EXTENDED UNTIL MAY 15,

Return of Private Foundation

Form **990-PF** Department of the Treasury Internal Revenue Service

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 2023 Open to Public Inspection

JUN 30, 2024 2023 For calendar year 2023 or tax year beginning , and ending 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 6109179890 821 GAY STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ... PHOENIXVILLE, PA 19460 D 1. Foreign organizations, check here G Check all that apply: Initial return 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 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 Under 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, Other (specify) under section 507(b)(1)(B), check here ... (from Part II, col. (c), line 16) 61,713,121. (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and expenses per books (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) income income 8,250. Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 1,681,830.STATEMENT 1 1,681,830. 1,681,830. 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -361,107.6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 45,240,908. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold ... c Gross profit or (loss) 11 Other income 1,328,973. 1,681,830. 1,681,830. 12 Total. Add lines 1 through 11 149,099. 149,099. 0. 0. 13 Compensation of officers, directors, trustees, etc. 167,595. 167,595. 0. 0. 14 Other employee salaries and wages 47,865. 0. 0 47,865. 15 Pension plans, employee benefits 2,084. 0. 0. 2,084. 16a Legal fees STMT 2 15,473. 15,473. b Accounting fees STMT 3 0. 0. c Other professional fees STMT 4 6,046. 0. 0. 6,046. 17 Interest 28,892. **18** Taxes **STMT** 5 28,892. 0. 0. 25,353. 0. 25,353. 19 Depreciation and depletion 33,945. 33,945. 0. 0. 20 Occupancy 4,046. 4,046. 0. 0. 21 Travel, conferences, and meetings 22 Printing and publications 236,779. 87,550. 0. 149,246. 23 Other expenses STMT 6 24 Total operating and administrative 604,291. 717,177 87,550. 25,353. expenses. Add lines 13 through 23 2,072,609. 2,072,609. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 25,353. 2,676,900. Add lines 24 and 25 2,789,786. 87,550. 27 Subtract line 26 from line 12: -1,460,8132 Excess of revenue over expenses and disbursements ... 1,594,280. b Net investment income (if negative, enter -0-) 1,656,477. c Adjusted net income (if negative, enter -0-)......

For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23

| art I | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | |
|-------|--|---------------------------|--------------------------------|-----------------------|
| art I | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 2,169,312. | | |
| 2 | Savings and temporary cash investments | 366,514. | 11,961,438. | 11,961,438 |
| 3 | Accounts receivable | | | |
| | Less: allowance for doubtful accounts | 8,000. | | |
| 4 | Pledges receivable | | | |
| | Less; allowance for doubtful accounts | | | |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons | | | |
| 7 | Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | Inventories for sale or use | | | |
| 9 | Prepaid expenses and deferred charges | 8,917. | 17,240. | 17,240 |
| 0a | Investments - U.S. and state government obligations STMT 7 | 0. | 1,322,356. | 1,322,356 |
| b | Investments - corporate stock STMT 8 | 39,348,048. | 43,201,452. | 43,201,452 |
| C | Investments - corporate bonds STMT 9 | 14,799,737. | 3,572,253. | 3,572,253 |
| | nvestments - land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | Investments - other STMT 10 | 0. | 1,151,411. | 1,151,411 |
| 4 | Land, buildings, and equipment: basis 966, 127. | | | |
| | Less: accumulated depreciation STMT 11 479,156. | 512,324. | 486,971. | 486,971 |
| 5 | Other assets (describe) | | | |
| 16 | Total assets (to be completed by all filers - see the | | etel day and have also as also | |
| | instructions. Also, see page 1, item I) | 57,212,852. | | 61,713,121 |
| 7 | Accounts payable and accrued expenses | 2,439. | 31,911. | |
| 18 | Grants payable | VIA . | | |
| 9 | Deferred revenue | | | |
| 0 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 11 | Mortgages and other notes payable | | | |
| 2 | Other liabilities (describe 401K WITHHOLDING) | 125. | 125. | |
| | 46. 10 | 0 -64 | | |
| | Total liabilities (add lines 17 through 22) | 2,564. | 32,036. | |
| | Foundations that follow FASB ASC 958, check here | | | |
| | and complete lines 24, 25, 29, and 30. | EE 140 0EC | E0 612 752 | |
| | Net assets without donor restrictions | 55,142,956. 2,067,332. | 59,613,753. | |
| | Net assets with donor restrictions | 4,067,332. | 2,067,332. | |
| | Foundations that do not follow FASB ASC 958, check here | | | |
| | and complete lines 26 through 30. | | | |
| | Capital stock, trust principal, or current funds | | | |
| | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | Retained earnings, accumulated income, endowment, or other funds | 57 210 200 | 61,681,085. | |
| 9 | Total net assets or fund balances | 57,210,288. | 01,001,005. | |
| 30 | Total liabilities and net assets/fund balances | 57,212,852. | 61,713,121. | |
| | II Analysis of Changes in Net Assets or Fund Ba | | | |

