goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	mpensation to, or pay or reimburse the expenses of, a disqualified person?		X	
	er any income or assets to a disqualified person (or make any of either available		14191	
for the	benefit or use of a disqualified person)?			THE R
	to pay money or property to a government official? (Exception. Check "No"	1a(5)		X
if the f	oundation agreed to make a grant to or to employ the official for a period after	ELLIN I	PHO I	Miles
termin	ation of government service, if terminating within 90 days.)	1a(6)		X
	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		24	
section 53.	4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	ns relying on a current notice regarding disaster assistance, check here		1423	A feet
	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the t	irst day of the tax year beginning in 2021?	1d		X
2 Taxes on fa	ilure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in s	ection 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		T	
6d and 6e)	for tax year(s) beginning before 2021?	2a		X
If "Yes," list	the years >	1331		(311)
b Are there a	by 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			N.A.
statement -	see instructions.) N/2	A 2b		
c If the provis	ions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
3a Did the four	dation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the y	ear?	За		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			Sec.
May 26, 19	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		Mary I	
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,			
	to determine if the foundation had excess business holdings in 2021.) $N/2$			
	dation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	dation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		Lett.	Hen
had not bee	n removed from jeopardy before the first day of the tax year beginning in 2021?	4b		X

5a During the year, did the foundation pay or incur any amount to:	Form 4/20 May be i	nequired (contin	iuea)		Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	nn 4045(e\\2			5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955);				Ja(1)	Α
any voter registration drive?				5a(2)	х
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?			5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization				04(0)	
4945(d)(4)(A)? See instructions				5a(4)	x
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for		54(.)	
the prevention of cruelty to children or animals?				5a(5)	X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	ider the exceptions described i	in Regulations			NESO ESO
section 53.4945 or in a current notice regarding disaster assistance? See inst				5b	X
c Organizations relying on a current notice regarding disaster assistance, check					
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?				5d	
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?				6a	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?			7a	X
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?	•••••	N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration or	Ī		TYANG!	
excess parachute payment(s) during the year?				8	X
Part VII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highl	У		
1 List all officers, directors, trustees, and foundation managers and					
(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 plar and deferred compensation	s ac	e) Expense count, othe allowances
TAMELA LUCE	PRESIDENT AND	CEO			
821 GAY STREET					
PHOENIXVILLE, PA 19460	40.00	133,950.	5,278	•	0
	-				
				_	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "		\bot	
	(b) Title, and average		(d) Contributions to	1.	e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plan and deferred compensation		e) Expense count, other allowances
JEANETTE HALL - 821 GAY STREET,		INANCE AN			
PHOENIXVILLE, PW 19460	40.00	73,050.	19,916	•	0.
	PROGRAM OFFIC				
PHOENIXVILLE, PA 19460	40.00	70,000.	13,147	•	0.
				+	
Total number of other employees paid over \$50,000					C
The state of the s					

Part VII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
VANGUARD INVESTMENT	(-))	1-7
PO BOX 1101, VALLEY FORGE, PA 19482-1101	MANAGEMENT FEE	88,498.
		, 00, ±50.
	_	
	 	
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 star number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the	Expenses
27 / 2	oudcou, cio.	
1N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
T. I. A. I. I		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2021)

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	EUKEN	
а	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		1d	59,837,523.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
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.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part IX, line 6	1	2,946,998.
2a			
b	Income tax for 2021. (This does not include the tax from Part V.)		
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.
P	art 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:		
а	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.

