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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning and en	ding		
В	Check if applicable	Please use IRS C Name of organization		D Employer identifi	cation number
Г	Addre	iss label or MONITICOMEDY COLINITY FOLINDATION			
	Name chang	Noe D D		23-6	298550
Ļ	Initial retum	[C6-]	om/suite	E Telephone numbe	
Ļ	Termii ated Amen	ded institute	20	<del></del>	313-9836
Ļ	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,294,627.
L.	tion penda	NORRIBIONN, PA 19401		H(a) Is this a group r	
		F Name and address of principal officer.VIRGINIA FRANTZ 2 WEST LAFAYETTE STREET, SUITE 120, NORE	TCMO	for affiliates?	Yes X No
	T		(1510	ì	
		empt status. X 501(c) (3 ) ◀ (Insert no.) 4947(a)(1) or 527 te: ► WWW • MCFOUNDATIONINC • ORG		H(c) Group exemption	list (see instructions)
		forganization Corporation X Trust Association Other	i Year		M State of legal domicile PA
,	art I	Summary	TE TOUT	orioniation 2500 1	or otate or legal dorniche 2 22
	1	Briefly describe the organization's mission or most significant activities SEE SC	CHEDU	LE O.	
√ erņance			-		
rna	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its net a	ssets
₹		Number of voting members of the governing body (Part VI, line 1a)		3	4
<b>\$</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
ies ies	5	Total number of employees (Part V, line 2a)		5	0
.√ <u>.</u> ₹	6	Total number of volunteers (estimate if necessary)		6	0
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
₹	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
)		Contributions and small (Bort VIIII In 1997)		Prior Year	Current Year
실일	8	Contributions and grants (Part VIII, line Th.		14,109.	12,169.
\$ <b>\$</b>	10	Program service revenue (Part VIII, the Part VIII) Investment Income (Part VIII, coloring (A), lines 3, 4, and VIII)		107,567.	
<b>~</b>	11			874.	-42J,077.
S S S S S S S S S S S S S S S S S S S	12	Other revenue (Part VIII, column (A), lines 5, 6d, 26, 9c, 10 c and 11e)  Total revenue - add lines & through Phrmust equal Part VIII, column (A), line 12)		122,550.	-413,508.
// <del>}</del>	13	Grants and similar amounts read (Part IX-column (A), lines 1-3)		456,878.	367,319.
		Benefits paid to or for members (Part (% Column (A), line 4)			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
a X	ь	Total fundraising expenses (Part IX, column (D), line 25)			
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		79,481.	69,988.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		536,359.	437,307.
	19	Revenue less expenses Subtract line 18 from line 12		<u>-413,809.</u>	-850,815.
Net Assets or Fund Ralances	2		Beg	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		7,648,741.	9,050,318.
et A	21	Total liabilities (Part X, line 26)		57,070.	35,877.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		7,591,671.	9,014,441.
	arra	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements a	and to the hest of my knowled	ne and helief it is true, correct
		and complete Declaration of preparer (other man officer) is based on all information of which preparer has any	knowledge	/ /	go and bollon, it is the, boricet,
Sig	מנ	1/1/1/2 / No. +CEO		13hol1	9
He	=	Signature of officer		Date	<u> </u>
		VIRGINIA FRANTZ, EXECUTIVE DIRECTOR			
		Type or print name and title		<del></del>	· · · · · · · · · · · · · · · · · · ·
Pai	id .	Preparer's Date	Che self		er's identifying number structions)
	u parer's	signature Kristenshaw 3/19/	/D seni	ployed 🕨 🔲	
	only	Firm's name (or WHEELER, WOLFENDEN & DWARES, P.A.		EIN ►	
	,	self-employed), 4550 NEW LINDEN HILL ROAD, SUITE	201		
_		ZIP+4 WILMINGTON, DE 19808		Phone no 🕨 (	302) 254-8240
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
932	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sepa	rate inst	ructions.	Form <b>990</b> (2009)

