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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2008

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2008, or tax year beginning **DEC 1, 2008**, and ending **NOV 30, 2009**G Check all that apply: ☐ Initial return ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label Otherwise, print or type. See Specific Instructions.	Name of foundation POTTSTOWN MERCURY FOUNDATION		A Employer identification number 23-6256419
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number 610-323-3000
	24 NORTH HANOVER STREET		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
	City or town, state, and ZIP code POTTSTOWN, PA 19464		
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 59,515.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		59,141.		N/A	
2 Check <input type="checkbox"/> If the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments		87.	87.		STATEMENT 1
4 Dividends and interest from securities					
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10					
b Gross sales price for all assets on line 6a					
7 Capital gain net income (from Part IV, line 2)			0.		
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					
12 Total Add lines 1 through 11		59,228.	87.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees		1,280.	0.		0.
c Other professional fees					
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 3		345.	122.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		1,625.	122.		0.
25 Contributions, gifts, grants paid		40,760.			40,760.
26 Total expenses and disbursements. Add lines 24 and 25		42,385.	122.		40,760.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		16,843.			
b Net investment income (if negative, enter -0-)			0.		
c Adjusted net income (if negative, enter -0-)				N/A	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	42,672.	59,515.	59,515.	
	2 Savings and temporary cash investments				
	3 Accounts receivable				
	Less: allowance for doubtful accounts				
	4 Pledges receivable				
	Less: allowance for doubtful accounts				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable				
	Less: allowance for doubtful accounts				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment basis				
	Less accumulated depreciation				
	12 Investments - mortgage loans				
	13 Investments - other				
	14 Land, buildings, and equipment basis				
	Less accumulated depreciation				
	15 Other assets (describe)				
	16 Total assets (to be completed by all filers)	42,672.	59,515.	59,515.	
	Liabilities	17 Accounts payable and accrued expenses			
		18 Grants payable			
19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
21 Mortgages and other notes payable					
22 Other liabilities (describe)					
23 Total liabilities (add lines 17 through 22)		0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted	42,672.	59,515.		
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg., and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	42,672.	59,515.			
31 Total liabilities and net assets/fund balances	42,672.	59,515.			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	42,672.
2 Enter amount from Part I, line 27a	2	16,843.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	59,515.
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 30	6	59,515.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b NONE				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	38,670.	41,370.	.934735
2006	39,107.	25,843.	1.513253
2005	33,483.	14,131.	2.369471
2004	54,669.	18,626.	2.935091
2003	54,490.	28,426.	1.916907

2 Total of line 1, column (d)	2	9.669457
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.933891
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	50,328.
5 Multiply line 4 by line 3	5	97,329.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	97,329.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	40,760.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2008 estimated tax payments and 2007 overpayment credited to 2008	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>PA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part 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 section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► POTTSTOWN MERCURY Telephone no. ► (610) 323-3000
 Located at ► POTTSTOWN, PENNSYLVANIA ZIP+4 ► 19464

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 ► 15 N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> <u>N/A</u>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? <input type="checkbox"/> <u>N/A</u>	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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.) <input type="checkbox"/> <u>N/A</u>	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. <input type="checkbox"/> _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2008 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.) <input type="checkbox"/> <u>N/A</u>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If you answered "Yes" to 6b, also file Form 8870.

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS ABBOTT	DIRECTOR			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				
NANCY MARCH	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				
PATRICIA MCKELVEY	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(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	
2	
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
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	51,094.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	51,094.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	51,094.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	766.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	50,328.
6 Minimum investment return. Enter 5% of line 5	6	2,516.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	2,516.
2a Tax on investment income for 2008 from Part VI, line 5	2a	
b Income tax for 2008. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	2,516.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	2,516.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,516.

