Form **990-PF**Department of the Treasury

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.

OMB No. 1545-0047

2022

Open to Public Inspection

JUL 1, 2022 2023 For calendar year 2022 or tax year beginning , and ending JUN 30, A Employer identification number Name of foundation 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 Initial return of a former public charity **D** 1. Foreign organizations, check here J Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 57, 212, 852. (Part I, column (d), must be on cash basis.) \$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (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) expenses per books income income 162,594. Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,977,947. 1,977,947. 1,977,947.STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) -5,116. **6a** Net gain or (loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns 10a and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 2,135,425. 1,977,947 1,977,947. 12 Total. Add lines 1 through 11 138,409. 138,409. ი 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages _____ 153,856. 0. 153,856. 0 41,145. 0 0. 41,145. 15 Pension plans, employee benefits 3,331. Expenses 3,331. 0 0. 16a Legal fees STMT 2 13,500. b Accounting fees STMT 3 13,500. 0. 0. c Other professional fees STMT 4 21,201 0. 0. 21,201. Administrative 17 Interest **18** Taxes **STMT** 5 67,660. 0. 0. 67,660. 25,647. 19 Depreciation and depletion 25,647 0 33,765. 33,765. 0 0. 20 Occupancy 0. 21 Travel, conferences, and meetings 3,445. 0. 3,445. and / 22 Printing and publications 88,352. 23 Other expenses STMT 6 206,911. 118,559. 0. 24 Total operating and administrative 708,870 88,352. 25,647 594,871. expenses. Add lines 13 through 23 1,879,201. 25 Contributions, gifts, grants paid 1,879,201. 26 Total expenses and disbursements. 2,588,071 88,352. 25,647. 2,474,072. Add lines 24 and 25 27 Subtract line 26 from line 12: -452,646. & Excess of revenue over expenses and disbursements 1,889,595 **b Net investment income** (if negative, enter -0-) 1,952,300. c Adjusted net income (if negative, enter -0-).

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

P	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of year		
_	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	435,462.	2,535,826.	2,535,826.	
	2	Savings and temporary cash investments				
	3	Accounts receivable 8,000.				
		Less: allowance for doubtful accounts		8,000.	8,000.	
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
		Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
Ø	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	11,002.	8,917.	8,917.	
As		Investments - U.S. and state government obligations		7,5=11		
	l h	Investments - corporate stock STMT 7	38,916,512	39,348,048.	39.348.048.	
	ء ا	Investments - corporate bonds STMT 8	13,499,075.			
		Investments - land, buildings, and equipment: basis	20/200/070	22//33//3/	21//33//3/	
	l '''					
	12	Less: accumulated depreciation				
		Investments - other Land, buildings, and equipment; basis $966,127$.				
	'	$ \begin{array}{cccc} \text{Land, buildings, and equipment: basis} & 966,127 \text{.} \\ \text{Less: accumulated depreciation} & \textbf{STMT} & 9 & 453,803 \text{.} \\ \end{array} $	537,971.	512,324.	512,324.	
	15	Other assets (describe	331,371	312,324.	312,324	
		Total assets (to be completed by all filers - see the				
	10	· · · · · · · · · · · · · · · · · · ·	53 400 022	57,212,852.	57,212,852.	
_	17	instructions. Also, see page 1, item I) Accounts payable and accrued expenses	21,967.	2,439.	37,212,032.	
				2,437.		
Liabilities		Grants payable				
	I	Deferred revenue	·			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
Lia	21	Mortgages and other notes payable Other liabilities (describe 401K WITHHOLDING)	0.	125.		
	22	Other habilities (describe 401K W1111110HD1NG)	0.	123.		
	100	Total liabilities (add lines 17 through 22)	21,967.	2,564.		
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	21,907.	2,304.		
"						
ces		and complete lines 24, 25, 29, and 30.	51,310,723.	55,142,956.		
au		Net assets without donor restrictions	2,067,332.	2,067,332.		
Ва	20	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here	2,007,332.	2,007,332.		
Fund Balan						
Ę	0.6	and complete lines 26 through 30.				
s or		Capital stock, trust principal, or current funds				
set	1	Paid-in or capital surplus, or land, bldg., and equipment fund				
As	1	Retained earnings, accumulated income, endowment, or other funds	53,378,055.	57,210,288.		
Net Assets	29	Total net assets or fund balances	33,370,033.	37,210,200.		
		Takal liabilista and not access than declarate	53,400,022.	57,212,852.		
_	30	Total liabilities and net assets/fund balances		57,212,052•		
P	art	Analysis of Changes in Net Assets or Fund E	Balances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	29			
	(mus	st agree with end-of-year figure reported on prior year's return)		1	53,378,055.	
		amount from Part I, line 27a		2	-452,646.	
3	Othe	r increases not included in line 2 (itemize) $\overline{ exttt{UNREALIZED}}$ $\overline{ exttt{GAI}}$	NS/LOSSES	3	4,284,879.	
4	Add	lines 1, 2, and 3		4	57,210,288.	
		eases not included in line 2 (itemize)		5	0.	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 29	6	57,210,288.	
					Form 990-PF (2022)	