Part XII	Undistributed Income	(see instructions)
		(a)

1. Distributable amount for 2021 from Part X, line ? 2. usets/busine/booms, Revy, we of the worl of 2021 in Enter amount for 2020 only 3. Total for prior years: 3. Excess distributions carryover, if Enry, to 2021: a From 2016 3334 , 1335. b From 2017 — From 2018 4		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
2. Undestributed income, Flavy, see of the work of 2021: a Enter amount for 2020 only b Total for prior years: 3. Excess distributions carryover, if any, to 2021: a From 2016 33.4, 13.5. b From 2017 for 2018 for 2020 for 2021 from efrom 2019 for 2020 54, 0.52. 1 Total of lines sa through e 4. Qualifying distributions for 2021 from part XI, line 4 * * \$ 3, 1.84		Corpus	rears prior to 2020	2020	
a Enter amount for 2020 only b Total for prior years; D. SEXESS distributions carryover, if any, to 2021: a From 2016					2,896,169
\$ Dicess distributions carryover, if any, to 2021: a From 2018	The Control of the Co				
8 Excess distributions carryover, if any, to 2021: a From 2016				0.	
\$ Excess distributions carryover, if any, to 2021; a From 2016	b Total for prior years:				
a From 2016 334 , 135	3 Excess distributions carryover, if any, to 2021:		0.		
b From 2018					
6 From 2018 6 From 2018 6 From 2020 5 4 , 0.52 . 1 Total of lines 3s through e Part XI, line 4: ▶ \$ 3,184,133. a Applied to 2020, but not more than line 2a Applied to 2020, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) 6 Free instructions 6 Remaining amount distributed out of corpus (Election required - see instructions) 7 Applied to 2020 distributable amount 9 Remaining amount distributed out of corpus 1 Especial distributed and 1 a	1.5 0047				
d From 2019	F 0040				
From 2020 54,052. 1	15 0040				
1 Total of lines 3a through e 4 Qualifying distributions for 2021 from Part XI, line 4: ▶\$ 3,184,133. a Applied to 2020, 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 2021 distributable amount e-femaining amount distributed out of corpus file en amount agreement in column (a). 5 Excess distributions caryover applied to 2021 c first en amount separate in column (a). 6 Enter the net total of each column as indicated below; a Corpus. Add lines 34. can die. Subtract line 4. b Prior years' undistributed income. Subtract line 4. b For years' undistributed income for which a notice of deficiency has been issued, or on which the section 494/2(a) tax has been previously assessed 4. Subtract line 6. From line 6. Traxable amount - see instructions el Indistributed income for 2020. Subtract line 4 arron line 2. Traxable amount - see instructions el Arron line 2. Traxable amount - see instructions 1. Undistributed income for 2021. Subtract line 4 arron line 2. Traxable amount - see instructions 2. Amount's treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(17); or 494/2(a)(3) (Election may be required - see instructions) 2. Excess distributions carryover for 2016 not applied on line 5 or line 7 334,135. 3 Excess form 2010 in e. 5 or line 7 342,016. 10 Analysis of line 9: 2 Excess form 2011. b Excess form 2020. 544,052.					
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 3,184,133. Applied to 2020, but not more than line 2a. D Applied to 2020, but not more than line 2a. D Applied to undistributed income of prior years (Election required -see instructions) C Treated as distributions out of corpus (Election required -see instructions) C Applied to 2021 distributed amount e Remaining amount distributed out of corpus S Ensea distributions corpover regions to 2021 (Flear amount appears in column (a)). E C Ensea that the column (a). E C C G C C C C C C C C C C C C C C C C	f Total of lines 3a through e	388.187.			
Part XI, line 4: № \$ 3,184 1,133.		300/10/1			
a Applied to 2020, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)					
b Applied to undistributed income of prior years (Election required - see instructions) c 1 readed as distributions out of corpus (Election required - see instructions) d Applied to 2021 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2021 (first amount appears in column (sig.)				0	
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If an amount appears in column (d), the same amount must be abrown in column (a).		287,964.			
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Subtract lines 7 and 8 from line 6a 342,016. 10 Analysis of line 9: a Excess from 2017 b Excess from 2019 d Excess from 2020 54,052.					
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b Excess from 2018 c Excess from 2019 d Excess from 2020 54,052.	and the second s				
c Excess from 2019 54,052.	1.20				
d Excess from 2020 54 , 052 .					
	e Excess from 2021 287,964.				