CHARITABLE PURPOSES, PRIMARILY TO MEET LOCAL NEEDS.    Charling	1	Briefly describe the organization's mission TO DEVELOP, RECEIVE, FUNDS RECEIVED FROM P	: ADMINISTER	R AND MANAGE,			NTROL	
the prior Form 990 or 990-EZ?								
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	the prior Form 990 or 990-EZ?		es during the year which	were not listed on		Yes	X No
4 Describe tine exempt purpose achievements for each of the organizations three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(4)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4 (Code: ) (Expenses \$ 437,307. including grants of \$ 367,319.) (Revenue \$ -413,508. TO DEVELOP), RECEIVE, ADMINISTER AND MANAGE, UNDER COMMUNITY CONTROL, FUNDS RECEIVED FROM PUBLIC AND PRIVATE SOURCES AND DISTRIBUTE THEM FOR CHARITABLE PURPOSES, PRIMARILY TO MEET LOCAL NEEDS.  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ ) (Revenue \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ ) (Revenue \$ ) (Revenue \$ ) (Revenue \$ )  4 (Code: ) (Expenses \$ ) (Revenue	3	Did the organization cease conducting, or	make significant ch	anges in how it conduct	s, any program service	·5 <sup>?</sup>	Yes	X No
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) intuits are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code: ) (Expenses \$ 437,307. including grants of \$ 367,319.) (Revenue \$ -413,508. TO DEVELOP, RECEIVE, ADMINISTER AND MANAGE, UNDER COMMUNITY CONTROL, FUNDS RECEIVED FROM PUBLIC AND PRIVATE SOURCES AND DISTRIBUTE THEM FOR CHARITABLE PURPOSES, PRIMARILY TO MEET LOCAL NEEDS.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Revenue \$ ) (Revenue \$ )	4	_		roanization's three large:	st program services by	expenses		
TO DEVELOP, RECEIVE, ADMINISTER AND MANAGE, UNDER COMMUNITY CONTROL, FUNDS RECEIVED FROM PUBLIC AND PRIVATE SOURCES AND DISTRIBUTE THEM FOR CHARITABLE PURPOSES, PRIMARILY TO MEET LOCAL NEEDS.  4b (Code )(Expenses \$ including grants of \$ )(Revenue \$  code (Code )(Expenses \$ including grants of \$ )(Revenue \$  code (Code )(Expenses \$ including grants of \$ )(Revenue \$  code (Code )(Expenses \$ including grants of \$ )(Revenue \$  code (Code )(Expenses \$ including grants of \$ )(Revenue \$ )  code (Code )(Expenses \$ including grants of \$ )(Revenue \$ )  code (Code )(Expenses \$ including grants of \$ )(Revenue \$ )  code (Code )(Expenses \$ )  code		Section 501(c)(3) and 501(c)(4) organization	ns and section 494	7(a)(1) trusts are require	d to report the amount			
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ \$ 437,307.	4a	TO DEVELOP, RECEIVE, FUNDS RECEIVED FROM P	ADMINISTER UBLIC AND	R AND MANAGE, PRIVATE SOUR	UNDER COMM	UNITY CO	NTROL	<u>,                                    </u>
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ \$ 437,307.	4b	(Code ) (Expenses \$		including grants of \$	)	(Revenue \$		
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ \$ 437,307.								
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶\$ 437,307.	4c	(Code ) (Expenses \$		including grants of \$	)	(Revenue \$		
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(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶\$ 437,307.								
	4d	, ,	ding grants of \$		evenue \$			
	4e			307.			F 00	0 (0000

	rt IV Checklist of Required Schedules	0330	<u>,                                    </u>	age J
	CIV Officerist of Required Ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del>                                     </del>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<del>                                     </del>	<del>  •••</del> -
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<del>                                     </del>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<del></del>	<del> </del>	1
3	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	-3	<del> </del>	<del> </del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	, 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	·	-	<del>  ^`</del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	+		<del>  ^</del>
0	-	8		X
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-	<del> </del>	<u>^</u>
9	·			X
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del> </del>	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		X
	If "Yes," complete Schedule D, Part V	10	<del> </del>	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		х	
_	as applicable  Did the experience report on amount for lead buildings and accurate to Bot V. Ites 103 if "Ves." according Cobert is D.	11	- A	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			]
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
104	Schedule D, Parts XI, XII, and XIII.	12	Α_	
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D. Parts XI. XII. and XIII is optional  12A  X			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<del></del>	
13	Did the organization maintain an office, employees, or agents outside of the United States?	13	<del> </del>	X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del> </del>	A
Ь	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	446		Х
15	·	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	Α.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
17	located outside the United States? If "Yes," complete Schedule F, Part III	16	+	^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ves "	18	<del> </del>	