Part IV Capital Gains	s and Losses for Tax on li	nvestment Income				
	be the kind(s) of property sold (for exa		(b) l	How acquired - Purchase	(c) Date acquire	
<u></u>	warehouse; or common stock, 200 sh	S. MLC Co.)	D	- Donation	(mo., day, yr.)	(, ,
	a VANGUARD BROKERAGE ACCOUNT					06/30/22
<u>b</u>						
<u>C</u>						
d			_			
e	(f) Depreciation allowed	(g) Cost or other ba	ncic		(h) Gain or (locc)
(e) Gross sales price	(or allowable)	plus expense of sa			((e) plus (f) mi	
a	,	5	,116.			-5,116.
<u>b</u>	+		, ,			3/1100
C						
d						
e						
-	ving gain in column (h) and owned by	the foundation on 12/31/69	9.	(I) Gains (Col. (h)	gain minus
	(j) Adjusted basis	(k) Excess of col.		còl	l. (k), but not less	s than -0-) or
(i) FMV as of 12/31/69	as of 12/31/69	over col. (j), if an	ý		Losses (from	col. (n))
a						-5,116.
b						
С						
d						
е						
	∫ If gain, also ente	r in Part I, line 7)			
2 Capital gain net income or (net		-5,116.				
3 Net short-term capital gain or (I	oss) as defined in sections 1222(5) a	nd (6):				
	8, column (c). See instructions. If (los					•
Part I, line 8		(0->1: 4040/-	J	3		0.
	ased on Investment Incor				- see instru	ictions)
	s described in section 4940(d)(2), cho					26 265
Date of ruling or determination		tach copy of letter if neces	-	instructions)	1	26,265.
	ns enter 1.39% (0.0139) of line 27b. E					
enter 4% (0.04) of Part I, line	12, col. (b)				١ .	0
	estic section 4947(a)(1) trusts and tax					26,265 .
	estic section 4947(a)(1) trusts and tax					20,203.
	come. Subtract line 4 from line 3. If ze					26,265.
6 Credits/Payments:	Gome. Subtract fille 4 from fille 3. fr 26	10 01 1655, 611161 -0-			. 5	20,203.
	s and 2021 overpayment credited to 2	022 6a		80,000		
	s - tax withheld at source			00,000		
	extension of time to file (Form 8868)			<u>C</u>		
	ısly withheld			Č	-	
7 Total credits and payments. A	Noted the second control of				-	80,000.
	ayment of estimated tax. Check here [la a al		.	18.
• • • •	5 and 8 is more than 7, enter amount				· -	
	re than the total of lines 5 and 8, enter	. 410-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			10	53,717.
	be: Credited to 2023 estimated tax		26,28			27,437.