123581 12-10-21

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

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

123601 12-10-21

SEE STATEMENT 10

c Any submission deadlines:

Part XIV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of Amount Name and address (home or business) recipient a Paid during the year CAPACITY BUILDING MINI GRANT NONE SUPPORT FOR SEE ATTACHED DEVELOPMENT OF SEE ATTACHED, PA 19460 STRATEGIC PLAN 13,600. MAJOR GRANTS NONE MAJOR GRANTS SEE ATTACHED SEE ATTACHED, PA 19460 2,352,760. SCHOLARSHIP NONE SUPPORT FOR SEE ATTACHED SCHOLARSHIP PROGRAM SEE ATTACHED, PA 19460 36,000. HEALTH EDUCATION MINI GRANT NONE SUPPORT FOR HEALTH SEE ATTACHED EDUCATION SEE ATTACHED, PA 19460 4,500. MATCHING GIFTS NONE MATCHING GIFTS SEE ATTACHED SEE ATTACHED, PA 19460 20,629. SEE CONTINUATION SHEET(S) Total 3a 2,461,116. b Approved for future payment NONE Total **▶** 3b

Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
3	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,152,397.	
5 Net rental income or (loss) from real estate:	ANTELLIS DE		No. 1		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	2,592,860.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					· · · · · · · · · · · · · · · · · · ·
a					
b					
C					-
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		3,745,257.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	3,745,257.
See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

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 (other than by providing funds for such purposes).

12

Form 99		Information Re	egarding Tra		ITY HEALTH FO and Transactions					age 1
(0	ther tha	an section 501(c)(3) organ	irectly engage in an nizations) or in sect	tion 527, relatir	ing with any other organizating to political organizations		ction 501(c)		Yes	No
(1) Cash	from the reporting found						. 1a(1)	t (Str	x
		r assets nsactions:						. 1a(2)		X
(1) Sales	s of assets to a noncharita	able exempt organiz	ation	•••••			1b(1)		X
(6) 5 (7								1b(2)		X
(4) Reim	bursement arrangements				•••••••••••••••••••••••••••••••••••••••		1b(4)		X
(5) Loan	s or loan guarantees						1b(5)		X
(6) Perfo	ormance of services or me	embership or fundra	aising solicitati	ons	•••••		1b(6)		X
c Sh	naring o	f facilities, equipment, ma	iling lists, other ass	sets, or paid en	nployees			1c		X
or	service lumn (oundation. If the fo other assets, or se	undation received	edule. Column (b) should a ved less than fair market val - le exempt organization	ue in any transaction	on or sharing arrangement,	show in		
(=/=:::0	-	(B) / HIIOGINE III FORFOG	(e) Name	N/A	o compt organization	(u) Descripti	on of transfers, transactions, and	snaring an	rangeme	ents
	+			14/21						
	\neg									
	\top									
									_	
							*			
	\perp									
	_									
	-									
	+									
					or more tax-exempt organ			Yes	X	No
b If "	Yes," co	emplete the following sche	edule.	9						
		(a) Name of org	anization		(b) Type of organization		(c) Description of relations	hip		
		N/A								
				•						
	Under	penalties of perjury, I declare t	that I have examined th	nis return, includir	I ng accompanying schedules and	statements, and to th	e best of my knowledge			
Sign Here		ature of officer or trustee	pplete. Declaration of p	reparer (other tha	n taxpayer) is based on all inform	PRESI	er has any knowledge. DENT SIGN HERE	urn with the own below? X Yes	prepare See ins	this er str. No
		Print/Type preparer's na	me	Preparer's s		Date	Check if PTIN			
Paid		GREGORY S.		Luc	gS Cae	02/17/23	self- employed	1 / 1 0 0 '	701	
Prepa Use (Firm's name ► MAI	LLIE LLP		/		Firm's EIN ▶ 23-1	1409° 51888		

Phone no. (610)935-1420 Form **990-PF** (2021)

Firm's address ▶ 500 NORTH LEWIS RD

LIMERICK, PA 19468

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035

Part XIV Supplementary Information 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
MINI GRANTS AED	NONE		MINI GRANT LIST AED	
SEE ATTACHED				
SEE ATTACHED, PA 19460				4,42
IINI GRANTS IT	NONE		WINT GRANGE TO GURDON	
EEE ATTACHED	NONE		MINI GRANTS TO SUPPORT IT PROGRAM	
EEE ATTACHED, PA 19460			T TROOLER	29,20
		ř.		
Total from continuation sheets				33,62