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complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~ '	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
С		28c		x
00	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		l .
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			\ <sub>V</sub>
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			١,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	4,	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	Ь
		Form	<b>990</b> (	2009)

a Enter the number reported in Sox 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 0- if not applicable Dot the organization comply with aboutey withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pirze winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If it at least one is reported on line 2.8 did the organization filled greater dederal employment tax returns? Note: If the sum of lines 1a and 2 is in greater than 250, you may be required to 6-file this return. Gase instructions) So Did the organization have undersided business greas incore of \$1,000 or more dumps the year covered by this return? So Did the organization have return search in the sear if #1%o, "provide an explanation in Schedule O 3 At any time dump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Se Was the organization a party to a prohibited tax sheller transaction at any time dumps the tax year? So Did any explaid party notify the organization that it was or as a party to a prohibited for a sheller transaction? Does the organization have enural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? Does the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Dot the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If "Yes," did the organization include with very solicitation an express statement that such contributions or grits were not tax deductible?  If "Yes," did the organization include with very solicitation and expres	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-9
to Electric he number reported in Box 3 of Form 1996, Annual Summany and Transmittal of U.S. Information Returns. Enter 0-4 find applicable Enter the number of Forms W-2G included in line 1a. Enter-0-1f not applicable (2.1 to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with make with the year covered by this return. It is a clear of the called a section of the called year and a greater than 250, you may be required to e-1fe this return. See an entructions)  3 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 bit 11 the sum of lines 1 and 2 as greater than 250, you may be required to e-1fe this return. See instructions)  3 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  4 bit 11 the site of Form 990 Trif the year? If No. *provide an explanation is Schedule* 0  4 at any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 bit 11 the name of the foreign country   Properties   Pr			·	Yes	No
U.S. Information Returns: Enter 0-if not applicable b. Enter the number of Forms W23C included in line 1s. Enter 0-if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pirze wenners?  2. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 24, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2 as ig reter than 250, you may be required to e-file this return. Gee instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more dumps the year covered by this return?  3. With the companization have unrelated business gross income of \$1,000 or more dumps the year covered by this return?  3. With the companization have unrelated business gross income of \$1,000 or more dumps the year covered by this return?  3. With the companization in a foreign country (such as a bank account, securities account, or other financial account?)  4. If Yes, it has it filed a foreign country.  5. Was the organization a party to a prohibited flax shelter transaction or exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5. Was the organization a party to a prohibited flax shelter transaction?  6. If Yes, it to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6. If Yes, it to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  7. Organizations that may receive deductible?  8. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8. If Yes, it did the organization mould with very solicitation an express statement that such contributions or grits were not tax deductible?  9. If Yes,	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize withness (gambling) winnings (gambling) win			0		
gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  Ited for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file this return. See instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If Yas's. It is filed a Form 990-17 to this year? If Ywo, *provide an explanation in Schedule O  if Yas's, exist if the alse of the foreign country (such as a bank account, securities account, or other financial account); and the reganization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  See the instructions for exceptions and filing requirements for Form TD F90-22.1. Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solint any contributions that were not tax deductible?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(e).  a Did the organization are law to the property for which it was required.  7f If Yes, indicate the number of Forms 8282 filed during the year.  7d Did the organization are all party and promission a	b	· ·	0		
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bif at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 a and 2 as greater than 250, you may be required to e-flie this return. (see instructions)  30. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  42. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;)?  52. By the organization are the foreign country   Such as a bank account, securities account, or other financial account;)?  53. Was the organization a party to a prohibited tax shelter transaction or instructions for exceptions and filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  54. Was the organization a party to a prohibited tax shelter transaction?  55. Was the organization appropriate or a such that was or is a party to a prohibited tax shelter transaction?  56. Does the organization appropriate or an appropriate or is a party to a prohibited tax shelter transaction?  56. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  56. Tyres,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  56. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  57. Organizations that may receive deductible contributions under section 170(c).  58. If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  59. If 'Yes,' indicate the number of Form 8282 filed during the year promument of the payor?  59. Did the organization organization as a party to a prohibited tax shelter trans		(gambling) winnings to prize winners?	1c	Х	
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b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8c Did the organization of the payor?  7c If If Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7f X  7f X  7f X  7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7h Did the organization organization smallatining donor advised fu	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	4		
b	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
		,	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	,
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e tor		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a state master available to the public.	and fina	ncial	
20	statements available to the public.	<b>-</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz $VIRGINIA\ FRANTZ\ -\ 610-313-9836$	ation. ►		
	2 WEST LAFAYETTE STREET, SUITE 120, NORRISTOWN, PA 19401			
	Diministra Strang Colle 120   Norwight In 19401	Form	990 (	20001

932006 02-04-10

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

X Check this box if the organization did not co	ompensate an	у си	ırren	nt of	ficer	, dire	ecto	r, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	hecl	( all	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
THURMAN D. BOOKER, D.O.			1							_
BOARD MEMBER	1.00	Х	<u> </u>		<u> </u>	_	_	0.	0.	0.
PAYSON W. BURT	1 00				İ				0	
BOARD MEMBER	1.00	X		<u> </u>	<u> </u>	├		0.	0.	0.
JOHN E.F. CORSON	1 00	v			1			0.	0.	^
BOARD MEMBER WILLIAM L. LANDSBURG, ES	1.00	^	_		┢	$\vdash$		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
BOTTO TIETIBEIT	1.00				I					
		İ	ļ							
		<u> </u>	ļ	<u> </u>						
								:		
						<u> </u>				
				$\vdash$		+				
					L					
					<u> </u>	<del>                                     </del>				
							_			
	<del></del>					<del>                                     </del>				
		-			-	$\vdash$	-			
					_	$\perp$				
						$\top$	-			
	L		<u> </u>	<u></u>	<u></u>	<u> </u>				<u> </u>