Га	II L VI-A	Statements Negarding Activities					
1a	During the	ax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in			Yes	No
	any politica	campaign?			1a		Х
b		more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition		1b		X
	If the answ	er 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.					
C	Did the fou	ndation file Form 1120-POL for this year?			1c		Х
d	Enter the ar	nount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		foundation. \$ 0. (2) On foundation managers. \$ 0.					
е	Enter the re	imbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers.	\$ 0.					
2	=	ndation engaged in any activities that have not previously been reported to the IRS?			2		Х
		ch a detailed description of the activities.			_		
3		ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
Ĭ		other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
42		idation have unrelated business gross income of \$1,000 or more during the year?			4a		X
		it filed a tax return on Form 990-T for this year?			4b		
		liquidation, termination, dissolution, or substantial contraction during the year?			5		X
Ü		ch the statement required by General Instruction T.					
6		uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
Ü		ige in the governing instrument, or					
		egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
					6	Х	
7		e 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			7	X	
′	Dia tile loui	ination have at least \$5,000 in assets at any time during the year? If Tes, complete Part II, coi. (c), and Part XIV			-	Λ	
٥.	Entar the et	ates to which the foundation reports or with which it is registered. Can instructions					
Od	PA	ates to which the foundation reports or with which it is registered. See instructions.					
.		or is "Ves" to line 7, has the foundation furnished a convert form 000 DE to the Atternov Coneral (or designate)					
U		er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			0.6	v	
^		e as required by General Instruction G? If "No," attach explanation			8b	X	
9		lation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale					37
		r the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII			9		X
10		sons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Λ
11		during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of					37
		(b)(13)? If "Yes," attach schedule. See instructions			11		<u> </u>
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	_				
	•	ch statement. See instructions			12		_X_
13		idation comply with the public inspection requirements for its annual returns and exemption application?			13	X	
		dress WWW.PCHF1.ORG		~~4=			
14		are in care of TAMELA LUCE Telephone no				0	
		821 GAY STREET, PHOENIXVILLE, PA		₋₄ 19			
15	Section 494	.7(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here					
		e amount of tax-exempt interest received or accrued during the year	15		N	/A	
16	At any time	during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,				Yes	No
		or other financial account in a foreign country?			16		X
	See the ins	ructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the					
	foreign cou	ntry					
				For	m 99 0)-PF	(2022)

Form 990-PF (2022) PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 2	3-29120	35	F	Page 5
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.			/es	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?	18	1(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<u>1</u> 8	1(3)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<u>1</u> 8	1(4)	Х	
(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)?	<u>1</u> 8	1(5)		Х
(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.)	<u>1</u> 8	a(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 2022?		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 2022, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2022?		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.)	N/A	2b		
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?		За		Х
b If "Yes," did it have excess business holdings in 2022 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 disp				
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 2022.)	N/A	зь		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the				
had not been removed from jeopardy before the first day of the tax year beginning in 2022?		4b		Х

Part VI-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)				
5a During the year, did the foundation pay or incur any amount to:					Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?			5a(1)		X	
(2) Influence the outcome of any specific public election (see section 4955); o							
any voter registration drive?				5a(2)		Х	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?			5a(3)		Х	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section						
4945(d)(4)(A)? See instructions				5a(4)		Х	
(5) Provide for any purpose other than religious, charitable, scientific, literary,							
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 und	der the exceptions described i	n Regulations					
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		<u></u>	5b		Х	
c Organizations relying on a current notice regarding disaster assistance, check t	nere						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned					
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							
a personal benefit contract?				6a		X	
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal 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 s				7a 7b		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?				8		X	
Part VII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y				
List all officers, directors, trustees, and foundation managers and t	heir compensation						
List all officers, all esters, and roundation managers and	(b) Title, and average	(c) Compensation	(d) Contributions to		(e) Exp	ense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plar and deferred compensation	is a	(e) Exp ccount, allowar	other	
	ιο ροσιίοπ	enter -o-)	compensation	+	anowai	1003	
SEE STATEMENT 10		138,409.	0			0.	
		, , , , , ,					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		/ -) Evn	0000	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plar and deferred	is a	(e) Exp ccount,	other	
	devoted to position	, ,	compensation		allowar	ices	
		INANCE AN			NS	^	
PHOENIXVILLE, PW 19460	40.00	75,182.	18,074	<u> </u>		0.	
	PROGRAM OFFIC		11 201			^	
PHOENIXVILLE, PA 19460	40.00	74,100.	11,381	+		0.	
				+			
				+			
Total number of other employees paid over \$50,000		l				0	
I Otal number of other employees paid over \$50,000	<u></u>	<u></u>	<u></u>	L			

