

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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.

Department of the Treasury Internal Revonue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

OMB No 1545-0052

	Fo	or ca	lendar year 2013 or tax year beginning J	ULY 1	, 2013,	and ending	JUNE 30	, 20 1 4
		Name	of foundation				A Employer identif	fication number
	_1	PHO	ENIXVILLE COMMUNITY HEALTH F	OUNDATION			23-29120	35
		Numb	er and street (or P O box number if mail is not delivered	ed to street address)		Room/suite	B Telephone numb	er (see instructions)
					ĺ			
	8	21	GAY STREET				610-917-	9890
		City o	r town, state or province, country, and ZIP or foreign p	ostal code				
							C If exemption application pending check here	
	I	PHO	ENIXVILLE, PA 19460				J Postaling Cricos Front	
	G	Che	eck all that apply Initial return	Initial return	of a former p	ublic charity	D 1. Foreign organiza	ations, check here
			Final return	X Amended re	turn		2 Foreign organiza	
	_		Address change	Name chang			85% test, check to computation .	
	H	Che	eck type of organization X Section 501				E If private foundation	on status was terminated
	\perp		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			1	b)(1)(A), check here .
	ı		I 	ounting method C	ash [X] Acc	rual	F If the foundation is	s in a 60-month termination
				Other (specify)			under section 507(b	o)(1)(B), check here . >
				l, column (d) must be or	cash basis)		<u> </u>	T (A) D
	i	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
			may not necessarily equal the amounts in	expenses per books	incom	I	income	purposes
	_		column (a) (see instructions))	<u> </u>				(cash basis only)
	1	1	Contributions, gifts, grants, etc., received (attach schedule).	14,950.00				
	-	2	Check ► [23] attach Sch B	<u> </u>				
		3	Interest on savings and temporary cash investments	1 (51 400 00	1 651 4			
		4	Dividends and interest from securities	1,651,422.00	1,651,42	22.00		
			Gross rents					
	-		Net rental income or (loss)	1,350,211.00				
	ant.	6 a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 5,819,247.00 assets on line 6a	1,330,211.00			RECE	
	Revenue			·	1,350,2	11 00		8
	Re	7	Capital gain net income (from Part IV, line 2) .		1,330,2.	11.00	SEP I	2 2016 12
		8 9	Net short-term capital gain				13 0121 *	
	١	-	Gross sales less returns					
	İ	h	Less Cost of goods sold					
	ĺ		Gross profit or (loss) (attach schedule)					
		11	Other income (attach schedule)					STATEMENT 1
		12	Total Add lines 1 through 11	3,016,883.00	3,001,63	33.00		
	\neg	13	Compensation of officers, directors, trustees, etc	146,500.00		00.00		117,200.00
ഗ	S			198,900.00	39,7	80.00		159,120.00
2016	ISe	15	Pension plans, employee benefits	70,735.00	14,1	47.00		56,588.00
€.i	per	16 a	Legal fees (attach schedule) STMT 2	18,453.00	3,6	91.00		14,762.00
SEP 14	Administrative Ex		Accounting fees (attach schedule) STMT 3	57,918.00	11,5	84.00		46,334.00
	i.ve	С	Other professional fees (attach schedule) STM:	14 8,321.00	1,6	65.00		6,656.00
	tra	17	Interest					
υ ς μ.	nis	18	Taxes (attach schedule) (see instructions) _ STMT 5	34,477.00		96.00		27,581.00
[Ξ	19	Depreciation (attach schedule) and depletion.	32,049.00		10.00		ļ
		20	Occupancy	34,445.00		89.00		27,556.00
	_	21	Travel, conferences, and meetings			15.00		4,858.00
	8	22	Printing and publications	2,927.00		85.00		2,342.00
ري ال	=1	23	Other expenses (attach schedule) STMT.6.	200,466.00	123,1	24.00		77,342.00
~ 4.	ere	24	Total operating and administrative expenses.		245 0	26 00		F40 220 00
	- }		Add lines 13 through 23	811,264.00	245,28	36.00		540,339.00
	,	25	Contributions, gifts, grants paid	2,302,962.00	245 0	26 00		2,190,674.00
	\neg	26	Total expenses and disbursements Add lines 24 and 25	3,114,226.00	245,28	00.00		2,731,013.00
		27	Subtract line 26 from line 12	_07 242 00)		
	1		Excess of revenue over expenses and disbursements	-97,343.00	2 756 2	17 00		
	- }		Net investment income (if negative, enter -0-)		2,756,34	: / . 00	N /Δ	
	- 1	_	Adjusted not income (it populate optor 0)	1	1	1	NIZ	1

JSA For Paperwork Reduction Act Notice, see instructions. 3E1410 1 000

Form 990-PF (2013)