Part XII 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	40,760.
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	40,760.
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	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,760.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				2,516.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003	53,069.			
b From 2004	53,738.			
c From 2005	32,776.			
d From 2006	37,815.			
e From 2007	36,601.			
f Total of lines 3a through e	213,999.			
4 Qualifying distributions for 2008 from Part XII, line 4: ► \$	40,760.			
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2008 distributable amount				2,516.
e Remaining amount distributed out of corpus	38,244.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	252,243.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003 not applied on line 5 or line 7	53,069.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	199,174.			
10 Analysis of line 9:				
a Excess from 2004	53,738.			
b Excess from 2005	32,776.			
c Excess from 2006	37,815.			
d Excess from 2007	36,601.			
e Excess from 2008	38,244.			

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

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section
- ☐
- 4942(i)(3) or
- ☐
- 4942(i)(5)

- 2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

[illegible]

Part XV	Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.)
----------------	--

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

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

- c Any submission deadlines:**

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

Part XV Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> OPERATION HOLIDAY-CHRISTMAS 2009-SEE ATTACHED LISTING AND ATTACHED FOOTNOTE,	NONE	PUBLIC	PROVIDING FOOD AND TOYS TO INDIGENT AND NEEDY	40,760.
Total			3a	40,760.
b <i>Approved for future payment</i> NONE				
Total			3b	0.

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
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			14	87.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		87.		0.
13 Total. Add line 12, columns (b), (d), and (e)					13	87.

(See worksheet in line 13 instructions to verify calculations.)

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>		Yes	No
	1a(1)		X
	1a(2)		X
	1b(1)		X
	1b(2)		X
	1b(3)		X
	1b(4)		X
	1b(5)		X
	1b(6)		X
	1c		X




[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.			
	 Signature of officer or trustee		5/25/2010 Date	 Title
Paid Preparer's Use Only	 Preparer's signature		5/18/10 Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP code MAILLIE FALCONIERO & COMPANY, LLP PO BOX 680 OAKS, PA 19456-0680		Preparer's identifying number EIN 15-1200000 Phone no. (610) 935-1420	

Form 990-PF (2008)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Name of the organization

POTTSTOWN MERCURY FOUNDATION

Employer identification number

23-6256419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

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☒

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules☐

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

POTTSTOWN MERCURY FOUNDATION

23-6256419

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANONYMOUS PO BOX 498 FREDERICK, PA 19435	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MAYER POLLOCK STEEL CORP PO BOX 759 POTTSTOWN, PA 19464	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHARLES & BERNADETTE BEVINGTON 2844 HILL RD GREEN LANE, PA 18054	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ANONYMOUS 540 HIGHLAND RD POTTSTOWN, PA 19464	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
SUSQUEHANNA BANK CHECKING ACCOUNT	87.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	87.

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,280.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,280.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	122.	122.		0.
REGISTRATION	175.	0.		0.
POST OFFICE EXPENSE	48.	0.		0.
TO FORM 990-PF, PG 1, LN 23	345.	122.		0.

FOOTNOTES STATEMENT 4

ATTACHMENT TO FORM 990-PF, PAGE 11, PART XV,
QUESTION 3, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR
APPROVED FOR FUTURE PAYMENT

THE FOUNDATION PROVIDED ASSISTANCE TO INDIGENT AND NEEDY
FAMILIES IN THE POTTSTOWN COMMUNITY THROUGH
OPERATION HOLIDAY

THE FOUNDATION OBTAINED A LIST OF NAMES OF INDIGENT AND

NEEDY FAMILIES FROM THE FOLLOWING SEC. 501(C)(3)
ORGANIZATIONS:

SHERWOOD PARK COMMUNITY DEVELOPMENT CORP, POTTSTOWN, PA
MONTGOMERY COUNTY COMMUNITY COLLEGE, POTTSTOWN, PA
MONTGOMERY COUNTY HEAD START, POTTSTOWN, PA
CREATIVE HEALTH SERVICES, POTTSTOWN, PA
POTTSTOWN SCHOOL DISTRICT, POTTSTOWN, PA
OWEN J. ROBERTS SCHOOL DISTRICT, POTTSTOWN, PA
NORTH COVENTRY ELEMENTARY, POTTSTOWN, PA
EAST COVENTRY ELEMENTARY, POTTSTOWN, PA
POTTSTOWN FAMILY CENTER, POTTSTOWN, PA
LOWER POTTS GROVE HEAD START, POTTSTOWN, PA
GREEN LANE HEAD START, GREEN LANE, PA
POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES, POTTSTOWN, PA
PHOENIXVILLE HOSPITAL, PHOENIXVILLE, PA
NORTH COVENTRY FOOD PANTRY, POTTSTOWN, PA
DEPARTMENT OF PUBLIC WELFARE, NORRISTOWN, PA
COMMUNITY HEALTH AND DENTAL CARE, POTTSTOWN, PA
POTTSTOWN LONG TERM RELIEF COMMITTEE, POTTSTOWN, PA
WOMEN'S CENTER OF MONTGOMERY COUNTY, POTTSTOWN, PA
PARK SPRINGS APARTMENTS, SPRING CITY, PA

THE FOUNDATION'S ADMINISTRATIVE STAFF REVIEWS THE LISTS
PRIOR TO MAKING DISTRIBUTIONS OF FOOD AND TOYS.

OPERATION HOLIDAY INVOLVES THE DISTRIBUTION OF TOYS AND FOOD
TO INDIGENT AND NEEDY FAMILIES AT CHRISTMAS.

2008 OPERATION HOLIDAY

**150 Famies
403 Children (+ extras)**

**Sherwood Park Community Development Corp.
2120 Buchert Rd.
Pottstown, PA 19464
Vernon Moore
610-323-2554**

1. Danyell Clark
215-275-1183
5 children
2. Elizabeth Moore
215-528-6132 or 215-474-5191 (cell)
2 children
3. Lateisha Lay
484-941-4395
2 children
4. Vanessa Smith
484-524-2457
3 children
5. Sabrina Bethea
610-327-2081
3 children
6. Yajaira Navarette
484-624-5573
2 children
7. Vondia Johnson
484-363-7965 or 215-778-5155 (cell)
5 children

**Montgomery County Community College
West Campus
101 College Dr.
Pottstown, PA 19464
Lori Davidson
610-718-1841**

8. Jamila Watson
484-226-3880
5 children
9. Lucinda Matthews
484-366-7525
3 children

10. Crystal Broughton
610-718-1758
3 children

11. Adria Henry
610-323-2319
1 child

12. Desiree Reason
484-324-3706
1 child

13. Monique Davis
610-326-5233
6 children

14. Kiesha Womack
610-705-1962
2 children

**Montgomery County Head Start
Ricketts, Emmanuel and PEAK
301 King St.
Pottstown, PA 19464
Karla Esposito
610-326-9177 or 484-624-1175 (cell)**

Ricketts

15. Sandra Sambrano
610-864-0309
2 children

16. Florida Leiva
267-261-8657
1 child

17. Sharon Clark
484-948-8413
4 children

18. Lerie Burgess
717-875-2391
6 children

19. Ena Maria Vazquez
484-363-9776
1 child

20. Alana Hopkins
484-524-2935
1 child

21. Joaquin Lopez

610-906-9240
2 children

Emmanuel

22. Jael Tookes
484-941-6142
4 children

23. Shyree Gibbs
484-363-3962
4 children

24. Theresa Wausnock
484-624-5181
2 children

25. Kelli Levan
484-941-3435
2 children

26. Maureen Waker
610-762-0168
3 children

27. Nicole Frisco
610-323-5024
2 children

28. Yajaira Navarrete (DELETE - DUPLICATE ON SHERWOOD)
484-347-1459
2 children

PEAK

29. Abbugayl Bunnell
484-363-3067
2 children

30. Shante Lofton
484-538-6062
4 children

31. Mathew Young
484-942-3239
3 children

32. Shyree White
484-363-9988
1 child

33. Amy Clinger
610-323-8959
3 children

34. Stefanie Oconnor

610-906-2863
4 children

35. Rosa Serrano
484-977-0126
3 children

Creative Health Services
11 Robinson St.
Pottstown, PA 19464
Jaime Tyson
610-326-2767