Part VII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
VANGUARD INVESTMENT		
PO BOX 1101, VALLEY FORGE, PA 19482-1101	MANAGEMENT FEE	88,352.
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		0
·		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	istical information such as the	Expenses
77/7	ouded, etc.	
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments	- F	A
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign f	oundation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	53,281,686.
	Average of monthly cash balances	1b	1,485,644.
C	Fair market value of all other assets (see instructions)	1c	13,960.
	Total (add lines 1a, b, and c)	1d	54,781,290.
е	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	54,781,290.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	821,719.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	53,959,571.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,697,979.
P	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here and do not complete this part.)	and certair	1
1	Minimum investment return from Part IX, line 6	1	2,697,979.
2a	Tax on investment income for 2022 from Part V, line 5 26, 265.		
b			
C	Add lines 2a and 2b	2c	26,265.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,671,714.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,671,714.
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	2,671,714.
P	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	, , , , , , , , , , , , , , , , , , , ,	1a	2,474,072.
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		4	2,474,072.

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				2,671,714.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		0.		
a From 2017				
b From 2018				
c From 2019				
d From 2020 54,052.				
eFrom 2021 287,964.				
f Total of lines 3a through e	342,016.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 2,474,072.				
a Applied to 2021, 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.			0 454 050
d Applied to 2022 distributable amount				2,474,072.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	197,642.			197,642.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	144,374.			
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 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.	1// 27/			
Subtract lines 7 and 8 from line 6a	144,374.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020 d Excess from 2021 144,374.				
e Excess from 2022				
U LAUUSS HUIH ZUZZ				

Part XIV Supplementary Information	1 (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
CAPACITY BUILDING MINI GRANT	NONE		SUPPORT FOR	
SEE ATTACHED			DEVELOPMENT OF	
SEE ATTACHED, PA 19460			STRATEGIC PLAN	15,000
·				•
HEALTH EDUCATION MINT CDANS	NONE		SUPPORT FOR HEALTH	
HEALTH EDUCATION MINI GRANT SEE ATTACHED	NONE		EDUCATION	
SEE ATTACHED, PA 19460			EDUCATION	5,480
bill ATTACHED, TA 19400				3,400
MAJOR GRANTS	NONE		MAJOR GRANTS	
SEE ATTACHED				
SEE ATTACHED, PA 19460	4			1,755,897
MATCHING GIFTS	NONE		MATCHING GIFTS	
SEE ATTACHED				20 126
SEE ATTACHED, PA 19460		V		20,126
MINI GRANTS AED SEE ATTACHED SEE ATTACHED, PA 19460	NONE		MINI GRANT LIST AED	20,798
Total SEE CO	NTINUATION SHEE	T(S)	3a	1,879,201
b Approved for future payment NONE				
Total			3b	0

Part XV-A	Analysis of Income-Producing Activities
Fail AV-A	Alialysis of income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	Code		10000		
а h					
d					
<u> </u>					
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	1,977,947.	
5 Net rental income or (loss) from real estate: 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	-5,116.	
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		^		1 070 001	
12 Subtotal. Add columns (b), (d), and (e)		0.		1,972,831.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,972,831.
(See worksheet in line 13 instructions to verify calculations.)					

Part XV-B Relationship of Activities to the Accomplishment of Exempt Pur	rposes
--	--------