<u>For</u>	m 99	0-PF (2013) PHOENIXVILLE COMMUNITY F			-2912035 Page 2
P	art	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		d of year
	Γ.	··-	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	365,069.	362,069	362,069.
	t .	Savings and temporary cash investments			
	3	Accounts receivable ► 1,262.		1 000	1 252
	١.	Less allowance for doubtful accounts		1,262	1,262.
	4	Pledges receivable >			
	_	Less: allowance for doubtful accounts ▶		···	
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	′	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
ets) '	Inventories for sale or use	07.003	10 500	10 500
Assets	ı	Prepaid expenses and deferred charges	27,083.	18,580	18,580.
•	l	Investments - U.S. and state government obligations	22 747 057	26 224 484	1 26 224 151
	i	Investments - corporate stock STMT 9	33,747,957.	36,334,171	
	l	Investments - corporate bonds STMT 10	12,310,325.	14,740,781	. 14,740,781.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment basis 879,327.	701 601	671 601	725 222
		Less accumulated depreciation STMT 11 207,726.	701,681.	671,601	
	ľ	Other assets (describe ► STATEMENT 12)	2,569,792.	2,611,582	3,028,000.
	16	Total assets (to be completed by all filers - see the	40 701 007	E 4 E 40 0 40	55 000 060
_	-	instructions. Also, see page 1, item 1)	49,721,907.	54,740,046	
	l l	Accounts payable and accrued expenses	4,185.	20,901	
	18	Grants payable	459,500.	571,788	<u>5 • </u>
ies	19	Deferred revenue			
Liabılıties		Loans from officers, directors, trustees, and other disqualified persons			
ial	21	Mortgages and other notes payable			-
	22	Other liabilities (describe)			
		Table 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	462 605	E00 600	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	463,685.	592,689	' •
	ļ				
ces		and complete lines 24 through 26 and lines 30 and 31.	47,499,030.	52,077,065	,
ű	1	Unrestricted	3,245.	2,960	
Fund Balan	25	Temporarily restricted	1,755,947.	2,067,332	
P	20	Permanently restricted	1,755,547.	4,001,332	<u>. • </u>
뎚		Foundations that do not follow SFAS 117, check here	ļ		
þ	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds			
ets		Paid-in or capital surplus, or land, bldg., and equipment fund			_
Assets	28	Retained earnings, accumulated income, endowment, or other funds			
Net A	29	T .	49,258,222.	54,147,357	,
Ž	30	Total net assets or fund balances	45,230,222.	34,147,337	<u></u>
	24	Total liabilities and net assets/fund balances	49,721,907.	54,740,046	
_				34,740,040	<u>!</u>
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
•		it agree with end-of-year figure reported on prior year's return)			1 49,258,222.
2	•	amount from Part I, line 27a		<u>-</u>	2 -97,343.
		r increases not included in line 2 (itemize)	SEE STA	. –	3 4,986,478.
		ines 1, 2, and 3			4 54,147,357.
•		eases not included in line 2 (itemize)			5 0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30		6 54,147,357.
					Form 990-PF (2013)

	NIXVILLE COMMUN			ND.	ATION	2	23-291	2035_ Pag	e 3
(a) List and descri	be the kind(s) of property sold (e.gehouse; or common stock, 200 shi	., real estate,		1. b	low acquired - Purchase - Donation	(s) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr)	
12 SEE ATTACHED SH					P				—
b SEE ATTACHED SH				ļ -	P				_
С									_
_d									
е	· 			L.,					_
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (
a 5,629,679.			4,335,95					1,293,722 56,489	2.
ь 189,568.			133,07	9.				56,489).
C			·		 				
<u>d</u>		ļ							
Complete only for access above	ann is actions (b) and suped by	the foundation	no 10/21/CD				5 1 4 3		—
Complete only for assets snowing	gain in column (h) and owned by				c	(I) Gains (I nl. (k), but	Col. (h) gain not less thai	minus n -0-) or	
(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69		cess of col. (1)	}	·	Losses	s (trom col. (h))	
a		 		-	·			1,293,72	
b		 						56,489	5 :
c									
d									
е									
	∫ If gain, also ente	r in Part I, line	7	٦					
Capital gain net income or (net cap	ortal loss) { If gain, also enter)- in Part I, line	7	3	2			<u>1,350,21</u>	<u>l.</u>
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) ai	nd (6):							
If gain, also enter in Part I, line 8, o	olumn (c).				_		22/2		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced	Tay on Net	Inv	estment Ir	come	N/A		
(For optional use by domestic private									
(For optional use by comestic private	ionitrations analest to the section	4540(4) (48 0)	i nei mvesineni n	iconit	;.)				
If section 4940(d)(2) applies, leave th	s part blank.								
Was the foundation liable for the secti	on 4942 tax on the distributable an	nount of any ve	ear in the base per	riod?				Yes X	No
If "Yes," the foundation does not quali			•						
1 Enter the appropriate amount in e	ach column for each year, see the r	nstructions be	fore making any e	ntries	i.				
(a) Base period years	(b)			(c)		.	Distrit	(d) oution ratio	
Calendar year (or tax year beginnin			Net value of no		ritable-use asse		(col. (b) div	nded by col. (c))	
2012		0,044.			<u>,311,64</u>			.0416	
2011		0,878.			,750,05			.0428	
2010		84,194. 00,482.			,686,46			.0448	
2009		6,523.			,821,22 ,324,05			.0691	
2000	2,70	•		4 0	, 344, 03		T	.0051	<u> </u>
2 Total of line 1, column (d)						2		.2496	54
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5,	or by the number	of ye	ars	\ <u>-</u>			
the foundation has been in existen			•	•		3		.0499	<u>31</u>
4 Enter the net value of noncharitable	e-use assets for 2013 from Part X,	line 5				4	5	4,064,85	2.
						- 1			
5 Multiply line 4 by line 3						5	<u> </u>	2,699,51	<u>2.</u>
_						1		0= ===	_
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	+	27,56	<u> 3 -</u>
7 Add base 5 - 40						_		2 727 47	E
7 Add lines 5 and 6						7	+	2,727,07	<u>. c</u>
8 Enter qualifying distributions from	Part YII June 4					8		2,731,01	3 -
	line 7, check the box in Part VI, line	th and some	late that nort user	10 2 11	% tay rata			<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u> -
See the Part VI instructions.	one 7, encor the box in Part VI, 1976	, io, and comp	note mat han nom	iyai' -	/# NGA 1 GIG.				
323521 10-10-13							ſ	orm 990-PF (20	013)