Analysis of Changes in N Part III

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 | | |
|---|---|---|-------------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 57,210,288. |
| 2 | Enter amount from Part I, line 27a | 2 | -1,460,813. |
| 3 | Other increases not included in line 2 (itemize) UNREALIZED GAINS/LOSSES | 3 | 5,931,610. |
| | Add lines 1, 2, and 3 | 4 | 61,681,085. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 61,681,085. |

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Fund Balances

ŏ

Net Assets

| Pa | rt IV Capital Gains a | and Losses for Tax on In | vestment li | ncome | | | | | | |
|--|-------------------------------------|--|------------------------|---|----------|--------------------------|---------|----------------------------------|----------------------------|---------------------------|
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | (b) P D | How acquired P - Purchase D - Donation (c | | (c) Date ac (mo., day | /, yr.) | (d) Date sold (mo., day, yr.) | | |
| 12 VANGUARD BROKERAGE ACCOUNT | | | | | | 07/01 | | 06/30/24 | | |
| b 2 | HAVERFORD BROKE | ERAGE ACCOUNT | | | | | | 07/01 | /23 | 06/30/24 |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | // \ O . ' | - 4 | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other bas ense of sale | е | | | (e) plus (| n or (loss f) minus | (g)) |
| a | 675,541. | | | 450, | | | | | | 225,541. |
| b | 44,565,367. | | 45, | ,152, | 015. | | | | | -586,648. |
| C | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | 40/04/00 | | | | | | |
| | Complete only for assets showing | g gain in column (h) and owned by | T | 8 8 50 | | - | (I) |) Gains (Co . (k), but no | I. (h) gain it less tha | minus n -0-) or |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | ss of col. (i) I. (j), if any | | | 001. | Losses (f | rom col. | (h)) |
| a | | | | | | | | | | 225,541. |
| b | | | | | | | | | | -586,648. |
| С | | | | · A | | | | | | |
| d | | | | | | | | | | |
| е | | | | M | | | | | | |
| 2 Capital gain net income or (net capital loss) | | | | | | -361,107. | | | | |
| 3 N | let short-term capital gain or (los | s) as defined in sections 1222(5) ar | nd (6): | The same | V, | | | | | |
| If | gain, also enter in Part I, line 8, | column (c). See instructions. If (loss | s), enter -0- in | 784 | \ | | | | | 0 |
| | art I, line 8 | ed on Investment Incon | na (Caption | 4040(0) | 4040 | 3 | × 1010 | coo in | ctructi | 0. |
| | | | | | | | | - See III | Structi | 0115) |
| 1a | | described in section 4940(d)(2), che | tach copy of lette | | | | | 1 | | 22,160. |
| | Date of ruling or determination | enter:(at enter 1.39% (0.0139) of line 27b. E | | | | e msuu | Guons) | | | 22,100. |
| b | | | | | | | | | | |
| | 4% (0.04) of Part I, line 12, col. | (b) ic section 4947(a)(1) trusts and tax | able foundations | only other | e ontor- | | | 2 | | 0. |
| | | | | | | | | | | 22,160. |
| 3 | Add lines 1 and 2 | tic section 4947(a)(1) trusts and tax | vable foundations | only other | re antar | -0-/ | | | | 0. |
| 4 | | me. Subtract line 4 from line 3. If ze | | | | | | | | 22,160. |
| 0 | Credits/Payments: | me. Subtract line 4 from line 3. fr 20 | 10 01 1033, 01101 | · | | | | | | |
| 6 | | nd 2022 overpayment credited to 20 | 023 | 6a | | 2 | 6,280 | | | |
| a | | tax withheld at source | | 6b | | | | | | |
| | | tension of time to file (Form 8868) | | 6c | | | 0 | | | |
| | | y withheld | | 6d | | | 0 | | | |
| 7 | | d lines 6a through 6d | | | | | | _ | | 26,280. |
| 8 | Enter any nenalty for undernay | ment of estimated tax. Check here [| if Form 222 | 20 is attach | ned | | | 8 | | 0. |
| 9 | | nd 8 is more than line 7, enter amo | | | | | | 9 | | |
| 10 | | than the total of lines 5 and 8, enter | | | | | | 10 | | 4,120. |
| 11 | | e: Credited to 2024 estimated tax | | | 4,12 | 20. | Refunde | | | 0. |
| <u> </u> | | | | | | | | | | Form 990-PF (2023) |