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).
-	
-	

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	rganization directly or indir	ectly engage in any o	of the following	g with any other organizatio	on described in sect	tion 501(c)		Yes	No
	(other tha	nn section 501(c)(3) organ	izations) or in section	n 527, relating	to political organizations?					
а	Transfers	from the reporting founda	ation to a noncharitat	to a noncharitable exempt organization of:						
	(1) Cash									X
	(2) Other assets						1a(2)		X	
b Other transactions:										
(1) Sales of assets to a noncharitable exempt organization								1b(1)		_X_
								1b(2)		X
								1b(3)		<u>X</u>
	(4) Reim	bursement arrangements						1b(4)		X
								1b(5)		X
	. ,	ormance of services or me	•	•				1b(6)		X
					oloyees			1c		X
a			•	-	, ,		market value of the goods, of		ets,	
		s given by the reporting it. d) the value of the goods, (iu 1688 iliali lali ilialket vaju	ie ili aliy transactioi	n or sharing arrangement, sh	IOW III		
(a)ı	ine no.	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, and s	haring ar	rangeme	ents
()-		(2)/	(0) (10.110 01	N/A	onempt organization	(2) 2000	To danoto o, danoadano, and o			
				14/11						
0 -	1-46			alata dita susa						
2a					or more tax-exempt organi:			Yes	v	No
.		omplete the following sch		27.6				res	LA	_ INO
U	11 165, 6	(a) Name of org			(b) Type of organization		(c) Description of relationsh	in		
		N/A			(2) -) po er er gammanen		(0) 2 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·P		
	and				ng accompanying schedules and		Mav	the IRS o	discuss t	this
Si	gn	belief, it is true, correct, and co	implete. Declaration of p	eparer (other tha	an taxpayer) is based on all infor	mation of which prepar	retur	n with the	e prepar	er
Here					PRESIDE	XT X	Yes		No	
	Sig	nature of officer or trustee			Date	Title				
		Print/Type preparer's na		Preparer's si	gnature	Date	Check if PTIN			
D -	.! al	GREGORY S.	CARE,				self- employed	400	- 01	
Pa		CPA	TTD					409		
	eparer se Only	Firm's name MAIL	птд грБ				Firm's EIN 23-151	. & & &	Q	
US	e Only	Firm's address 500	иорти т	מת טדע			1			
			NORTH LE ERICK, PA				Phone no. (610)9	35-	1/2	Λ
		1 ntm	ENICK, PA	T 2 4 0 0				rm 99 (
							FUI	1111 JJC	F F	(2022)

Part XIV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient				
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00114112411011	
MINI GRANTS IT	NONE		MINI GRANTS TO SUPPORT	
SEE ATTACHED			IT PROGRAM	
SEE ATTACHED, PA 19460				11,900
SCHOLARSHIP	NONE		SUPPORT FOR	
SEE ATTACHED			SCHOLARSHIP PROGRAM	42.000
SEE ATTACHED, PA 19460				42,000
CHAMPIONS GRANTS	NONE		CHAMPIONS OF THE	
SEE ATTACHED	NONE		COMMUNITY	
SEE ATTACHED, PA 19460			COMMONITI	8,000
,				, , , , , ,
			1	
		1		
Total from continuation sheets				61,900

Form **2220**Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

FORM 990-PF

OMB No. 1545-0123

Name

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

Employer identification number 23-2912035

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 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

Part I Required Annual Payment							
1 Total tax (see instructions)						1	26,265.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 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 2 a 2 b					-		
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		·				ا ا	26 265
does not owe the penalty 4 Enter the tax shown on the corporation's 2021 income tax ret		Con instructions Coution				3	26,265.
or the tax year was for less than 12 months, skip this line and						4	50,829.
of the tax year was for 1635 than 12 months, skip this line and	UIILUI	the amount nom mic o	,,, IIIIC 3				3070231
5 Required annual payment. Enter the smaller of line 3 or line	4. If 1	the corporation is require	d to skip lin	e 4.			
enter the amount from line 3						5	26,265.
Part II Reasons for Filing - Check the boxes belo						220	
even if it does not owe a penalty. See instructions.							
6 The corporation is using the adjusted seasonal installi	ment	method.					
7 The corporation is using the annualized income install	lment	t method.					
8 The corporation is a "large corporation" figuring its firs	st req	uired installment based o	n the prior	/ear's tax			
Part III Figuring the Underpayment						1	
1		(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),		11/15/22	127	1 5 / 2 2	03/15/	22	06/15/22
6th, 9th, and 12th months of the corporation's tax year	9	11/15/22	14/	15/22	03/13/	<u>⊿</u>	06/15/23
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	6,566.		6,567	6.5	66.	6,566.
11 Estimated tax paid or credited for each period. For	-	0,3001		- 7 - 7 - 7	, ,,,		0,000
column (a) only, enter the amount from line 11 on line 15.							
See instructions	11	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		1	3,434	. 6,8	67.	301.
13 Add lines 11 and 12	13		1	3,434	. 6,8	67.	301.
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.	1	3,434	6,8	67.	301.
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	_						6 265
column. Otherwise, go to line 18	17						6,265.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the payt column	₁₀	13,434.		6,867	1 2	01.	
from line 15. Then go to line 12 of the next column Go to Part IV on page 2 to figure the penalty. Do not go to Part IV	18 / if th					, U T •	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2022)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
	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				
)	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21				
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23				
4	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
5	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25				
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET	
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07) \dots 365	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
2	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
3	Underpayment on line 17 x Number of days on line 35 x *% 366	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
0	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120 lin	ne 34° or the comparable		