Form **990** (2009)

Pai	T VII Section A. Officers, Directors, Tru	ustees, Key Eı	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
	(A)	(B)	(C)						(D)	(E)		(F)
	Name and title	Average	Ì		Pos				Reportable	Reportable		stimated
		hours per week	Individual trustee or director	hech agrand trusted	all to		Highest compensated and employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com f org an	mount of other opensation rom the ganization drelated anizations
							<u> </u>				_	
					_		ļ	_				
				_								<del></del>
			_									<del> </del>
		<u> </u>										
		ļ										
				ļ								
							_					
							<u></u>					
1b 2	Total  Total number of individuals (including but r	nat limitad to th		linte	ام اما		<u> </u>		0.	0	•	0.
	compensation from the organization	iot iimited to tr	1056	iiste	d a	JOVI	e) wi	10 16	eceived more man \$100	7,000 in reportable		0
_				_							r	Yes No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	ıplo	yee,	or h	nighest compensated er	nployee on	3	x
4	For any individual listed on line 1a, is the si	um of reportab	le co						*	the organization	,	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									ices rendered to	4	X
	the organization? If "Yes," complete Sched					۵.,,					5	x
	ction B. Independent Contractors  Complete this table for your five highest co		al a. a							#100 000 -f		
1	the organization. NONE	mpensated in	uepe	ende	ent C	Onti	acic	JIS (	mat received more than	\$100,000 or compe	isation	irom
	<b>(A)</b> Name and business	address							(B) Description of s	services		C) ensation
								_			- <del></del> -	
								_				
								_				
2	Total number of independent contractors (	_	ot li	mite	d to		_	sted	above) who received n	nore than		
	\$100,000 in compensation from the organi	zation >				(	<u>)                                    </u>					000 (0000)

Form **990** (2009)

Pa	irt 1	/11	Statement of Reve	nue					
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1	а	Federated campaigns	1a					
ran			Membership dues	1b					
S, g		С	Fundraising events	1c	_				
ar a			Related organizations	1d					
S,E			Government grants (contribu	tions) 1e					
Šiš			All other contributions, gifts, gran	· -					
ţ.			similar amounts not included abo						
Contributions, gifts, grants and other similar amounts		9	Noncash contributions included in lines	s 1a-1f \$					
လို န		_	Total. Add lines 1a-1f						
					Business Code				
e	2	а	ADMINISTRATIVE	FEE	561000	12,169.	12,169.		
ه کِ		b							
Program Service Revenue		С							
leve		d							
<u>6</u>		е							
ď		f	All other program service reve	enue	L				
		9	Total. Add lines 2a-2f		<u> </u>	12,169.			
	3		Investment income (including	dividends, inter	est, and				
			other similar amounts)		<b>&gt;</b>	274,371.			274,371.
	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties	<del></del>					
				(ı) Real	(ii) Personal				
	6	а	Gross Rents		ļ				
		b	Less rental expenses						
		С	Rental income or (loss)		L.,				
			Net rental income or (loss)		<u> </u>				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	3008087.					
		b	Less. cost or other basis	3708135.					
			and sales expenses	-700048					
			Gain or (loss)	E700040.		-700,048.	-700,048.		
	_		Net gain or (loss)		<u> </u>	-700,040.	-/00,040.		
ıυe	٥	а	Gross income from fundraisin including \$	of					
Other Revenu			contributions reported on line	<del></del>					
Ŗ			Part IV, line 18	a 10). See					
the		ь	Less direct expenses	b					
0			Net income or (loss) from fund	_	<b></b>				
	9		Gross income from gaming as						
			Part IV, line 19	а					
		b	Less direct expenses	ь					
		c	Net income or (loss) from gan	ning activities	<b>•</b>				
	10		Gross sales of inventory, less						
			and allowances	а					
		b	Less cost of goods sold	b					
		С	Net income or (loss) from sale	es of inventory	<b></b>				
			Miscellaneous Revenu	ıe	Business Code				
	11	а							
		b							
		С		<del> </del>					
		d	All other revenue						
			Total. Add lines 11a-11d			412 500	607 070		274 271
	12		Total revenue. See instructions		▶	-413,508.	-687,879.	0.	274,371.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and			***************************************	······································						
	organizations in the U.S. See Part IV, line 21	367,319.	367,319.								
2	Grants and other assistance to individuals in	·	·								
_	the U.S. See Part IV, line 22										
3	Grants and other assistance to governments,										
•	organizations, and individuals outside the U.S.										
	See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
J	trustees, and key employees										
6	Compensation not included above, to disqualified										
U	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
7	~ I										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)			·							
9	Other employee benefits Payroll taxes										
10											
11	Fees for services (non-employees)	12,169.	12,169.								
a	Management	12,107.	12,105.		<del></del>						
b	Legal										
C	Accounting				<del></del>						
d	Lobbying  Professional fundamental approach See Red IV line 17										
e	Professional fundraising services See Part IV, line 17	57,819.	57,819.								
f	Investment management fees Other	37,013.	37,017.								
9	Advertising and promotion										
12	Office expenses										
13 14	Information technology				<del></del>						
15	Royalties										
16	Occupancy	<del></del>									
17	Travel		-								
18	Payments of travel or entertainment expenses										
10											
10	for any federal, state, or local public officials Conferences, conventions, and meetings	<del> </del>			<del></del>						
19											
20	Interest				<del></del>						
21 22	Payments to affiliates										
23	Depreciation, depletion, and amortization										
23 24	Other expenses Itemize expenses not covered										
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )										
а											
b											
С											
d											
е					····						
f	All other expenses	<del></del>									
25	Total functional expenses Add lines 1 through 24f	437,307.	437,307.	0.	0.						
26	Joint costs Check here ▶ ☐ if following										
	SOP 98-2 Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation										