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| | | Statements Regarding Activities | | | |
|------|---------------|---|-----|-----|---------|
| 1a | During the | tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | |
| | any politica | campaign? | 1a | | X |
| b | | more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 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. | | | |
| | | ndation file Form 1120-POL for this year? | 1c | | X |
| d | I Enter the a | nount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | | foundation. \$ 0 . (2) On foundation managers. \$ 0 . | | | 76 |
| е | Enter the re | imbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| | managers. | \$ | | | |
| 2 | | ndation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | | 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, or | | | 37 |
| | 0.50 | 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 | | X |
| | | it filed a tax return on Form 990-T for this year? | 4b | | 37 |
| 5 | | a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | | ach the statement required by General Instruction T. | | | |
| 6 | | uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| | | 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 | Di jidi |
| 1000 | remain in t | ne governing instrument? | 6 | X | |
| 7 | Did the fou | ndation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | Δ | |
| 20 | | ates to which the foundation reports or with which it is registered. See instructions. | | | |
| 88 | Lenter the s | ates to which the foundation reports or with which it is registered. See instructions. NONE | | | |
| | If the enough | er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| L | | te as required by General Instruction G? If "No," attach explanation | 8b | X | 1 |
| ۵ | | dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | 0.0 | | |
| J | | or the tax year beginning in 2023? 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 | | X |
| | | during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | | 2(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | | ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| - | | ach statement. See instructions | 12 | | X |
| 13 | | ndation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | | dress WWW.PCHF1.ORG | | | |
| 14 | | are in care of TAMELA LUCE Telephone no. 610917 | 989 | 0 | |
| | Located at | 821 GAY STREET, PHOENIXVILLE, PA ZIP+4 19 | 460 | | |
| 15 | | 47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | |
| | | ne amount of tax-exempt interest received or accrued during the year 15 | N | /A | |
| 16 | | during calendar year 2023, 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 |
| | | tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign cou | | | | |
| _ | | | | | |

23-2912035 PHOENIXVILLE COMMUNITY HEALTH FOUNDATION Form 990-PF (2023) Page 5 Part VI-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): X (1) Engage in the sale or exchange, or leasing of property with a disqualified person? 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X 1a(2) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?______ X 1a(5) (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) X 1a(6) 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 X 1b 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 X before the first day of the tax year beginning in 2023? 1d 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(i)(3) or 4942(i)(5)); a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines X 6d and 6e) for tax year(s) beginning before 2023? 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 X during the year? 3a b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?

Schedule C, to determine if the foundation had excess business holdings in 2023.) N/A 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

4b

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| Part VI-B | Statements Regarding Activities for Which F | orm 4/20 May Be I | Required (continu | ied) | | 24 24 | _ | |
|--|--|---|-----------------------------------|--|--------------|--|---|--|
| 5a During the | year, did the foundation pay or incur any amount to: | | | | | Yes No | _ | |
| | on propaganda, or otherwise attempt to influence legislation (section | | | | 5a(1) | X | _ | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | | | | |
| any voter registration drive? | | | | | | | | |
| (3) Provid | e a grant to an individual for travel, study, or other similar purposes | ? | | | 5a(3) | X | | |
| (4) Provid | e a grant to an organization other than a charitable, etc., organization | n described in section | | | | | | |
| 4945(d)(4)(A)? See instructions | | | | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for | | | | | | | | |
| | evention 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 under the exceptions described in Regulations | | | | | | | | |
| | 4945 or in a current notice regarding disaster assistance? See instru | | | <u></u> | 5b | X | _ | |
| c Organizatio | ons relying on a current notice regarding disaster assistance, check h | nere | | | | | | |
| d If the answ | er is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it mainta | ined | | | | | |
| | e responsibility for the grant? | | | | 5d | | | |
| | ach the statement required by Regulations section 53.4945-5(d). | | | | | | | |
| | ndation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | AV. | | | |
| | benefit contract? | | | | 6a | X | | |
| b Did the fou | ndation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 6b | X | | |
| | 6b, file Form 8870. | | | | | | Ī | |
| 7a At any time | e during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | | | 7a | X | | |
| | the foundation receive any proceeds or have any net income attribu | | | | 7b | | | |
| | dation subject to the section 4960 tax on payment(s) of more than \$ | | | | | | Ī | |
| | achute payment(s) during the year? | | | | 8 | X | | |
| Part VII | Information About Officers, Directors, Trusto | ees, Foundation Ma | nagers, Highly | 1 | | | | |
| | Paid Employees, and Contractors | | 2004 (1000) (1000) | | | | | |
| 1 List all offi | cers, directors, trustees, and foundation managers and t | | | / B | | | | |
| | () Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, | (d) Contributions t employee benefit pla and deferred compensation |) (18 a(| (e) Expense ccount, other | r | |
| | (a) Name and address | to position | enter -0-) | and deferred compensation | | allowances | _ | |
| | | | | | | | | |
| | | See A | | | | _ | | |
| SEE STA | TEMENT 12 | | 149,099. | 15,565 | • | 0 . | • | |
| | | | | | | | | |
| | | 7 | | | | | | |
| | | | | | | | | |
| | | _ | | | | | | |
| _ | | | | | | | | |
| | | | | | \perp | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | \bot | | | |
| 2 Compensa | ation of five highest-paid employees (other than those inc | | , enter "NONE." | (d) Contributions | | (-) Eypopoo | _ | |
| (a) Na | me and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit pla and deferred compensation | ns a | (e) Expense ccount, other allowances | r | |
| TAMELA | LUCE - 821 GAY STREET, | PRESIDENT/CEC | | | | | _ | |
| PHOENIX | | 40.00 | 149,099. | 15,565 | | 0 . | • | |
| JEANETT | | DIRECTOR OF E | INANCE AN | | | NS | _ | |
| PHOENIX | | 40.00 | 93,833. | 18,709 | | 0 . | • | |
| | | PROGRAM OFFIC | | | | | _ | |
| PHOENIX | | 40.00 | 58,929. | 8,804 | | 0 | 0 | |
| | | | | | \top | | _ | |
| | | | | | | | | |
| | | | | | | | _ | |
| | | | | | | | | |
| Total number of | of other employees paid over \$50,000 | | | | | | 0 | |
| | | | | | | | | |

| Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
|---|----------------------------|---------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter | 'NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| VANGUARD INVESTMENT | 1 | |
| PO BOX 1101, VALLEY FORGE, PA 19482-1101 | MANAGEMENT FEE | 87,550. |
| FO BOX 1101, VALUET FORGE, TA 19402 1101 | EMMINODITUTE I DE | 0,75500 |
| | 4 | |
| | | |
| | 4 | |
| | | |
| |] | |
| | | |
| | | |
| | 1 | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part VIII-A Summary of Direct Charitable Activities | | |
| | ad information such as the | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ | ced, etc. | Expenses |
| 1 N/A | | |
| | 4 | |
| | | |
| 2 | | |
| 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 on lin | nes 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| 2 | | |
| | | |
| All III | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
| - 5 tal. / 100 ii 30 i 31 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | Form 990-PF (2023) |

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| P | art IX Minimum Investment Return (All domestic foundation | s must co | mplete this part. Foreign fo | undation | s, see instructions.) |
|----|--|---------------|-------------------------------|-------------|---------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitat | le, etc., pu | poses: | | |
| а | Average monthly fair market value of securities | | | 1a | 51,697,629. |
| | Average of monthly cash balances | | | 1b | 7,248,632. |
| C | Fair market value of all other assets (see instructions) | | | 1c | 17,079. |
| d | Total (add lines 1a, b, and c) | | | 1d | 58,963,340. |
| 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 | 58,963,340. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater a | mount, see | instructions) | 4 | 884,450. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | | | 5 | 58,078,890. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | | | 6 | 2,903,945. |
| P | art X Distributable Amount (see instructions) (Section 4942(j)(3 | | private operating foundations | and certair | 1 |
| | foreign organizations, check here and do not complete this par | | | | |
| 1 | Minimum investment return from Part IX, line 6 | | | 1 | 2,903,945. |
| 2a | Tax on investment income for 2023 from Part V, line 5 | 2a | 22,160. | | |
| | Income tax for 2023. (This does not include the tax from Part V.) | | | | |
| C | Add lines 2a and 2b | | A | 2c | 22,160. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 2,881,785. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | ,,, | | 5 | 2,881,785. |
| 6 | Deduction from distributable amount (see instructions) | | <u>/</u> | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par | XII, line 1 | A | 7 | 2,881,785. |
| P | art XI Qualifying Distributions (see instructions) | | 7 | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., put | | | | |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 2,676,900. |
| | 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 charita | ble, etc., pı | irposes | 2 | |
| | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| | 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 | 2,676,900. |
| | | | | | Form 990-PF (2023) |

323571 12-20-23

Page 9 Undistributed Income (see instructions) Part XII (a) (b) (c) (d) Years prior to 2022 2022 2023 Corpus 1 Distributable amount for 2023 from Part X, 2,881,785. line 7 2 Undistributed income, if any, as of the end of 2023: a Enter amount for 2022 only b Total for prior years: 0 . 3 Excess distributions carryover, if any, to 2023: a From 2018 **b** From 2019 c From 2020 144,374. dFrom 2021 e From 2022 144,374 f Total of lines 3a through e 4 Qualifying distributions for 2023 from \$ 2,676,900. Part XI, line 4: 0 a Applied to 2022, but not more than line 2a ... b Applied to undistributed income of prior 0 years (Election required - see instructions) ... c Treated as distributions out of corpus 0. (Election required - see instructions) 2,676,900. d Applied to 2023 distributable amount 0. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount 144,374. 144,374 must be shown in column (a).) 6 Enter the net total of each column as indicated below: 0 a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2022. Subtract line 0. 4a from line 2a. Taxable amount - see instr. ... f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must 60,511. be distributed in 2024 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) 8 Excess distributions carryover from 2018 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2024. 0 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2019 b Excess from 2020 ...

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Form **990-PF** (2023)

c Excess from 2021 ... d Excess from 2022 e Excess from 2023.