^{*} 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** (2022)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying	Number
PHOENIXVILI	LE COMMUNITY E	HEALTH FOUND	ATION	23-2	912035
(A)	(B)	(C)	(D)	(E)	(F)
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty
		-0-			
11/15/22	6,566.	6,566.			
11/15/22	-20,000.	-13,434.			
12/15/22	6,567.	-6,867.			
12/31/22	0.	-6,867.	74	.00019178	1
03/15/23	6,566.	-301.			
06/15/23	6,566.	6,265.	15	.00019178	1 18
06/30/23	-60,000.	-53,735.			
09/30/23	0.	-53,735.	46	.00021917	8
enalty Due (Sum of Colu	mn F).				18

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

212511

FORM 990-PF	DIVIDEND	S 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	1,977,947	•	0. 1,977,947.	1,977,947.	1,977,947.
TO PART I, LINE 4	1,977,947	•	1,977,947.	1,977,947.	1,977,947.
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	_	3,331.	0.	0.	3,331.
TO FM 990-PF, PG 1,	LN 16A =	3,331.	0.	0.	3,331.
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		13,500.	0.	0.	13,500.
TO FORM 990-PF, PG	1, LN 16B	13,500.	0.	0.	13,500.
FORM 990-PF	O ¹	THER PROFES	SIONAL FEES		CATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL	FEES -	21,201.	0.	0.	21,201.
TO FORM 990-PF, PG	1, LN 16C	21,201.	0.	0.	21,201.
	=				

FORM 990-PF	TAX	ES	ST	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	21,920.	0.	0.	21,920.
REAL ESTATE TAXES	9,042.		0.	9,042.
FEDERAL EXCISE TAX	36,698.	0.	0.	36,698.
TO FORM 990-PF, PG 1, LN 18	67,660.	0.	0.	67,660.
FORM 990-PF		XPENSES		TATEMENT 6
		MI HIGHO		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	333.	0.	0.	333.
BOARD MEETING EXPENSES	4,835.	0.	0.	4,835.
COMMUNITY RELATIONS	54,486.	0.	0.	54,486.
DUES AND SUBSCRIPTIONS	1,722.	0.	0.	1,722.
INSURANCE	11,393.		0.	11,393.
MANAGEMENT FEES	88,352.		0.	0.
MEMBERSHIP DUES	11,581.		0.	11,581.
OFFICE SUPPLIES	5,042.		0.	5,042.
PAYROLL SERVICES	3,080.		0.	3,080.
POSTAGE	393.		0.	393.
SECURITY	240.	0.	0.	240.
STAFF DEVELOPMENT	1,097.	0.	0.	1,097.
TELEPHONE & INTERNET	5,976.	0.	0.	5,976.
TRASH, WATER, SEWER	815.		0.	815.
UTILITIES	4,482.		0.	4,482.
CLERICAL SUPPORT	1,534.		0.	1,534.
PROGRAM SUPPORT	6,000.		0.	6,000.
REPAIR & EQUIPMENT	5,550.	0.	0.	5,550.
TO FORM 990-PF, PG 1, LN 23	206,911.	88,352.	0.	118,559.