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Pa	rt X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		<del></del>	
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		82,665.	1	108,025
	2	Savings and temporary cash investments		594,429.	2	307,487
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	· ·
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			THE PARTY OF THE P
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
v,	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥8	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	9	
	1	Land, buildings, and equipment: cost or other	I I		1	
	''	basis Complete Part VI of Schedule D	10a			
	h	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	100		11	
	12	Investments - other securities See Part IV, line 1	6,968,976.	12	8,632,135	
	13	Investments - program-related See Part IV, line	0/300/3/0.	13	0/032/133	
	14	Intangible assets		14		
	15	Other assets See Part IV. line 11		2,671.	15	2 671
	1	•	al line 24)	7,648,741.	16	2,671 9,050,318
	16	Total assets. Add lines 1 through 15 (must equi	ai line 34)	7,040,741.	-	7,030,310
	17	Accounts payable and accrued expenses	57,070.	17 18	35,877	
	18	Grants payable		31,010.	<del></del>	33,011
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	2 . 11/ (0		20	
es	21	Escrow or custodial account liability. Complete		<del></del>	21	
	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualifi	ed persons Complete Part II			
		of Schedule L			22	······································
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		F7 070	25	35 077
	26	Total liabilities. Add lines 17 through 25	<b>►</b> [ <b>V</b> ]	57,070.	26	35,877
		Organizations that follow SFAS 117, check he	ere 🖊 🔼 and complete			
Ses		lines 27 through 29, and lines 33 and 34.		7 501 671		0 014 441
<u> </u>	27	Unrestricted net assets		7,591,671.	27	9,014,441
ä	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets	, $\Box$		29	
7		Organizations that do not follow SFAS 117, c	neck here   in land			
ō		complete lines 30 through 34.				
Set	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
_	33	Total net assets or fund balances		7,591,671.	33	9,014,441
	34	Total liabilities and net assets/fund balances		7,648,741.	34	9,050,318

Form **990** (2009)

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MONTGOMERY COUNTY FOUNDATION

Employer identification number 23-6298550

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.			
he	organi	ation is not a private foundation because it is (For lines 1 through 11, check only one box)	'		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)			
3		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	ne hospital	's nam	ıe,
		ity, and state			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit describe	d in		
		section 170(b)(1)(A)(iv). (Complete Part II)			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general p	ublic desc	ribed i	n
		section 170(b)(1)(A)(vi). (Complete Part II )			
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)			
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an	d gross red	ceipts	from
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support	rom gross	ınvest	ment
		ncome and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization a	fter June 3	0, 197	′5
		See section 509(a)(2). (Complete Part III.)			
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
11	X	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the	ourposes o	f one	or
		nore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che	ck the box	that	
		describes the type of supporting organization and complete lines 11e through 11h.			
		Type I b X Type II c Type III · Functionally integrated d	Type III - 0	Other	
е	X	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified p	ersons oth	er tha	.n
		oundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or s	ection 509	(a)(2)	
f		f the organization received a written determination from the IRS that it is a Type I, Type II, or Type III			
		supporting organization, check this box			X
9		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,		Yes	No
		the governing body of the supported organization?	11g(i)		_ X
		ii) A family member of a person described in (i) above?	11g(ii)		Х
		iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Х
h		Provide the following information about the supported organization(s)			
(1)	Name	f supported (II) EIN (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the	(viı) An	nount o	f