36. Stephanie Pinder
(no phone)
3 children

37. Angela Toland
484-941-6315
3 children

38. Gemma Church
610-454-1588
1 child

39. Diane Weller
610-476-1726 (cell) or 610-327-0696 (hm.)
4 children

40. Brandi Brown
610-468-5709
2 children

41. Cecelia Mayes
610-327-3724
3 children

Pottstown School District (Admin. Annex)
940 N. Franklin St.
Pottstown, PA 19464
Holly Lee
610-970-6691

42. Edwina Loper
610-705-4286
2 children

43. Linda Timberlake
610-970-2571
5 children

44. Michael & Amanda Nihart
484-363-9488
7 children

45. Pamela Hadrick
610-970-2922
3 children

46. Dana Ballard **she may be a good person for a story
484-624-5956
5 children

47. Michael & Shavine Hill
610-323-8270
8 children

48. Rickey & Doralice Duke
484-524-2961
5 children

Owen J. Roberts School District
Administration Building
901 Ridge Rd.
Pottstown, PA 19465
Ann Franz
610-469-5170

North Coventry Elementary
Sue Grashof
610-469-5184

49. Donald Brown
484-942-7773
2 children

50. Kara Leshner
484-624-5155
2 children

51. Linda Moyer
484-624-5610
1 child

52. Holly Balthaser
484-948-0676
6 children

East Coventry Elementary
Jen Marshall
610-469-5733

53. Shannon Knight
484-948-7343
3 children

54. Lynise Walton
484-369-1867 (evenings)
3 children

55. Tammy Doughty
484-363-9408
2 children

Pottstown Family Center
1976 East High St.
Suite 203
Pottstown, PA 19464
Nancy Trahey
610-326-1610

56. Lorraine Kinsey
610-970-6348
2 children

57. Katie Hobbs
484-300-2957
1 child

58. Brandon and Samantha Yost
484-363-3822
2 children

59. Brittany Cox
610-323-2888
2 children

60. Angela Schaeffer
No Phone
3 children

61. Barbara Egolf
610-718-0632
2 children

Lower Pottsgrove Head Start
699 N. Pleasant View Rd.
Pottstown, PA 19464
Alice Long
610-326-9205

62. Charity Whitted
610-326-5914
4 children

63. Melinda Walters
484-973-6443
3 children

64. Kenneth Williams
484-941-6125
6 children

65. Karena Johnson
610-705-5446
5 children

66. Marlene Asplen
484-624-5596
5 children

67. Karissma Nesmith
484-941-6688
4 children

68. Danielle Neve-Nichols
484-949-8227
5 children

Montgomery County Head Start
Pottstown 1-2-3
301 King St.
Pottstown, PA 19464
JoAnna Figueroa
610-326-9177

Pottstown I (P-I)

69. Kayanna Charles
484-949-8380
3 children

70. Samuel Castillo
610-406-1493
3 children

71. Tori Ziemba
610-326-1199
3 children

72. Fredy Rodriguez Sr.
484-300-7128
1 child

73. Holly Russell
484-941-6443
2 children

74. Jessica Cushman
1-215-692-3317
3 children

Pottstown 2 (P-2)

75. Salvador Gonzalez
484-994-9767
2 children

76. Gloria Strawder
610-705-1853
3 children

77. Michael Venezia
610-802-7900
4 children

78. Melanie Thees
610-342-6578
2 children

79. Michelle Mitchell
484-524-5799
2 children

Pottstown 3 (P-3)