		<u> </u>
FORM 990-PF CORPORATE STOCK		STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	39,348,048.	39,348,048.
TOTAL TO FORM 990-PF, PART II, LINE 10B	39,348,048.	39,348,048.
FORM 990-PF CORPORATE BONDS		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	14,799,737.	14,799,737.
TOTAL TO FORM 990-PF, PART II, LINE 10C	14,799,737.	14,799,737.
FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR	INVESTMENT	STATEMENT 9
COST OR DESCRIPTION OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING LANDSCAPING-SCHNATZ & ROHRER CURBING-PAUL R. SAVILLE NEW ROOF-GSM ROOFING DIAMOND QUALITY BUILDERS SPECTRUM OFFICE FURNITURE OFFICE DESK SET RT WORK-DESIGN OF PCH ART WORK DESKS ART WORK ART WORK OFFICE FURNITURE OFFICE FURNITURE COFFICE FURNITURE DESKS ART WORK TOPFICE FURNITURE ART WORK TOPFICE FURNITURE STALL	268,015. 1,775. 5,670. 19,980. 8,110. 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.	456,985. 916. 2,830. 13,320. 5,409. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

PHOENIXVILLE COMMUNITY HEAD	LTH FOUNDATION		23-2912035
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	965.	905.	0.
OFFICER OFFICE, FROGRAM	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	200	200	0
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 &	11 751	44 864	•
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.	7,629.	6,977.
HVAC SYSTEM	7,325.	1,316.	6,009.
DELL OFFICE COMPUTER CAROL	5,024.	4,773.	251.
DELL OFFICE COMPUTER LYNN	3,309.	3,144.	165.
LED LIGHT PATH	2,325.	2,286.	39.
TOTAL TO FM 990-PF, PART II,	LN 14 965,434.	472,533.	492,901.

FORM 990-PF	PART VII - LIST	OF OFFICERS, DIRECTORS	STATEMENT	10
	TRUSTEES AND	FOUNDATION MANAGERS		

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JESSICA CAPISTRANT 410 W. ANDERSON AVENUE PHOENIXVILLE, PA 19460	CHAIR 1.00	0.	0.	0.
BROOKE GINTY 353 WASHINGTON AVENUE PHOENIXVILLE, PA 19460	VICE CHAIR 1.00	0.	0.	0.
CHARLES HENRY 120 SUMMIT DRIVE PHOENIXVILLE, PA 19460	TREASURER 1.00	0.	0.	0.
JULIAN MCCRACKEN 1001 GAY STREET PHOENIXVILLE, PA 19460	SECRETARY 1.00	0.	0.	0.
JONATHAN EWALD 134 STARR STREET PHOENIXVILLE, PA 19460	BOROUGH REP. 1.00	0.	0.	0.
BARBARA O'CONNOR 408 ABBEY LANE PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
REV. LEE PACZULLA 45 N. MAIN STREET PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
CHELSEA PERUGINI 982 SPRING CITY ROAD PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
MARIA SCHWAB 132 FAIRFAX COURT PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
DOLORES WINSTON 237 HIGH STREET PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
NICHOLAS BUCCI 15 OVERLOOK CIRCLE PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.

PHOENIXVILLE COMMUNITY H	EALTH FOUNDATION		23-2912035	
FRANK GIARDINA 231 BEACON DRIVE PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
TASHIR KASSAM 4513 STATE RD PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
ALLEN KRAMER 31 KENALCON DRIVE PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
CAROLYN MAYINJA 115 VERDANT DRIVE PHOENIXVILLE, PA 19460	DIRECTOR 1.00	0.	0.	0.
RICHARD DOWNS 415 COUNTRY CLUB ROAD PHOENIXVILLE, PA 19460	EMERITUS 1.00	0.	0.	0.
JAMES READING 1077 BALFOUR CIRCLE PHOENIXVILLE, PA 19460	EMERITUS 1.00	0.	0.	0.
RICHARD KUNSCH, SR. 32 MEADOWBROOK LANE PHOENIXVILLE, PA 19460	EMERITUS/ASST 1.00	• TREASURER 0.	0.	0.
TAMELA LUCE 821 GAY STREET PHOENIXVILLE, PA 19460	CEO 40.00	138,409.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VII	138,409.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 11 PART XIV, LINES 2A THROUGH 2D

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.