Underpayment of Estimated Tax by Corporations

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

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

Employer identification number 23-2912035

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.
				1 1	133		
	a Personal holding company tax (Schedule PH (Form 1120), lir			2a			
i	b Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section 167(g) for depreciation under the income	e forec	ast method	2b	143		
	0						
1	c Credit for federal tax paid on fuels (see instructions)		•••••	2c			
•	d Total. Add lines 2a through 2c					d	
J	Subtract line 2d from line 1. If the result is less than \$500, do		•	C SCHOOL OF COMPANIES STORY	1.	.	E0 000
А	does not owe the penalty Enter the tax shown on the corporation's 2020 income tax ret				<u>L</u>	3	50,829.
*	or the tax year was for less than 12 months, skip this line and					4	176,871.
	of the tax year was for less than 12 months, skip this line and	GIILGI	the amount hom line 5 t	лі шіс э	·····	' +	1/0,0/1.
5	Required annual payment. Enter the smaller of line 3 or line	∕l If ti	na cornoration is require	d to ckin line 1			
٠	enter the amount from line 3					5	50,829.
	Part II Reasons for Filing - Check the boxes belo	w tha	t apply. If any boxes are	checked, the corporatio	n must file Form 2220	,	30,023.
	even if it does not owe a penalty. See instructions.		. т.р. у у	, oo.po.uo			
6	The corporation is using the adjusted seasonal install	ment r	nethod.				
7	The corporation is using the annualized income instal						
8	The corporation is a "large corporation" figuring its first			n the prior year's tax.			
F	Part III Figuring the Underpayment						
			(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the	П				\top	
	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	2	06/15/22
10	Required installments. If the box on line 6 and/or line 7					T	
	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.		00 000	00 000			
	See instructions	11	20,000.	20,000.		4	
	Complete lines 12 through 18 of one column	1					
40	before going to the next column.	40		7 202	14 505	_	1 000
	Enter amount, if any, from line 18 of the preceding column	12		7,293.			1,878.
14	Add lines 11 and 12	13		27,293.	14,585	-	1,878.
	Subtract line 14 from line 13. If zero or less, enter -0-	14	20,000.	27,293.	14,585	<u>.</u>	1 070
	If the amount on line 15 is zero, subtract line 13 from line	10	20,000.	41,493.	14,363	-	1,878.
10	14 Othomuiae ambay O	16		0.	0		
17	Underpayment. If line 15 is less than or equal to line 10,	10			-	•	The second second
***	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					+	10,023.
	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					-	

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

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)		d)
9	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					
0	Number of days from due date of installment on line 9 to the	Г					
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
2	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$	
3	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
4	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$	
5	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				-	
6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$	
7	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED	WORKSHEET		
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$	
9	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
1	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
3	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			,		
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
3	Penalty. Add columns (a) through (d) of line 37. Enter the tol	al he	re and on Form 1120 lin	ne 34° or the comparable			
0	line for other income tax returns			io o i, or are comparable		\$	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 2220 (2021)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying No	umber
PHOENIXVILI	E COMMUNITY	HEALTH FOUNDA	TION	23-29	12035
(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	2
06/15/22	12,707.	10,829.	15	.000109589	1
06/30/22	0.	10,829.	92	.000136986	13
09/30/22	0.	10,829.	46	.000164384	8:
			9		
					s
			4		
nalty Due (Sum of Colum	nn F).				23