(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (ı) lı	organization sted in your document?	organizat	•	(vi) Is organizatio (i) organiza U S	on in col ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
MONTGOMERY									
COUNTY FOUND	23-3070457	11A		X	X		Х		324,184.
LEGAL AID OF									
SOUTHEASTER	23-1901014	9		X	X	ĺ	X		2,133.
COLLEGEVILLE									
FIRE COMPAN	23-6299938	9		X	X	}	Х		648.
TEMPLE									
UNIVERSITY	23-1365971	9		X	X		Х		4,750.
YORK COLLEGE									
OF PENNSYLV	23-1352698	2		X	X		Х		1,750.
, , , , , , , , , , , , , , , , , , , ,									
Total									364,135.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR LINE 11 CONTINUATION

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

(Complete only if you checked	the box on line	5, 7, or 8 of Part I)	1			
Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to				-		
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						L
ection B. Total Support	····	T	- <sub>T</sub>	T	<del></del>	T
alendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
O Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)		ļ	ļ		ļ	
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc (see instruct	ions)			12	
3 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. —
organization, check this box and stop						▶∟
ection C. Computation of Publi		<del></del>				
4 Public support percentage for 2009 (III	• •	•	column (f))		14	
5 Public support percentage from 2008					15	
6a 33 1/3% support test - 2009. If the or	_			14 is 33 1/3% or n	nore, check this bo	x and
stop here. The organization qualifies a		•				▶∟
b 33 1/3% support test - 2008. If the or	=			line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qualif	, ,	••				▶∟
7a 10% -facts-and-circumstances test	_					
and if the organization meets the "fact		· ·	•	•	rt IV how the organ	
meets the "facts-and-circumstances" t	_	•		•		▶ [_
b 10% -facts-and-circumstances test	_					
more, and if the organization meets the				•		
organization meets the "facts-and-circ		_	•			<b>▶</b> [
18 Private foundation. If the organization	i did not check a	box on line 13, 16	5a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

Section A. Public Support  Gendary ser for fisal year tegnang mill*  I offits, grants, contributions, and maniparable (see received, (Do not include any "unusual grants")  Grans receipts form admires any services per formed, or facilities formations and include any "unusual grants")  Grans receipts form admires and in organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events purpose and any organization's tax events and any organization's tax events and any organization's tax events and any organization's tax events and any organization's tax events and any organization's tax events and any organization's tax events and any organization's tax events and any organization's events and any organization's events and any organization's events and any organization's events and any organization's events and any organization's events and any organization's events and any organization organization organization organization organization and any organization organization and any organization and any organization organization and any organization and any organization and any organization and any organization and any organization and any organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organiza		rt III   Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	f you checked the b	ox on line 9 of Part 1)
1. Gifts, grants, contributions, and membership feets received, I/D not include any "unusual grants"   2. Cross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's trave-empt purpose organization's trave-empt purpose are not included and interest of the organization's trave-empt purpose are not included on the pract to or expanded on its behalf are not an unrelated trade or business under section 513   4. Tax revenues leved for the organization's benefit and either past to or expanded on this behalf   5. The value of services or facilities furnished by a operamental unit to itie organization without charge   6. Total, Add inters 1 through 5   7. Amounts included on times 1, 2, and 3 received from disqualified persons   9. The value of services or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or facilities   1. The value or	Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·				,—————————————————————————————————————	····
memberahip fees recovered. (Do not included any funcious) graphs (")  2. Gross receipts from admissions, memberanding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admission that are not an unrelated trade or business under section 513  4. Tax revenues leved for the organization's tax-exempt purpose of Gross receipts from admirate that are not an unrelated trade or business under section 513  5. The value of services or facilities furnished by a governmental unit to the organization without charge of the organization without charge of Total. Add lines 1 through 5.  7. A mounts included on lines 1, 2, and 3 received from dequalified persons by a receipt of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization without charge of the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization	Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box andstop here. The organization qualifies as a publicly supported organization	c	: Add lines 10a and 10b						
or loss from the sale of capital assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 %  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	11	activities not included in line 10b, whether or not the business is						
13 Total support (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1 Interval III   Interval II   Interval III   Inter	12	or loss from the sale of capital						
Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  16 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  18 %  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  □ □	13							
Section C. Computation of Public Support Percentage  15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  16 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  ▶ □  10 b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  ▶ □	14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ration,
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  18 96  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		check this box and stop here				•		<b>▶</b>
16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	ction C. Computation of Publ	ic Support Pe	rcentage	•			
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage for 2009 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	ction D. Computation of Inve	stment Incom	e Percentage				
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17	Investment income percentage for 20	109 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a	33 1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		• •	-					<b>&gt;</b>
	b	33 1/3% support tests - 2008. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and ▶☐☐
The organization are the content of	20			-				<u> </u>