80. Jameelah Bostic
610-970-4826
3 children

81. Tabitha Bass
610-323-8969
3 children

82. Michael Cilio
484-941-6615
1 child

83. Jessica Jones
610-970-2615
2 children

84. Carolyn Bright
484-624-5902
3 children

Green Lane Head Start
3004 Main St.
Green Lane, PA 18054
Pat Perrong
215-234-1860 or 1861

85. Michelle Buchman
215-679-2220
3 children

86. Nichole Crouch
267-371-2838
2 children

87. Christine Derstine and Harry Logan

610-287-3532
5 children

88. Courtney Storey
267-688-6492
2 children

89. Pat Perrong **Check out (this is the Head Start director)
610-409-9380
3 children

90. Holly Lowrey
215-679-0430
4 children

91. Crystal Coddington
215-679-3886
4 children

The Pottstown Cluster of Religious Communities
137 Walnut St.
Pottstown, PA 19464
Regina Astheimer
610-970-5995

92. Kathy Cambell
484-524-5523
3 children (1 child/2 grandchildren)

93. Kim Marshall
484-480-1099
5 children

94. Anita Edmunds
No Phone
3 children

95. Janice Butler
610-323-8816
7 grandchildren

96. Aretha Andrews
610-326-1550
4 grandchildren

97. Mathena Rome
678-945-9506
4 children

98. Amy Sue Greene
610-327-2478
2 children

Phoenixville Hospital

140 Nutt Rd.
Phoenixville, PA 19460
Kathy Wilson
610-983-1415 or 610-983-1000 (have her paged)

99. Lauren Emmell
610-495-0254
1 child

100. Amanda Biddlecome
610-960-0093
3 children

101. Crystal Briggs
484-524-5227
4 children

102. Kristen Blum Ward
610-327-2635
2 children

103. Rosalva Gomez (Spanish speaking only)
484-302-1452
3 children

104. Felicia Acree
484-624-8104
2 children

105. Rochelle Hill
610-970-5870
2 children

North Coventry Food Pantry
148 W. Main St.
Pottstown, PA 19465
Ginny Wade
610-326-5659 or 484-614-0190

106. Diana Hancock
484-524-8150
1 child

107. Lisa Bartron
610-705-3592
2 children

108. Tamera Hendrix
610-286-7012
2 children

109. Audra Latsha
610-613-8663 or 484-624-8163
2 children

110. Jen Doris
484-932-8621
3 children

111. Kristinia Beck
610-948-7320
4 children

112. Elaine Snell
610-323-8141
3 children

**Department of Public Welfare
Montgomery County Assistance Office
1931 New Hope St.
Norristown, PA 19401
Jenny Osborne
610-270-3509**

113. Lea Bullock
610-656-9374
1 child

114. Tita Johnson
610-705-0721
2 children

115. Patricia Wood
No phone
2 children

116. Brianna Simcox
610-970-1209
1 child

117. Alicia Larish
610-705-8713
3 children

118. Jessica Silverwood
610-888-0694
2 children

119. Tamara Mister
484-624-5787
2 children

**Women's Center of Montgomery County
555 High St., 2nd Floor**

Pottstown, PA 19464
Kristine Wickward
610-970-7364

- 120. Clare
610-970-7364 (Women's Center Phone Nr.)
2 children
- 121. Rosa
484-977-0126
3 children
- 122. Brook
484-300-4461
4 children
- 123. Louise
484-977-0120
3 children
- 124. Ann
484-638-2213
2 children
- 125. Erin
610-705-0862
1 child
- 126. Lynn
484-904-5986
1 child

Community Health and Dental Care
11 Robinson St.
Pottstown, PA 19464
Linda Gambone
610-326-9460

- 127. Racquel Beasley
484-941-6543
1 child
- 128. Leigh Saxton
610-316-9377
1 child
- 129. Renada Beasley
484-941-5569
3 children
- 130. Arthur Lamar
215-804-6877
2 children