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

112511 04-01-21

FORM 990-PF	DIVIDENI	OS AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
SECURITIES	1,152,397	7.	0. 1,152,397.	1,152,397.	1,152,397.
TO PART I, LINE 4	1,152,397	7.	0. 1,152,397.	1,152,397.	1,152,397.
FORM 990-PF		LEGAL	FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT 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		ACCOUNTI	NG FEES	SI	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT 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	C	THER PROFES	SIONAL FEES	Sī	'ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT 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	TAX	ES	SI	CATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES REAL ESTATE TAXES FEDERAL EXCISE TAX OTHER TAXES	20,673. 9,450. 180,790. 3,699.	0. 0.	0. 0. 0.	20,673. 9,450. 180,790. 3,699.
TO FORM 990-PF, PG 1, LN 18	214,612.	0.	0.	214,612.
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 6
	(A) EXPENSES	(B) NET INVEST-	(C)	(D)

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 CORPORATE BONDS TOTAL TO FORM 990-PF, PART II, LINE 10C	BOOK VALUE 13,499,075. 13,499,075.	FAIR MARKET VALUE 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. LANDSCAPING-SCHNATZ & ROHRER 2,691. CURBING-PAUL R. SAVILLE 8,500. NEW ROOF-GSM ROOFING 33,300. DIAMOND QUALITY BUILDERS 13,519. SPECTRUM 622. OFFICE FURNITURE 558. OFFICE DESK SET 1,109. RT WORK-DESIGN OF PCH 8,500. ART WORK 450. DESKS 2,869. ART WORK 2,760. ART WORK 370. ART WORK 370. ART WORK 574. OFFICE FURNITURE 2,168. REFRIGERATORS 457. OFFICE FURNITURE 315. FILING CABINET 777. DESK & TABLE ED OFFICE 1,993. CHAIR FILE CABINET 622. AED 1,595. CONFERENCE ROOM TABLE, RUG 12,312.	249,425. 1,611. 5,103. 17,760. 7,209. 622. 558. 1,109. 8,500. 450. 2,869. 2,760. 370. 574. 2,168. 457. 315. 777. 1,993. 504. 622. 1,595. 12,312.	475,575. 1,080. 3,397. 15,540. 6,310. 0. 0. 0. 0. 0. 0. 0. 0. 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.	ő.
RUG PURCHASE	985.	985.	0.
PRESIDENTS OFFICE, PROGRAM	505.	505.	0.
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.	
FILING CABINET			0.
2 FILE CABINETS	1,558.	1,558.	0.
	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.
	2,323.	Ι,ΟΔΙ.	204.
TOTAL TO FM 990-PF, PART II, LN 14	965,434.	446,797.	518,637.
=			310,037.

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.

FORM 990-PF PAGE 1

FOR	FORM 990-PF PAGE 1						990-PF							
As	Asset No. Description	Date Acquired	Method	Life	No.r>	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 1 6	725,000.				725,000.	230,835.		18,590.	249,425.
1248	2 LANDSCAPING-SCHNATZ & ROHRER	8 06/05/08	SL	15.00	16	2,691.				2,691.	1,432.		179.	1,611.
	3 CURBING-PAUL R. SAVILLE	10/14/11	SI	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	SI	7.00	16	558.				558	558.		0.	558.
8.44	8 OFFICE DESK SET	10/02/98	SI	7.00	16	1,109.				1,109.	1,109.		0.	1,109.
	9 RT WORK-DESIGN OF PCH	86/30/98	SI	5.00	16	8,500.				8,500.	8,500.		0.	8,500.
	10 ART WORK	86/08/60	SL	5.00	16	450.				450.	450.		0	450.
	11 DESKS	10/30/98	SI	7.00	16	2,869.				2,869.	2,869.		0	2,869.
	12 ART WORK	10/30/98	SI	5.00	16	2,760.				2,760.	2,760.		0.	2,760.
	13 ART WORK	11/12/98	SI	5.00	16	370.				370.	370.		0	370.
	14 ART WORK	12/15/98	SI	5.00	16	574.				574.	574.		0	574.
	15 OFFICE FURNITURE	04/15/99	SI	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	ZS	7.00	16	315.				315.	315.		.0	315.
	18 FILING CABINET	10/18/04	SL	5.00	16	777.				777.	777.		0.	.777.
12811	128111 04-01-21				IJ	(D) - Asset disposed	pase		*	TC Salvade	Hop Comm	percial Revital	* ITC Salvade Bonie Commercial Beviltalization Deduction GO Zone	on GO Zona