| Part XIII Private Operating F | oundations (see ins | tructions and Part VI- | A, question 9) | N/A | |
|---|-----------------------------|-----------------------------|------------------------------|--|----------------------|
| 1 a If the foundation has received a ruling o | r determination letter that | it is a private operating | ľ | The state of the s | |
| foundation, and the ruling is effective for | | | | | |
| b Check box to indicate whether the found | | | | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | W/ / |
| income from Part I or the minimum | (a) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | (e) Total |
| investment return from Part IX for | | | | | |
| each year listed | | | | | |
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, | | | | | |
| line 4, for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | 20 | | |
| a "Assets" alternative test - enter: | | | <i>I</i> IV | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | A | | | |
| 2/3 of minimum investment return shown in Part IX, line 6, for each year | | 48 | M | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | Allen | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on | | 20 | | | |
| securities loans (section | | A A | | | |
| 512(a)(5)), or royalties) | | A BOY | | | |
| (2) Support from general public and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| | | | | | |
| (3) Largest amount of support from | 65 | | | | |
| an exempt organization | | 4 | | | |
| (4) Gross investment income | matica (Cample) | a this new entry | f blog form doblog | had 65 000 an ma | |
| Part XIV Supplementary Info | | | t the foundation | nad \$5,000 or mo | re in assets |
| | 100 000 | actions.j | | | |
| Information Regarding Foundation a List any managers of the foundation who | | on 20/ of the total centr | ibutions resolved by the | foundation before the class | a of any toy |
| year (but only if they have contributed m | ore than \$5.000). (See se | ction 507(d)(2).) | ibutions received by the | iounuation before the clos- | e or any tax |
| NONE | , , , , | () () (| | | |
| b List any managers of the foundation who | own 10% or more of the | stock of a corporation (| or an equally large portio | n of the ownership of a na | tnership or |
| other entity) of which the foundation has | | | or all equally large portion | ii oi tile ownership of a pa | thership of |
| NONE | • | | | | |
| 2 Information Regarding Contribution | on Grant Gift Loan ! | Scholarshin etc. Pro | ngrams: | | |
| | 1 (0) (0) (1 | NSL 9 (5 | 88-82 | not accept unsolicited req | uests for funds. If |
| the foundation makes gifts, grants, etc., | to individuals or organizat | ions under other condition | ons, complete items 2a, t | o, c, and d. | asoto for farido. II |
| a The name, address, and telephone numb | er or email address of the | person to whom applica | ations should be address | ed: | |
| | | | | | |
| SEE STATEMENT 13 | | | | | |
| b The form in which applications should be | e submitted and information | on and materials they sh | ould include: | | |
| | | | | | |
| c Any submission deadlines: | | | | | |
| | | | | A | |
| d Any restrictions or limitations on awards | , such as by geographical | areas, charitable fields, l | kinds of institutions, or o | ther factors: | |
| | | | | | |

| Part XIV Supplementary Information | | | | |
|--|---|---------------------|--|------------|
| 3 Grants and Contributions Paid During the Y | ear or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amerint |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| CADACTMY DITTIDING MINI CDANII | NONE | | SUPPORT FOR | |
| CAPACITY BUILDING MINI GRANT SEE ATTACHED | NONE | | DEVELOPMENT OF | |
| SEE ATTACHED, PA 19460 | | | STRATEGIC PLAN | 19,200. |
| DILL MILLEMAN, IN 1910 | | | | , |
| | | | | |
| | | | | |
| CHAMPIONS GRANTS | NONE | | CHAMPIONS OF THE | |
| SEE ATTACHED | | | COMMUNITY | |
| SEE ATTACHED, PA 19460 | | | | 4,000. |
| | | AT . | | |
| | | Alle | | |
| HEALTH EDUCATION MINI GRANT | NONE | Va. 160 | SUPPORT FOR HEALTH | |
| SEE ATTACHED | 10112 | M . | EDUCATION | |
| SEE ATTACHED, PA 19460 | 4 | 8.10 | Final parties and interest and | 3,000. |
| , | | | | |
| | All lands | | | |
| | | 7007 | | |
| MAJOR GRANTS | NONE | 7 | MAJOR GRANTS | |
| SEE ATTACHED | 1 APR - 1 | b. | | |
| SEE ATTACHED, PA 19460 | | V | | 1,961,996. |
| | | | | |
| | | | | |
| MATCHING GIFTS | NONE | | MATCHING GIFTS | |
| SEE ATTACHED | | | The second secon | |
| SEE ATTACHED, PA 19460 | | | | 12,585. |
| Total SEE CO | NTINUATION SHEE | T(S) | | 2,072,609. |
| b Approved for future payment | | | | |
| | | | | |
| NONE | | | | |
| NONE | | | | |
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| Total | | | | 0. |

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

| Enter gross amounts unless otherwise indicated. | Unrelate | d business income | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|-------------------|---------------|--|-------------------|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | 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 | 1,681,830. | |
| 5 Net rental income or (loss) from real estate: | | | ALC: NO | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | A | | | |
| property | | | | | |
| 7 Other investment income | | AY | | | |
| 8 Gain or (loss) from sales of assets other | | // A | | 4 | |
| than inventory | | 45. N | 18 | -361,107. | |
| 9 Net income or (loss) from special events | | | | There are along 1 and the the real | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | 100 | | | |
| b | - 4 | | | | |
| C | | MONA | | | |
| d | (1) h | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 1,320,723. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | Z | | | 13 | 1,320,723. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | The second secon | |