į.

-orm 990-PF				<u> 29120.</u>		Page 4
Part VI	Excise Tax Based on Investment Income (Section 494		or 4948 ·	· see ins	truction	ons)
ta Exempt	operating foundations described in section 4940(d)(2), check here 🕨 📖 and e	enter "N/A" on line 1.		1		
Date of I	ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)				
b Domest	ic foundations that meet the section 4940(e) requirements in Part V, check here	➤ 🔀 and enter 1%	_ 1		27,	563.
of Part I	, line 27b					
c All other	r domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b).				
	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C		2			0.
3 Add line	s 1 and 2	·	3		27,	563.
4 Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, (Others enter -0-)	4			0.
	ed on investment income Subtract line 4 from line 3. If zero or less, enter -0-	,	5		27.	563.
	Payments*					
a 2013 es	timated tax payments and 2012 overpayment credited to 2013	6a 40,0	oo.l	ĺ		
b Exempt	foreign organizations - tax withheld at source	6b				
·	f with application for extension of time to file (Form 8868)	6c				
	withholding erroneously withheld	6d				
	edits and payments. Add lines 6a through 6d	001	7		40	000.
	by penalty for underpayment of estimated tax. Check here if Form 2220 is atta	achad	8		10,	000.
	s. If the total of lines 5 and 8 is more than line 7, enter amount owed	201100	▶ 9			
	ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		12	437.
	e amount of line 10 to be: Credited to 2014 estimated tax	12,437. Refunde			14,	0.
	A Statements Regarding Activities	12,437. Helunde		L		<u> </u>
	the tax year, did the foundation attempt to influence any national, state, or local legi-	clation or did it participate or inte	D 1000 10		Yes	s No
	tical campaign?	siation of the R participate of the	SI ACITE III	-		
		anna (ann inntriintiana far tha dai	unutun NO	-	a b	X
	end more than \$100 during the year (either directly or indirectly) for political purpo Inswer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	•	•	<u> </u>	<u> </u>	+
	·	no copies of any materials pu	Diisnea or	ł		
	ited by the foundation in connection with the activities					-
	foundation file Form 1120-POL for this year?				C	<u> X</u>
	e amount (if any) of tax on political expenditures (section 4955) imposed during th		0			
	the foundation. > \$ 0. (2) On foundation manager		0.		- 1	
	e reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation				
-	rs. ▶ \$0 .	12.00			_	1
	foundation engaged in any activities that have not previously been reported to the	RS?		<u></u>	2	X
-	" attach a detailed description of the activities					
	foundation made any changes, not previously reported to the IRS, in its governing	· ·	tion, or			
	or other similar instruments? If "Yes," attach a conformed copy of the chang			_	3 X	+
	foundation have unrelated business gross income of \$1,000 or more during the year	ar?			a	X
·-	has it filed a tax return on Form 990-T for this year?	_	N		<u>b </u>	
	re a liquidation, termination, dissolution, or substantial contraction during the year	7		<u> -</u> '	5	<u>X</u>
	* attach the statement required by General Instruction T			İ		
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either;		}		
	guage in the governing instrument, or					
By sta	te legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with th	e state law		İ	
	n the governing instrument?			<u></u> !	3 X	
7 Did the f	foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II, col (c), and Pa	art XV	L	7 X	
					- 1	ŀ
	e states to which the foundation reports or with which it is registered (see instruction	ons) ►				
PA						
b If the an	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
of each	state as required by General Instruction G? If "No," attach explanation			8_	b X	
9 Is the fo	undation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) f	or calendar			
year 201	13 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," of	complete Part XIV		<u>_ </u>		X_
10 Did any	persons become substantial contributors during the tax year? if "Yes," attach a sched	ule listing their names and addresses			0	X
			. —	Form 9	90-PF	(2013)