(D) - Asset disposed

Description Dignate Acquired Acquired Description Descriptio	0	FORM 990-PF PAGE 1				-		990-PF							
17,125/10 SL 5.00 16 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993. 1,993.		Description	Date Acquired	Method	5			Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
08/04/06 SI 5.00 16 504 504 504 504 504 504 504 504 504 504 504 504 504 504 504 504 504 506 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500 1 500	DESK & T	ABLE ED OFFICE	07/25/06		5.00	16								0.	1,993.
12/14/06 SL 5.00 16 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595 1,595	CHAIR		08/04/06		5.00	16	504.				504.	504.		0.	504.
12/14/06 SI 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.595 1.59	FILE CABINET	INET	08/04/06		0	16	622.				622.	622.		0.	622.
THEREBE, RUG 07/13/07 SL 7.00 16 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,500. 4,50	AED		12/14/06		5.00	16	, 59				•			0.	1,595.
THE DEPOSITY 07/13/07 SL. 7.00 16 4,500. 4,500. 4,500. 4,500. 9, 4,500. 9, 4,500. 9, 4,500. 9, 4,500. 9, 4,500. 9, 4,500. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9, 3,100. 9,	CONFEREN	CE ROOM TABLE, RUG	07/13/07		7.00	16	12,312.				12,312.	12,312.		0.	12,312.
08/08/07 SL 7.00 16 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,075. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,194. 1,1	WINDOW	TREATMENT DEPOSIT	07/13/07		7.00	16						4,500.		0.	4,500.
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TS 08/31/07 SL 7.00 16 7,927. 7,927. 7,927. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 7,927. 0. 8,922. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,902. 0. 8,	RUG PURCHASE	CHASE	08/31/07		7.00	16	1,194.					1,194.		0	100
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CE, PROGRAM 07/19/07 SL 7.00 16 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902. 8,902	RUG PURCHASE	CHASE	08/31/07		7.00	16	985.				985.	985.		0.	985.
M 09/05/07 SL 5.00 16 5,135. 5,135. 5,135. 5,135. 5,135. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6,145. 6	PRESIDE	NTS OFFICE, PROGRAM . OFFICE	07/19/07		7.00	16	8,902.				•	8,902.		0	8,902.
09/14/07 SL 5.00 16 6,145. 6,145. 6,145. 0. 6, 6, 863. 09/26/07 SL 5.00 16 1,558. 09/30/07 SL 5.00 16 994. 994. 994. 994. 0.	гвгврно	NE SYSTEM	09/05/07	SI	5.00	16					,13	,13		0	,13
09/26/07 SL 5.00 16 6,863. 6,863. 6,863. 6,863. 6,863. 6,863. 6,863. 0. 6, 09/26/07 SL 5.00 16 994. 994. 994. 994. 0.	OFFICE COPIER	COPIER	09/14/07			16	6,145.					6,145.		0	
09/26/07 SL 5.00 16 1,558. 1,558. 1,558. 0. 1, 09/30/07 SL 5.00 16 994. 994. 994. 994. 0.	RUGS, LAMPS	AMPS	09/26/07	SI		16	6,863.				,863	6,863.		0.	6,863.
09/30/07 SL 5.00 16 994. 094. 094.	TITING	CABINET	09/26/07	SI		16	1,558.				1,558.	1,558.		0	1,558.
	PILE .	CABINETS	09/30/07		0	16	994.				0	994.		0	994.