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	tion in co	organiza- l (i) listed joverning ment?	organizat	u notify the ion in col r support?	(vi) Is organizatio (i) organiz U S	on in col ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
WIDENER									0.050
UNIVERSITY	23-1386178	2	-	Х	X	ļ	Х		2,250.
BIOLA	05 05 40 600	2			.,				2 250
UNIVERSITY	95-0549600	2		Х	X	ļ <u>.</u>	X		2,250.
PENN STATE UNIVERSITY	25-1500292	<b>ว</b>		x	X		х		2 250
ALBRIGHT	23-1300292	<u>Z</u>				<del> </del>			2,250.
COLLEGE	23-1352615	2		x	x		х		1,750
CEDAR CREST	23 1332013	<b>-</b>			<del> </del>	<del> </del>			17730
COLLEGE	23-1365953	2		X	X		Х		1,750
URSINUS					<u> </u>	1			
COLLEGE	23-1177930	2		X	X		Х		2,500.
CABRINI									
COLLEGE	23-1526668	2		Х	X		Х		4,750.
LYCOMING									
COLLEGE	24-0795965	2		X	X		X		2,250
EAST									
STROUDSBURG	23-3019988	2		X	Х		Х		1,750
UNIVERSITY	E1 6000007				.,		,,		2 500
OF DELAWARE	51-6000297	<u>Z</u>		X	X		X	<del>  -</del>	2,500.
HOWARD UNIVERSITY	53-0204707	2		X	х		X		2,500.
HOME INSTEAL		<u>Z</u>							2,300
SENIOR CARE	26-2930777	9		x	x		x		170.
LITERACY	20 2330111				71			<del> </del>	
COUNCIL OF 1	23-2480501	9		X	х		X		4,000.
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_			1		1		3		30,670
Continuation Total	1	i	3	\$	3	\$	4	: 1	3U - h / ()

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

MONTGOMERY COUNTY FOUNDATION

Employer identification number 23-6298550

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Da	impermissible private benefit?		Yes No
<b>'</b>	rt II Conservation Easements. Complete if the org	•	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		atariaally important land area
	Preservation of land for public use (e.g., recreation or public use) Protection of natural habitat	I=	storically important land area tified historic structure
	Preservation of open space	Freservation of a cer	thied historic structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	ned conservation continuation in the form	Tota conservation easement on the last
	ouy of the tax your		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza conservation easements	tion's illiancial statements that describes	the organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

C	remi endowment >
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization
	by
	(i) unrelated organizations
	(ii) related organizations
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?

Describe in Part XIV the intended uses of the organization's endowment funds

3a(ii)

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) 0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
Financial derivatives				·
Closely-held equity interests	. <u>-</u>			
Other				
INVESTMENTS	8,632,135.	END-OF-Y	EAR MARKET	VALUE
	,			
		·		
Total (Col (b) must equal Form 990, Part X, col (B) line 12 )	8,632,135.			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3		
(a) Description of investment type	(b) Book value		(c) Method of valua	tion
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mar	ket value
				······································
			······································	
		<del> </del>	<del></del>	
Total (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶	<u>                                     </u>		<del></del>	
Part IX Other Assets. See Form 990, Part X, line	15.	L		
terrers	Description			(b) Book value
				***************************************
			-	
	P-**** 11.12 - 1			
		·		
		<del></del>	·	
Total (Column (b) must equal Form 990, Part X, col (B) line	• 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X.				
1 (a) Description of liability		(b) Amount		
Federal income taxes				
T cost at income taxes				
			1	
			1	
	<del></del>		1	
			1	
			1	
	<del></del>		1	
			1	
			1	
Total (Column (b) must equal Form 990, Part X, col (B) line	25.)		1	
Total Tollarin (b) must equal rolling 30, Fait A, Col (b) line	201/		L	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