	990-PF (2013) PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-29:	<u> 12035</u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ĺ		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	-	1	}
	If "Yes," attach statement (see instructions)	12_		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u></u>
	Website address ► WWW.PCHF1.ORG			
14	The books are in care of ► LOUIS J. BECCARIA, PHD Telephone no. ► 610-			
	Located at ► 821 GAY STREET, PHOENIXVILLE, PA ZIP+4 ►	<u>19460</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. •	• 📖
	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	,	Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			ļ
_	country >			<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		13.6	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1 a	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?	1		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	- [(
	(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)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception, Check "No"	ı	}	}
	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.)			
L				1
ū	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	7 16	 	X
	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	,		
C		1		x
3	before the first day of the tax year beginning in 2013? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u>1c</u>	+	
_	defined in section 4942(j)(3) or 4942(j)(5));			
9	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013?			
	If "Yes," list the years ▶			
h	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			i
	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		1	}
	during the year?	.		1
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after		1	1
	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	1		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ı		
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	42	1	X
	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 2013?	4b_	<u>L</u>	_x_
		Form 99	0-PF	(2013)

orm 990-PF (2013) PHOENIXVILLE COMMUNITY H			23-29120	35_	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (continu	ued)		
5a Durin'g the year did the foundation pay or incur any amount to:	-				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	ĺ	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,	ļ	į.	}
any voter registration drive?		C Ye	s 🔀 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	X Ye	s No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		1		
509(a)(1), (2), or (3), or section 4940(d)(2)?		X Ye	s No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			1	
the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , , ,		s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i				
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		į	5b	x
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
· ·	E STATEMENT 1		es 🔲 No		1
		۱۱ نمی ۴۰.	:s NO		
If "Yes," attach the statement required by Regulations section 53 494.					1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	Γ] ν.	s X No	-	1
a personal benefit contract?		Y6	es LALINO	<u></u>	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	<u> </u>
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		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribution			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	1 (-) [
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	accou	Expense unt, other
(2) Name and assessor	to position	enter -0-)	compensation	allo	wances
· · · · · · · · · · · · · · · · · · ·		}		}	
SEE STATEMENT 13		146,500.	8,640.		0.
		1		1	
		1			
				1	
	ĺ	{			
				<u> </u>	
				1	
				}	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and defetred compensation	accou	unt, other wances
NONE	devoted to position	 	Compensation	1 2110	· · · · · · · · · · · · · · · · · · ·
MONE	-			ŀ	
	 	 		 	
	1	1			
		 	ļ. 	 	
	·				
				 	
	{		}	1	
		ļ		├ ──	
		1			
	<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000					0
			Form	gan_P	PF (2013)

Form 990-PF (2013) PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 2	<u> 13-2912</u>	035 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
I N/G	\dashv	
2		······
2		
0		
3		
	 	
4		
	_	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
		Alliount
1 <u>N/A</u>		
^		
2		
All others are already as a first of the state of the sta		
All other program-related investments. See instructions.	ŀ	
3		
Total, Add lines 1 through 3		0.
	For	m 990-PF (2013)

For	m 990-PF (2013) PHOENIXVILLE COMMUNITY HEALTH FOUNDATION	2:	<u>3-2912035 </u>	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T		
a	Average monthly fair market value of securities	1a	50,747,	651.
þ	Average of monthly cash balances	1b	359,	914.
C	Fair market value of all other assets	1c	3,780,	610.
d	Total (add lines 1a, b, and c)	1d	54,888,	175.
e	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	54,888	175.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4_	823	323.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	54,064	852.
6	Minimum investment return. Enter 5% of line 5	6	2,703	243.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	d certa	ın	
_	foreign organizations check here and do not complete this part.)	7	2,703	242
1	Minimum investment return from Part X, line 6	1	4,103	, 443.
	Tax on investment income for 2013 from Part VI, line 5			
b	,		27	E 6 3
	Add lines 2a and 2b	2c	2,675	<u>.563.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		,000.
4	Recoveries of amounts treated as qualifying distributions	4	2,685	
5	Add lines 3 and 4	5	2,000	
6	Deduction from distributable amount (see instructions)	6	2,685	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,085	,000.
L	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,731	
b	Program-related investments - total from Part IX-B	1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:	[
a	Suitability test (prior IRS approval required)	3a		
b	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,731	<u>,013.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b	5		<u>,563.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,703	<u>,450.</u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section	

Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7	· · · · · · · · · · · · · · · · · · ·			
2 Undistributed income, if any, as of the end of 2013				2,685,680.
a Enter amount for 2012 only			0.	
b Total for prior years.				
· .	ŀ	0.1		
3 Excess distributions carryover, if any, to 2013:				<u> </u>
a From 2008 392,605.	•			
b From 2009 68,753.				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	461,358.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: \triangleright \$ 2,731,013.				
a Applied to 2012, 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.			2 605 600
d Applied to 2013 distributable amount	45,333.			2,685,680.
e Remaining amount distributed out of corpus	45,333.			0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u></u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	506,691.			
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	ĺ			
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	392,605.			
9 Excess distributions carryover to 2014.	332,003.			
Subtract lines 7 and 8 from line 6a	114,086.			
10 Analysis of line 9:				
a Excess from 2009 68,753.	į			
b Excess from 2010	Į			
c Excess from 2011				
d Excess from 2012				
e Excess from 2013 45,333.				
				Form 990-PF (2013)