(D) - Asset disposed

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FORM

FORM	FORM 990-PF PAGE 1						990-PF							
Asset No.	Description	Date Acquired	Method	Life	o c > No. 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	7 RUGS	10/03/07	SI	5.00	16	1,734.				1,734.	1,734.		0.	1,734.
38	8 SECURITY CAMERA	10/31/07	SI	5.00	16	1,303.				1,303.	1,303.		0.	1,303.
39	9 BOOK CASE	11/02/07	SI	5.00	16	789.				789.	789.		0 *	789.
4	40 LJB WINDOW TREATMENTS	11/16/07	SI	5.00	16	1,100.				1,100.	1,100.		0.	1,100.
41		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	3 SHADE FOR PRES OFFICE	01/09/08	SI	5.00	16	1,088.				1,088.	1,088.		.0	1,088.
44	4 OFFICE COPIER 2ND FLOOR XPO	07/25/08	SL	5.00	16	1,298.				1,298.	1,298.		0.	1,298.
45	5 COMPUTER EQUIP	07/31/08	SI	5.00	10	1,525.				1,525.	1,525.		0	1,525.
46	S COMPUTER EQUIP	08/02/08	SL	5.00	16	1,343.				1,343.	1,343.		0.	1,343.
47	7 COMPUTER EQUIP	08/02/08	SI	5.00	16	3,426.				3,426.	3,426.		0.	3,426.
48	COMPUTER EQUIP	08/02/08	SL	5.00	16	1,791.				1,791.	1,791.		0	1,791.
49	LATERAL FILES	01/11/10	SI	5.00	16	1,866.				1,866.	1,866.		0	1,866.
20	LATERAL FILES	06/23/10	SI	5.00	16	1,749.				1,749.	1,749.		0	1,749.
51	FLAG POLE	07/10/10	SI	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	SI	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.
128111 04-01-21	14-01-91													

128111 04-01-21

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone (D) - Asset disposed

FORM	FORM 990-PF PAGE 1)66	990-PF							
Asset No.	Description	Date Acquired	Method	Life	- 글ź	Line Unadj	Unadjusted Bu Cost Or Basis 9,	Bus Se % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
Ŋ	55 LED PATH LIGHTS	02/07/13	SL	5.00	16		4,719.				4,719.	4,719.		0.	4,719.
Ŋ	56 RESEOURCE PARTNERS	10/23/13	SI	5.00	16	1	,968.				1,968.	1,968.		0.	1,968.
57	7 RUG-CHES-MONT CARPET ONE	07/01/14	SL	5.00	16		2,296.				2,296.	2,296.		0.	2,296.
58	8 SHELVING FOR BASEMENT	06/30/13	SI	5.00	16	IS.	688.				688.	688.		0.	688.
69	9 SHUTTERS (CAROLS OFFICE	08/20/15	SI	5.00	16	ю	,010,				3,010.	3,010.		0.	3,010.
70	DELL COMPUTER (CAROL)	06/24/16	SL	5.00	16	10	863.				863.	863.		0.	863.
71	1 HP PRINTER	06/23/16	SL	5.00	16	10	530.				530.	530.		0	530.
72	NEW ROOF-GSM ROOFING (FINAL)	09/14/15	SL	15.00	16	teach.	14,606.				14,606.	5,681.		974.	6,655.
73	HVAC SYSTEM	06/27/16	SI	39.00	MM 6	, 7 ,	,325.				7,325.	940°		188.	1,128.
84	1 DELL OFFICE COMPUTER CAROL	04/15/19	SI	5.00	16	5,	,024.				5,024.	2,763.		1,005.	3,768.
82	DELL OFFICE COMPUTER LYNN	04/11/19	SI	5.00	10	3,	,309.				3,309,	1,820.		662.	2,482.
96	LED LIGHT PATH	07/29/19	SL	5.00	16	23	,325.				2,325.	1,356.		465.	1,821.
	* TOTAL 990-PF PG 1 DEPR					965,	,434.				965,434.	421,046.		25,751.	446,797.
128111 04-01-21	14-01-21				1	1 0	(O) - Asset disposed	-		1	G C	,	1		