Part XV-B 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). |
|----------|--|
| | the foundation's exempt purposes (other than by providing funds for such purposes). |
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| | | | | Y HEALTH FO | | | | | ige 13 |
|--------------|--|----------------------|-------------------------|-----------------------------|---------------------|----------------------------------|-----------------------------|-----------|--------|
| Part > | | | nsfers to an | d Transactions a | and Relations | ships With Nonch | aritable | 9 | |
| 1 Did | Exempt Organ the organization directly or ind | | of the following | with any other organization | on described in sec | ction 501(c) | | Yes | No |
| | ner than section 501(c)(3) orga | | | | | 00011 00 1(0) | | | |
| | nsfers from the reporting found | | | | | | | | |
| | Cash | | 0 1001 | | | | 1a(1) | | X |
| | Other assets | | | | | | | | X |
| | er transactions: | | | | | | | William . | |
| | Sales of assets to a noncharita | able exempt organiza | ation | | | | 1b(1) | | X |
| | Purchases of assets from a no | | | | | | | | X |
| | Rental of facilities, equipment, | | | | | | | - | X |
| | Reimbursement arrangements | | | | | | | - | X |
| | Loans or loan guarantees | | | | | | | | X |
| | Performance of services or me | | | | | | | | X |
| 6 8 | aring of facilities, equipment, ma | | | | | | | | X |
| | ne answer to any of the above is | | | | | | | sets, | |
| | services given by the reporting | | | | | | | | |
| | umn (d) the value of the goods, | | | | • | ~ ~ | | | |
| (a)Line no | b. (b) Amount involved | (c) Name o | of noncharitable e | xempt organization | (d) Descripti | on of transfers, transactions, a | ind sharing a | rrangeme | ents |
| | | | N/A | | | | | | |
| | | | | All | 4 | | | | |
| | | | | A | 100 | | | | |
| | | | | A7 A | | | | | |
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| | | | AK Y | | | | | | |
| | | | NA A | 7 | | | | | |
| | he foundation directly or indirec | | | | | | | | _ |
| | ection 501(c) (other than section | | ection 527? | | | | Yes | X | No |
| b If"\ | es," complete the following sch | | <u> </u> | | , | (15 10 (10 | | | |
| | (a) Name of or | ganization | | (b) Type of organization | | (c) Description of relation | nship | | |
| | N/A | | | | | | | | |
| | | | | | | | | | |
| | | | | | - | | | | |
| | | | | | | | | | |
| - | | | Alle and an in alle die | | | the best of my knowledge | | | |
| 0: | Under penalties of perjury, I decla and belief, it is true, correct, and of | | | | | anan baaramu lemanulanima | May the IRS return with the | discuss | this |
| Sign Here | | | | 1 | DDEGIDE | | shown below | v? See in | str. |
| Here | Cianature of officer or tructo | 0 | | Doto | PRESIDE | TIV.T. | X Yes | s L_ | ⊔ No |
| | Signature of officer or truste Print/Type preparer's n | | Preparer's sign | Date | Title Date | Check if PTI | IN | | |
| | GREGORY S. | | i Topaloi 3 Sigi | nataro | Date | self- employed | | | |
| Paid | CPA | CAILL, | | | | | 01409 | 701 | |
| Prepa | | LIE LLP | 1 | | 1 | | 51888 | | |
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Form **990-PF** (2023)

Phone no. (610)935-1420

Firm's address 500 NORTH LEWIS RD

LIMERICK, PA 19468

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035

| SEE ATTACHED SEE ATTACHED, PA 19460 MINI GRANTS IT SEE ATTACHED SEE ATTACHED SEE ATTACHED, PA 19460 MINI GRANTS TRANSPORTATION SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED SEE ATTACHED, PA 19460 SCHOLARSHIPS SUPPLY | Purpose of grant or contribution | Amount |
|--|----------------------------------|--------|
| Show any relationship to any foundation manager or substantial contributor MINI GRANTS AED MINI GRANTS AED MINI GRANTS IT MINI GRE ATTACHED MINI GRE ATTACHED MINI GRANTS TRANSPORTATION MINI GRANTS TRANSPORTATION MINI GRANTS TRANSPORTATION MINI GRE ATTACHED MINI GRE | | Amount |
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| MINI GRANTS TRANSPORTATION NONE SEE ATTACHED SCHOLARSHIPS SEE ATTACHED SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS SCHOLARSHIPS | PROGRAM | |
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| SEE ATTACHED SCHOOL | and a second | 2,75 |
| SEE ATTACHED SCHOOL | | |
| | PPORT FOR HOLARSHIP PROGRAM | |
| | OLARSHIP PROGRAM | 39,00 |
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| | | |
| Total from continuation sheets | | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2023

Schedule B (Form 990) (2023)

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Organization type (check one): Filers of: Section: Form 990 or 990-F7 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

23-2912035

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | DIANE ALTHOUSE - PHOENIXVILLE HOSPITAL MED STAFF 140 NUTT ROAD PHOENIXVILLE, PA 19460 | \$8,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

23-2912035

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

Employer identification number

| (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe | Use duplicate copies of Part III if additional (b) Purpose of gift | space is needed. (c) Use of gift | (d) Description of how gift is held |
|--|---|----------------------------------|--|
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferor to transferor to transferor of transferor to t | 1 (3) Expect of girl | (4, 666 61 g) | (4) |
| No. om art I (b) Purpose of gift (c) Use of gift (d) Description of how gift | | (e) Transfer of gift | |
| (e) Transfer of gift | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
|) No. rom (b) Purpose of gift (c) Use of gift (d) Description of how gift |). (b) Dumage of sift | (a) Use of sift | (d) Description of how gift is held |