		NITY HEALT			-2912035 Page 1
Part XIV Private Operating Fo		······		N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	-	▶		
b Check box to indicate whether the founda		ing foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2012	Prior 3 years	(d) 2010	(e) Total
income from Part I or the minimum	(a) 2013	(0) 2012	(c) 2011	(4) 2010	(e) 10181
investment return from Part X for		ŀ			
each year listed		 		 	
b 85% of line 2a		 			
c Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not					
used directly for active conduct of				ł	
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			<u> </u>		
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying				***	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					_
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Infor			. if the formulation	bad 65 000	or more in essets
Part XV Supplementary Infor at any time during the	mation (Compi	ete this part only tructions \	ir the foundation	วก กลน จอ,000	or more in assers
		uucions.,			
 Information Regarding Foundation List any managers of the foundation who 	_	a than 20/ of the total on	otributions resembled by t	the foundation bafors	the cloca of any tay
year (but only if they have contributed m			mi loutions received by i	ine loundation before	the close of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			n (or an equally large po	irtion of the ownershi	p of a partnership or
NONE					
2 Information Regarding Contribution	on Grant Gift Lon	n Scholarship etc. 5	Programs:		
	nly makes contribution	s to preselected charitabl	e organizations and doe		ted requests for funds. If b, c, and d.
a The name, address, and telephone numb					<u>-i-i</u>
SEE STATEMENT 15					_
b The form in which applications should be	submitted and inform	ation and materials they	should include:		
c Any submission deadlines:			····································		
d Any restrictions or limitations on awards	, such as by geograph	cal areas, charitable field	s, kinds of institutions,	or other factors:	
				·	
323501 10-10-13		•			Form 990-PF (2013

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	or substantial contributor	100.000		
	ļ		1	
	2			
INTERNET TECHNOLOGY CAPACITY BUILDING	NONE			F 000
GRANTS - SEE ATTACHED SCHEDULE				5,000
ACADEMIC SCHOLARSHIP GRANTS - SEE	NONE	ŀ		001
ATTACHED SCHEDULE				47,000
CHAMPIONS OF THE COMMUNITY GRANTS -	NONE		İ	
SEE ATTACHED SCHEDULE				
GENERAL GRANTS - SEE ATTACHED	NONE			
SCHEDULE				2 101 004
		1		
HEALTH EDUCATION CAPACITY MINI-GRANT	NONE		j	
- SEE ATTACHED SCHEDULE		(2)	<u> </u>	4 450
	TINUATION SHE	r(s)	<u>▶</u> 3a	2 190 674
b Approved for future payment		1		
CHESTER COUNTY PUBLIC SAFETY TRAINING	NONE		PUBLIC SAFETY TRAINING	
FACILITY			FACILITY	
737 CONSTITUTION DRIVE				
EXTON PA 19341				180,000
			j	
DOMESTIC VIOLENCE CENTER	NONE		MATCHING GRANT	
P.O. BOX 832				
EST CHESTER PA 19380				10,000
HEALTH CARE ACCESS FOUNDATION	NONE	PRIVATE	DENTAL, VISION &	
32 GAY STREET	1	FOUNDATION	PRESCRIPTION	
PHOENIXVILLE PA 19460	<u></u>	<u> </u>	ASSISTANCE PROGRAMS	35,000
	ITINUATION SHE	3m / a \	▶ 3b	571 788

323811 10-10-13

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	d by section 512 513, or 514	/a\
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a					
b	1 1		11-		
c	1	 , , , , , , , , , , , , , , , , , ,	 		
d	1)				
е	l i		1		
f					······································
g Fees and contracts from government agencies	-		1		
2 Membership dues and assessments		······	 -		
3 Interest on savings and temporary cash			 		
investments			1		
4 Dividends and interest from securities			14	1,651,422.	
5 Net rental income or (loss) from real estate:				1/031/1821	
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			1-1		
than inventory			18	1,350,211.	
Net income or (loss) from special events			10	1,330,211.	
10 Gross profit or (loss) from sales of inventory	-		 -		
11 Other revenue:			1		
MECORI E AMBONIO			18	300.	
	-		10	300.	
			+		
	1 1		 		
	-		+		
e 12 Subtotal. Add columns (b), (d), and (e)	-	0.	+-+	3,001,933.	0.
13 Total Add line 12, columns (b), (d), and (e)			·1I-	13	
(See worksheet in line 13 instructions to verify calculations	١			10	3,001,733.
				D	
Part XVI-B Relationship of Activities	to the Accor	mpiishment of E	xempt	rurposes	
Line No. Explain below how each activity for which in			A contribut	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing fund	is for such purposes).			
				 	