(D) - Asset disposed

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

FORM HAS BEEN ELECTRONICALLY FILED - KEEP FOR YOUR RECORDS

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

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

Department of the Treasury

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

OMB No. 1545-0047

Internal Revenue Service

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

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 (fincluding 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 Tipe or print Tipe by the content of the filer of the filer of the income tax returns. PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Mumber, street, and room or suite no. If a P.O. box, see instructions. PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Mumber, street, and room or suite no. If a P.O. box, see instructions. PHOENIXVILLE, PA 19460 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return	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.								
Type or print pri	Automatic 6-Month Extension of Time. Only submit original (no copies needed).								
PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Number, street, and room or suite no. If a P.O. box, see instructions.	All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts								
PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035									
Sumber, street, and room or suite no. If a P.O. box, see instructions. Sumber, street, and room or suite no. If a P.O. box, see instructions. PHOENIXVILLE, PA 19460	PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035								
Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Serv Code Serv Sode Serv Code Serv Sode Sede Sed	due date for filing your	due date for Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions.							
Application Return Code Is For Code Is For Code Section Sec	PHOENIXVILLE, PA 19460								
Is For									
Form 990 or Form 990-EZ Form 990-FF Form 1041-A D8 Form 4720 (individual) D9 Form 990-PF D4 Form 5027 D5 Form 6069 D7 TAMELA LUCE 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an automatic 6-month extension of time until MAY 15, 2023 I request an automatic 6-month extension is for the organization's return for the organization named above. The extension is for the organization's return for: □ Calendar year or OT/01/2021 If the tax year entered in line 1 is for less than 12 months, check reason: □ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. □ 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. □ 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	The state of the s								
Form 4720 (individual) Form 4720 (individual)									
Form 990-PF Form 990-T (trust other than above) O6 Form 8870 12 Form 990-T (trust other than above) O7 TAMELA LUCE The books are in the care of ▶ 821 GAY STREET − PHOENIXVILLE, PA 19460 Telephone No. ▶ 6109179890 Fax No. ▶ 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 this is for part of the group, check this box ▶ If this is for part of the group, check this box ▶ If the organization and above. The extension is for the organization's return for the organization named above. The extension is for the organization's return for: □ Calendar year or bull 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. □ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. □ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. □ 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. □ 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. Gaution: 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									
Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 Form 990-T (trust other than above) TAMELA LUCE The books are in the care of S21 GAY STREET - PHOENIXVILLE, PA 19460 Telephone No. S6109179890 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 part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box MAY 15, 2023 If the exempt organization return for the organization named above. The extension is for the organization's return for: ANAY 15, 2023 If the tax year beginning 07/01/2021 If the tax year entered in line 1 is for less than 12 months, check reason: If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 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. 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. 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									
Form 990-T (trust other than above) Form 990-T (corporation) TAMELA LUCE Telephone No. 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 part of the group, check this box If it is for part of the group, check this box I request an automatic 6-month extension of time until MAY 15, 2023 And ending 06/30/2022 If the axy ear entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period Telephone No. 821 GAY STREET - PHOENIXVILLE, PA 19460 Fax No. Axy No. If this is for the whole group, check this box If this is for a Group Return, enter the organization show is for the whole group, check this box If this is for part of the group, check this box Axy of ile the exempt organization return for the organization named above. The extension is for the organization's return for: Axy 15, 2023 And ending 06/30/2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period Axy 15, 2023 Axy on file the exempt organization return for the organization return for: Axy and ending 06/30/2022 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By System System System See instructions. By System System See instructions. By System See System See Form 8453-TE and Form 8879-TE for payment with this Form 8868, see Form 8453-TE and Form 8879-TE for payment System). See instructions.									
TAMELA LUCE The books are in the care of \$\bigstyre{8} 21 \text{ GAY STREET} - \text{PHOENIXVILLE}, \text{ PA 19460} Telephone No. \$\bigstyre{6} 109179890\$ Fax No. \$\bigstyre{1} = \text{No. bout of the organization does not have an office or place of business in the United States, check this box \$\bigstyre{1} = \text{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 \$\bigstyre{1} = \text{If it is for part of the group, check this box }\bigstyre{1} = \text{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 \$\frac{MAY 15}{2023}\$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: \$\bigstyre{1} = \text{Callendar year} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} \text{or} o									
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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	c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by			200		
	Caution:	If you are going to make an electronic funds withdrawal							

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

Form 8868 (Rev. 1-2022)