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

(e) Transfer of gift

Relationship of transferor to transferee

(d) Description of how gift is held

.,

(c) Use of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |

(a) No. from Part I

| FORM 990-PF | DIVIDENDS | S AND INTER | EST FROM SECU | RITIES ST | PATEMENT 1 |
|---|-----------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | REVENUE | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| SECURITIES | 1,681,830. | , | 0. 1,681,830 | 1,681,830. | 1,681,830. |
| TO PART I, LINE 4 | 1,681,830 | | 1,681,830 | 1,681,830. | 1,681,830. |
| 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 | | 2,084. | 0. | 0. | 2,084. |
| TO FM 990-PF, PG 1, LN 16A | | 2,084. | 0. | 0. | 2,084. |
| | | | | | |
| FORM 990-PF ACCOUNTING FEES STATEMENT 3 | | | | | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | | 15,473. | 0. | 0. | 15,473. |
| TO FORM 990-PF, PG | 1, LN 16B | 15,473. | 0. | 0. | 15,473. |
| FORM 990-PF | ro | THER PROFES | SIONAL FEES | SI | PATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OTHER PROFESSIONAL | FEES | 6,046. | 0. | 0. | 6,046. |
| TO FORM 990-PF, PG | 1, LN 16C | 6,046. | 0. | 0. | 6,046. |
| | | | | | |

| FORM 990-PF | TAX | TAXES STATEMENT 5 | | |
|---|---|--|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PAYROLL TAXES OTHER TAXES | 25,195. 3,697. | 0. | 0. | 25,195. 3,697. |
| TO FORM 990-PF, PG 1, LN 18 | 28,892. | 0. | 0. | 28,892. |
| FORM 990-PF | OTHER E | XPENSES | gr | PATEMENT 6 |
| | | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BANK FEES BOARD MEETING EXPENSES COMMUNITY RELATIONS DUES AND SUBSCRIPTIONS INSURANCE MANAGEMENT FEES MEMBERSHIP DUES OFFICE SUPPLIES PAYROLL SERVICES POSTAGE SECURITY STAFF DEVELOPMENT TELEPHONE & INTERNET TRASH, WATER, SEWER UTILITIES PROGRAM SUPPORT REPAIR & EQUIPMENT | 179. 11,433. 60,525. 1,791. 13,723. 87,550. 18,272. 5,885. 5,919. 215. 346. 7,365. 6,629. 798. 5,075. 5,524. 5,550. | 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 179. 11,433. 60,525. 1,791. 13,723. 0. 18,272. 5,885. 5,919. 215. 346. 7,365. 6,629. 815. 5,075. 5,524. 5,550. |
| TO FORM 990-PF, PG 1, LN 23 | 236,779. | 87,550. | 0. | 149,246. |
| | | | | |

| FORM 990-PF U.S. AND STATE/ | CITY GOV | ERNMENT | OBLIGATIONS | STATEMENT 7 |
|------------------------------------|---------------|----------------|-------------|----------------------|
| DESCRIPTION | U.S. GOV'T | OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| US GOVERNMENT OBLIGATIONS | X | | 1,322,356. | 1,322,356. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | | - | 1,322,356. | 1,322,356. |
| TOTAL STATE AND MUNICIPAL GOVERNME | NT OBLIG | ATIONS | | |
| TOTAL TO FORM 990-PF, PART II, LIN | E 10A | = | 1,322,356. | 1,322,356. |
| FORM 990-PF CO | RPORATE | STOCK | | STATEMENT 8 |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE STOCK | 4 | 6/ | 43,201,452. | 43,201,452. |
| TOTAL TO FORM 990-PF, PART II, LIN | E 10B | | 43,201,452. | 43,201,452. |
| | | | | |
| FORM 990-PF CO | RPORATE | BONDS | zi. | STATEMENT 9 |
| DESCRIPTION | | - | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE BONDS | | _ | 3,572,253. | 3,572,253. |
| TOTAL TO FORM 990-PF, PART II, LIN | E 10C | = | 3,572,253. | 3,572,253. |
| FORM 990-PF OTH | ER INVES | TMENTS | | STATEMENT 10 |
| DESCRIPTION | | ATION HOD | BOOK VALUE | FAIR MARKET VALUE |
| MORTGAGE-BACKED BONDS | CO | ST | 1,151,411. | 1,151,411. |
| TOTAL TO FORM 990-PF, PART II, LIN | E 13 | _ | 1,151,411. | 1,151,411. |
| | | N== | | |