		· · · · · · · · · · · · · · · · · · ·			
				·	
323621 10-10-13					Form 990-PF (2013)

Form 99					1 T		1 D-1-4' ' '	- 38223 - 51	<u> </u>		age 1
Part	XVII	Information R Exempt Organ		ansfers To and	ıransacı	ions and	i Kelationshi	ps With Non	cnari	tabi	e
1 D	od the	organization direct	ly or indirectly	engage in any of	the following	ng with an	y other organiza	ation described		Yes	No
ır	n secti	ion 501(c) of the Co	ode (other than	section 501(c)(3)	organizatio	ns) or in se	ection 527, rela	ting to political	1		
0	rganız	ations?							1		
a T	ransfe	ers from the reportin	ig foundation to	a noncharitable	exempt orga	nization of					
(1) Cas	sh					<i>.</i>		1a(1)		X
		er assets							1a(2)		X
		ransactions] .		
(1) Sal	es of assets to a no	ncharitable exe	mpt organization .					1b(1)		X
		chases of assets fro							1b(2)		X
(;	3) Rer	ntal of facilities, equi	ipment, or other	assets					1b(3)		X
		mbursement arrange							1b(4)		X
(!	5) Loa	ins or loan guarantee	es						1b(5)		X
		formance of service							1b(6)		X
		g of facilities, equipm							1c	L	X
		answer to any of th									
		of the goods, other									
V	alue ir	any transaction or		· · · · · · · · · · · · · · · · · · ·		т-					
(a) Line	no	(b) Amount involved	(c) Name of r	noncharitable exempt o	organization	(d) Desc	ription of transfers,	ransactions, and sha	nng arra	ngeme	nts
				N/A		ļ					
						<u> </u>					
						 					
						 					
						ļ					
_						 					
						 					
						 	 -			-	
						 -				-	
						 					
			<u> </u>							_	
						ļ					
			 			ļ					
				<u> </u>				_ 			
		foundation directly of	-				•	- r	$\neg .$	ſ⊽	٦
		ed in section 501(c)		ther than section :	501(c)(3)) or	in section	5277		Ye	es <u>X</u>] No
D IT	Yes,	" complete the follow		(h) Type o	formanisation		(a) D			-	
		(a) Name of organization	1	(в) туре о	f organization		(c) U	escription of relations	nip		
		N/A									
											
				·····	·						
											
	Heda:	popultion of passes I deside	G that I be a	and the return continue		abodula:				-16	
	correct	penalties of penjury I declar and complete Declaration of	preparer (other than t	axpayer) is based on all inf	ormation of which	preparer has ar	statements, and to the ny knowledge	Dest of my knowledg	e and b	eller, it	is tru
Sign	1	Louis S. K.		106	111	DDEG	こりたがか	May the IRS			retum
Here		ature of officer or trustee	acalla	Data /	<u>//b</u>	PRES	r DCM I	with the pro	1	1 6	\neg
	Jaign	ature of officer of trustee		Date/ /		Title		(see instruction	_{5)?} X	Yes	N

(610) 935-1420 Form 990-PF (2013)

P00635736

PTIN

23-1518888

Check

Firm's EIN

Phone no

self-employed

8/25/16

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name

S. MARK FUGA CPA

Firm's address ► PO BOX 680

► MAILLIE LLP

OAKS, PA 19456-0680

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035 Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) or substantial contributor recipient LED AED PURCHASE MINI-GRANT - SEE NONE ATTACHED_SCHEDULE 2 945. MATCH CONTRIBUTION - SEE ATTACHED NONE SCHEDULE 12,935. OUTDOOR EXPERIENCE MINI-GRANTS - SEE NONE SCHEDULE ATTACHED 565, HEALTH EDUCATION MINI-GRANT - SEE NONE 8,775. ATTACHED SCHEDULE 3

25 220.

Total from continuation sheets

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION 23-2912035

3 Grants and Contributions Approved for Fut				_
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
MOM'S HOUSE OF GREATER PHILADELPHIA	NONE		MATCHING GRANT	
152 CHURCH STREET				
PHOENIXVILLE, PA 19460				5 00
ACCOUNTS OF THE COLONIA THE THE	VOVE		CAPITAL	
ASSOCIATION FOR THE COLONIAL THEATRE 227 BRIDGE STREET	NONE		IMPROVEMENTS/EXPANSION	
PHOENIXVILLE PA 19460				200,00
CHESTER COUNTY FUTURES	NONE		PIE GRANT	
704 HAYWOOD DRIVE				
EXTON, PA 19341				25,00
	ļ			
GOOD SAMARITAN SHELTER	NONE		PIE GRANT	
P.O. BOX 514 PHOENIXVILLE, PA 19460				25,00
THOUNTH THE TAXABLE PROPERTY.				
ROYERSFORD OUTREACH	NONE		MATCHING GRANT	
350 MAIN STREET				
ROYERSFORD FA 19468				10.00
SPRING CITY FREE LIBRARY	NONE		CONSTRUCTION OF NEW	
2435 BROAD STREET			LIBRARY	75,00
SPRING CITY, PA 19475				, , , , , , ,
STEPPING STONE EDUCATION CENTER	NONE		MATCHING GRANT	
400 FRANKLIN AVENUE	NONE			
PHOENIXVILLE, PA 19460				4,28
BERKS COUNTY COUNSELING CENTER DBA	NONE		MATCHING GRANT	
CHESTER COUNSELING CENTER				
701 SOUTH MAIN STREET				5 5
PHOENIXVILLE PA 19460		<u> </u>		2,50
Total from continuation sheets	·			346 7