131. Sarah Moyer
484-948-7294 or 610-327-4057
2 children

132. Shirley Beard
610-970-5995
1 child

133. Torrance Carter
610-327-4188
6 children

Pottstown Long Term Relief Committee
Susquehanna Bank
159 E. High St.
Pottstown, PA 19464
Katrina Belcher, VP
610-323-9430

134. Arvind and Jayshree Patel
610-323-8891
2 children

135. Juan Flores and Lizbeth Morales
484-524-2760
1 child

136. Jacob Phinnessee and Nicole Ayala
484-524-2760
1 child

137. Marlene Shore
610-323-8965
1 child

Park Springs Apartments
1800 Park Spring Blvd.,
Spring City, PA 19475
Ed Rodriguez
610-948-5874

138. Robin Appling
484-984-0287
1 child

139. Carolyn Cooper
484-984-0471
2 children

140. Amy Rozinski

610-792-0376
2 children

141. Kris Phillips
610-948-0195
1 child

142. Dana Gill
No Phone
3 children

143. Merida Negron
No phone
3 children

144. Roshay Harling (fire victim)
215-921-0926
2 children

145. Kathleen Matta (fire victim)
610-933-8662
1 child

**Jenna Esslinger
Blandon**
146. Jenna Esslinger
610-916-8869
2 Children

EXTRAS

Laura Deamer
1-800-969-5106
147. Victoria Upsey (food and one certificate)
610-999-8119

148. Crystal McCoy (food and one certificate)
Pottstown
484-614-0291

149. Brian Wood (food and two certificates)
Phoenixville
610-933-2752

Creative Health
11 Robinson St.
Pottstown 19464
Doris Wesner
610-416-1782

150. Jennifer Ferrier (food and five certificates)
610-323-4918
5 children

Tom Kerr
610-451-4996

151. Howard & Susan Scott (food and six certificates)
610-689-4477
6 children

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The Pottstown Mercury Foundation	Employer identification number 23-6256419
	Number, street, and room or suite no. If a P.O. box, see instructions. 24 North Hanover Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Pottstown PA 19464-5410	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of _____

Telephone No. _____ FAX No. _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 7/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning 12/1/2008, and ending 11/30/2009.
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

THE MERCURY

Publishers of The Mercury, The Penny Pincher and Real Estate Today

PROOF OF PUBLICATION OF NOTICE

Under Act No. 587, Approved May 6, 1929

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY SS:

Mary Ann Matalavage, of The Mercury, of the County and State aforesaid, being duly sworn, deposes and says that THE MERCURY, a newspaper of general circulation published at 24 N. Hanover Street, Borough of Pottstown, County and State aforesaid, was established September 29, 1931 since which time, THE MERCURY has been regularly issued in said County, and that the printed notice of publication attached hereto is exactly the same as printed and published in the regular editions and issues of the said THE MERCURY on the following dates; viz.

April 27, 2010

Affiant further deposes that he/she is duly authorized by THE MERCURY, a newspaper of general circulation, to verify the foregoing statement under oath, and affiant is not interested in the subject matter of the aforesaid notice of advertisement, and that all allegations in the foregoing statements as to time, place and character of publication are true.

Copy of Notice or Publication

THE ANNUAL REPORT of the Pottstown Mercury Foundation for the year ending November 30, 2008 & 2009 is available for inspection at its principal office located at 24 N Hanover Street, Pottstown, PA, during its regular business hours by any citizen who requests this within 180 days of publication of this notice

Mary Ann Matalavage
Mary Ann Matalavage, Classified Manager

Sworn to and subscribed before me this 27th
day of April, 2010.

Cindy L. Eisenhauer
Notary Public

My Commission Expires: _____

Commonwealth of Pennsylvania
Notary Seal
Cindy L. Eisenhauer, Notary Public
Pottstown Borough, Montgomery County
My Commission ends March 9, 2013
Member, Pennsylvania Association of Notaries