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|--|------------------------|--------------------------|------------|
| BUILDING | 725,000. | 286,605. | 438,395. |
| LANDSCAPING-SCHNATZ & ROHRER | 2,691. | 1,775. | 916. |
| CURBING-PAUL R. SAVILLE | 8,500. | 6,237. | 2,263. |
| NEW ROOF-GSM ROOFING | 33,300. | 22,200. | 11,100. |
| DIAMOND QUALITY BUILDERS | 13,519. | 9,011. | 4,508. |
| SPECTRUM | 622. | 622. | 0. |
| OFFICE FURNITURE | 558. | 558. | 0. |
| OFFICE DESK SET | 1,109. | 1,109. | 0. |
| RT WORK-DESIGN OF PCH | 8,500. | 8,500. | 0. |
| ART WORK | 450. | 450. | 0. |
| DESKS | 2,869. | 2,869. | 0. |
| ART WORK | 2,760. | 2,760. | 0. |
| ART WORK | 370. | 370. | 0. |
| ART WORK | 574. | 574. | 0. |
| OFFICE FURNITURE | 2,168. | 2,168. | 0. |
| REFRIGERATORS | 457. | 457. | 0. |
| OFFICE FURNITURE | 315. | 315. | 0. |
| FILING CABINET | 777. | 777. | 0. |
| DESK & TABLE ED OFFICE | 1,993. | 1,993. | 0. |
| CHAIR | 504. | 504. | 0. |
| FILE CABINET | 622. | 622. | 0. |
| AED | 1,595. | 1,595. | 0. |
| CONFERENCE ROOM TABLE, RUG | 12,312. 4,500. | 12,312. 4,500. | 0. |
| WINDOW TREATMENT DEPOSIT 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 | 303. | 505. | • |
| OFFICER OFFICE | 8,902. | 8,902. | 0. |
| TELEPHONE SYSTEM | 5,135. | 5,135. | 0. |
| OFFICE COPIER | 6,145. | 6,145. | 0. |
| RUGS, LAMPS | 6,863. | 6,863. | 0. |
| FILING CABINET | 1,558. | 1,558. | 0. |
| 2 FILE CABINETS | 994. | 994. | 0. |
| RUGS | 1,734. | 1,734. | 0. |
| SECURITY CAMERA | 1,303. | 1,303. | 0. |
| BOOK CASE | 789. | 789. | 0. |
| LJB WINDOW TREATMENTS | 1,100. | 1,100. | 0. |
| SIGNAGE | 4,025. | 4,025. | 0. |
| ELAND GALLERY | | 780 | |
| 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. | 8,603. | 6,003. |
| HVAC SYSTEM | 7,325. | 1,504. | 5,821. |
| DELL OFFICE COMPUTER CAROL | 5,024. | 5,024. | 0. |
| DELL OFFICE COMPUTER LYNN | 3,309. | 3,309. | 0. |
| LED LIGHT PATH | 2,325. | 2,325. | 0. |
| TOTAL TO FM 990-PF, PART II, LN 14 | 965,434. | 496,428. | 469,006. |

STATEMENT 12

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | | EXPENSE |
|---|--------------------------|-----|-----|---------|
| JESSICA CAPISTRANT 410 W. ANDERSON AVE PHOENIXVILLE, PA 19460 | CHAIR 1.00 | 0. | 0. | 0. |
| BROOKE GINTY 353 WASHINGTON AVE 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 ST PHOENIXVILLE, PA 19460 | INTERIM TREASUL | RER | 0. | 0. |
| NICHOLAS BUCCI 15 OVERLOOK CIRCLE PHOENIXVILLE, PA 19460 | INTERIM SECRETA | ARY | 0. | 0. |
| JONATHAN EWALD 134 STARR ST PHOENIXVILLE, PA 19460 | DIRECTOR 1.00 | 0. | 0. | 0 . |
| 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. |
| BARBARA O'CONNOR 408 ABBEY LANE SCHWENKSVILLE, PA 19473 | DIRECTOR 1.00 | 0. | 0. | 0. |
| REV. LEE PACZULLA 45 N. MAIN ST, APT. 4303 PHOENIXVILLE, PA 19460 | DIRECTOR 1.00 | 0. | 0. | 0. |

| PHOENIXVILLE COMMUNITY H | EALTH FOUNDATION | | 23 | -2912035 |
|--|------------------|----------|---------|----------|
| CHELSEA PERUGINI 982 SPRING CITY RD 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 ST PHOENIXVILLE, PA 19460 | DIRECTOR 1.00 | 0. | 0. | 0. |
| RICHARD DOWNS 415 COUNTRY CLUB RD PHOENIXVILLE, PA 19460 | EMERITUS 1.00 | 0. | 0. | 0. |
| RICHARD KUNSCH, SR. 32 MEADOWBROOK LANE PHOENIXVILLE, PA 19460 | EMERITUS 1.00 | 0. | 0. | 0. |
| JAMES READING 1077 BALFOUR CIRCLE PHOENIXVILLE, PA 19460 | EMERITUS 1.00 | 0. | 0. | 0. |
| TAMELA LUCE 821 GAY STREET PHOENIXVILLE, PA 19460 | CEO 40.00 | 149,099. | 15,565. | 0. |
| TOTALS INCLUDED ON 990-PF, | PAGE 6, PART VII | 149,099. | 15,565. | 0. |

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FORM 990-PF

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

STATEMENT

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.

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