FORM 990-PF	OTHER I	NCOME		STATEMENT	1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
MISCELLANEOUS		300.	0.		
TOTAL TO FORM 990-PF, PART I	, LINE 11	300.	0.		
FORM 990-PF	LEGAL	FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAE PURPOSE	
LEGAL	18,453.	3,691	•	14,76	52.
TO FM 990-PF, PG 1, LN 16A	18,453.	3,691	•	14,76	52.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAE PURPOSE	
ACCOUNTING & AUDITING	57,918.	11,584	•	46,33	34.
TO FORM 990-PF, PG 1, LN 16B	57,918.	11,584	•	46,33	34.
FORM 990-PF (OTHER PROFES	SIONAL FEES	\$	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
CONSULTING	6,658. 1,663.			5,32 1,33	
PAYROLL SERVICE	1,005.	555.	•	1,55	

FORM 990-PF	XAT	ES	S'	FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES REAL ESTATE TAXES	25,408. 9,069.	5,082. 1,814.		20,326. 7,255.
TO FORM 990-PF, PG 1, LN 18 =	34,477.	6,896.		27,581.
FORM 990-PF	OTHER E	XPENSES	S ^z	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMMUNITY RELATIONS BANK FEES DUES AND SUBSCRIPTIONS INSURANCE MEMBERSHIP DUES OFFICE SUPPLIES POSTAGE PROGRAM SUPPORT (TV/WEBSITE) STAFF DEVELOPMENT TELEPHONE & INTERNET BOARD EXPENSES UTILITIES MISCELLANEOUS ASSET MANAGEMENT FEES TRASH, WATER, SEWER SECURITY GRANT ANALYSIS MICROEDGE SUPPORT & EQUIPMENT ADOPT A FAMILY FEDERAL EXCISE TAX	16,819. 255. 2,495. 6,996. 3,294. 13,277. 2,264. 400. 5,458. 5,640. 6,063. 5,746. 80. 49,528. 724. 240. 13,200. 4,177. 3,970. 54,260.	1,128. 1,213. 1,149. 16. 49,528. 145. 48. 2,640. 835. 794. 54,260.		13,455.
PROGRAM EVALUATION TO FORM 990-PF, PG 1, LN 23	5,580.	1,116.		77,342.

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

23-2912035

FORM 990-PF TRANSFERS FROM CONTROLLED ENTITIES

STATEMENT 7

PART VII-A, LINE 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

CHES-MONT VALLEY VENTURES, INC.

23-2508198

ADDRESS

821 GAY STREET

PHOENIXVILLE, PA 19460

DESCRIPTION OF TRANSFER

DIVIDEND ON PREFERRED STOCK

AMOUNT

OF TRANSFER

26,125.

TOTAL AMOUNT OF TRANSFERS FROM CONTROLLED ENTITIES

26,125.

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

PHOENIXVILLE MEDICAL BUILDING ASSOCIATES

23-2545718

ADDRESS

824 MAIN STREET, SUITE 350 PHOENIXVILLE, PA 19460

DESCRIPTION OF TRANSFER

THERE WERE NO TRANSFERS TO OR FROM THIS CONTROLLED ENTITY DURING THE YEAR OUTSIDE THE NORMAL COURSE OF BUSINESS TRANSACTIONS

FORM 990-PF OTHER INCREASES IN NET ASSI	ETS OR FUND BALANCES	STATEMENT 8
DESCRIPTION		AMOUNT
INCREASE IN FMV OF SECURITIES INCOME FROM SUBSIDIARY - UNREALIZED		4,944,688. 41,790.
TOTAL TO FORM 990-PF, PART III, LINE 3		4,986,478.
FORM 990-PF CORPORATE	E STOCK	STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD-FOUNDATION VANGUARD-SECOND CENTURY	34,480,977. 1,853,194.	34,480,977. 1,853,194.
TOTAL TO FORM 990-PF, PART II, LINE 10B	36,334,171.	36,334,171.
FORM 990-PF CORPORAT	E BONDS	STATEMENT 10
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD-FOUNDATION VANGUARD-SECOND CENTURY	14,038,255. 702,526.	14,038,255. 702,526.
TOTAL TO FORM 990-PF, PART II, LINE 10C	14,740,781.	14,740,781.
FORM 990-PF DEPRECIATION OF ASSETS NOT	HELD FOR INVESTMENT	STATEMENT 11
	T OR ACCUMULATED BASIS DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS LATERAL FILES LAPTOP OVERHEAD PROJECTOR LAND	114,333. 111,067. 2,692. 1,164. 1,866. 1,493. 1,749. 1,749. 120,000. 0. 605,000. 82,116. 6,050. 3,025. 8,500. 1,417. 11,761. 3,911.	1,528. 373. 0. 120,000. 522,884. 3,025.

• • •				
PHOENIXVILLE COMMUNITY HEALTH F	OUNDATION		2	3-2912035
LED PATHWAY LIGHTS	4,719.	1,4		3,303.
SHELVING 2 LATERAL BOOKCASES	688. 1,969.		38. 30.	550. 1,739.
TOTAL TO FM 990-PF, PART II, LN 1	4 879,327.	207,72	26.	671,601.
FORM 990-PF	OTHER ASSETS		STAT	EMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE			MARKET ALUE
INVESTMENT IN SUBSIDIARY	2,569,792.	2,611,58	32. 3	,028,000.
TO FORM 990-PF, PART II, LINE 15	2,569,792.	2,611,58	32. 3	,028,000.
	T OF OFFICERS, I FOUNDATION MANA		STAT	EMENT 13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
LOUIS J. BECCARIA, PHD C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	PRESIDENT 40.00	146,500.	8,640.	0.
ROBERT RYAN C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	CHAIRPERSON 0.00	0.	0.	0.
MARIA SCHWAB ED.D. C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	VICE CHAIRPERS 0.00	SON 0.	0.	0.
CHARLES HENRY C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	SECRETARY 0.00	0.	0.	0.
DAVID GAUTREAU C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	TREASURER 0.00	0.	0.	0.
SEE ATTACHED LIST FOR DIRECTORS C/O PCHF 821 GAY STREET PHOENIXVILLE, PA 19460	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	146,500.	8,640.	0.

23-2912035

PHOENIXVILLE COMMUNITY HEALTH FOUNDATION

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 14

GRANTEE'S NAME

PHOENIXVILLE HEALTHCARE ACCESS FOUNDATION

GRANTEE'S ADDRESS

723 WHEATLAND STREET PHOENIXVILLE, PA 19460

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

528,500. 07/15/12 125,000.

PURPOSE OF GRANT

DENTAL, VISION, AND PRESCRIPTION ASSISTANCE PROGRAMS

DATES OF REPORTS BY GRANTEE

SEE SCHEDULE ATTACHED

ANY DIVERSION BY GRANTEE

NO

1			FORM 990-PF		 	990-PF
Asset			Descri	otion of property		
umber	Date placed IRC s		ne Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNITURE &					
	123010	.000 1		3.	104,195.	6,87
2		MPROVEMED 000 1		<u> </u>	005	177
3	123010 LATERAL FIL		6 2,69	4.	985.	17
ر	123010	.000 1	6 1,86	6.	1,120.	37
4	LAPTOP OVER					
	123010	.000 1		.9.	1,538.	21
5	LAND					
	123010	.000 1	6 120,00	10.		
	BUILDING 123010	.000 1	C C C C C C C C C C C C C C C C C C C		63,526.	18,59
	LED PATHWAY		605,00	10.1	03,540.	18,59
7	123111	.000 1	6,05	50.	1,815.	1,21
8	CURBING	(.000 12	0,705	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	123111	.000 1	6 8,50	0.	850.	5.6
9	DELL OFFICE					
	123112	.000 1	$6 \qquad 11,76$	1.	1,176.	2,73
10	LED PATHWAY		6 4 74	0	470	
7.1	123112 SHELVING	.000 1	6 4,71	.9.1	472.	94
T T	063013	.000 1	6 68	88.		13
12	2 LATERAL B		-,			
	12,05,13	.000 1	6 1,96	9.		23
	* TOTAL 990	-PF PG 1	DEPR			
			879,32	27.	0. 175,677.	32,04
						
						
						
						
						
					1	
-				<u>!</u> -		
	 					
ļ				1	Т	
						
•						
į						
			# - Current year section		sposed	

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 15 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CAROL POINIER 821 GAY STREET PHOENIXVILLE, PA 19460

TELEPHONE NUMBER

610-917-9890

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

GRANT REQUESTS MUST BE RECEIVED AT LEAST SIX WEEKS PRIOR TO SCHEDULED GRANT MAKING MEETINGS, WHICH GENERALLY ARE IN JAN, APRIL, JULY & SEPT.

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.

PHOENXIVLLE COMMUNITY HEALTH FOUNDATION 821 GAY STREET, PHOENIXVILLE, PA 19460 EIN: 23-2912035

YEAR END: 6/30/2014

REASON FOR AMENDED FORM 990-PF:

THE TAXPAYER IS AMENDING THE TAX RETURN TO INCLUDE DISCLOSURES REGARDING TRANSFERS TO AND FROM CONTROLLED ENTITIES IN PART VII-A, LINE 11.

DURING THE YEAR THE TAXPAYER RECEIVED A PREFERRED STOCK DIVIDEND FROM A CONTROLLED ENTITY (CHES-MONT VALLEY VENTURES, INC., EIN: 23-2508198) IN THE AMOUNT OF \$26,125.

DURING THE YEAR THE TAXPAYER ALSO HAD A SECOND CONTROLLED ENTITY RELATIONSHIP, PHOENIXVILLE MEDICAL BUIDLING ASSOCIATES, EIN: 23-2545718. THERE WERE NO TRANSFERS TO OR FROM THIS CONTROLLED ENTITY DURING THE YEAR OUTSIDE THE NORMAL COURSE OF BUSINESS.

SEE "STATEMENT 7" FOR DISCLOSURE OF THE ITEMS LISTED ABOVE.