932053 02-01-10

Sche	dule D (Form 990) 2009 MONTGOMERY COUNTY FOUNDATION	ON			23-	52 <u>985</u> 50	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial Sta	atement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		-413	508.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		437	307.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-850	815.
4	Net unrealized gains (losses) on investments			4		2,273	585.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments		ĺ	7			· · · · · ·
8	Other (Describe in Part XIV.)		ſ	8			
9	Total adjustments (net). Add lines 4 through 8			9		2,273	585.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1,422	770.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reven	ue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements				1	1,860	<u>,077.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 (					
а	Net unrealized gains on investments	2a	2,27	3,58	5.		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	2,273 -413	585.
3	Subtract line 2e from line 1				3	-413	<u>,508.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. ,	ı		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIV)	4b			_		_
С	Add lines 4a and 4b				4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		=		5		508.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses p	er Retu		207
1	Total expenses and losses per audited financial statements				1	437	307.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	ı				
а	Donated services and use of facilities	_2a			_		
b	Prior year adjustments	2b	<del></del>		_		
C	Other losses	2c			_		
d	Other (Describe in Part XIV.)	2d					^
e	Add lines 2a through 2d				2e	427	0.
3	Subtract line 2e from line 1				3	437	307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	_4a					
	Other (Describe in Part XIV)	4b	<del></del>				Λ
	Add lines 4a and 4b				4c	127	$\frac{0.}{307.}$
Da.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIV Supplemental Information				5	437	, 30 / .
			la and 4. Day		1	Don't V line	4. Dom
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III						4; Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp RT V, LINE <b>4:</b> THE MONTGOMERY COUNTY FOUNDAT						
1111	(1 V) LINE 1: THE HONTGONERT COUNTY TOURDA	11011	TIMINAG	LO I	OINDO I	OR THE	
BEN	WEFIT OF:						
			· · · · · · · · · · · · · · · · · · ·			·	
NOF	RRISTOWN AREA HIGH SCHOOL GRADUATES IN THE	FOR	M OF S	CHOL	ARSHI	PS.	
						· · · · · · · · · · · · · · · · · · ·	
SCI	OLARSHIPS FOR STUDENTS FROM MONTGOMERY COU	JNTY	WHO M	EET :	SPECI	FIC	
CR]	TERIA AND PLAN TO PURSUE HIGHER EDUCATION	IN	THE FI	ELD (	OF HO	RTICULTU	JRE
						<u></u>	
OR	AGRICULTURE.				_	<del> </del>	
					Sched	ule D (Form 9	90) 2009

THE TRUST IS A NONPROFIT ENTITY THAT IS EXEMPT FROM INCOME TAX UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO

PROVISION FOR FEDERAL, STATE, OR LOCAL INCOME TAX IN THE ACCOMPANYING

FINANCIAL STATEMENTS. IN ADDITION, THE TRUST HAS BEEN DETERMINED BY THE

INTERNAL PEVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE

INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE

Schedule D (Form 990) 2009

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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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	nen to Pub Inspection
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OMB No 1545-0047

▶ Attach to Form 990.

Name of the organization MONTGOMER	MONTGOMERY COUNTY	FOUNDATION					Employer identification number 23-6298550
Part 1 General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ıstance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	rocedures for moni	toring the use of grant	of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in th	e United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	\$5,000. Check this	s box if no one recipier	nt received more th	ian \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	nal space is needed
1 (a) Name and address of organization or government	<b>(e)</b>	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY FOUNDATION, INC.							TO SUPPORT THE CIVIC
- CIVIC ENGAGEMENT - 2 WEST							ENGAGEMENT PROJECT, WHICH
LAFAYETTE STREET, SUITE 120 -							WORKS WITH OLDER ADULTS &
NORRISTOWN, PA 19401	23-3070457	501(C)(3)	10,000.	0	0.N/A	N/A	AGENCIES TO ENHANCE
MONTGOMERY COUNTY FOUNDATION, INC.							TO SUPPORT THE WEB-BASED
- WEB BASED RESOURCE DIRECTORY - 2							RESOURCE DIRECTORY
WEST LAFAYETTE STREET, SUITE 120 -							PROJECT, WHICH DEVELOPS A
NORRISTOWN, PA 19401	23-3070457	501(C)(3)	10,000.	0.	0.N/A	N/A	PUBLIC WEBSITE TO LOCATE
MONTGOMERY COUNTY FOUNDATION INC.							TO SUPPORT GRANT-MAKING
2 WEST LAFAYETTE STREET, SUITE 120							AND GENERAL OPERATING
NORRISTOWN, PA 19401	23-3070457	501(C)(3)	300,552.	0.	N/A	N/A	EXPENSES.
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					3.
3 Enter total number of other organizations	SI						0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice,	see the Instructions	for Form 990.				Schedule ! (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009 (f) Description of non-cash assistance 23-6298550 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 ON GRANTS \$5,000 - \$10,000, QUARTERLY REPORTS ON OUTCOMES GRANT AND THE AGENCIES ARE CONTACTED FOR CLARIFICATIONS IF OUTCOMES ARE NOT MET. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THOSE REPORTS ARE REVIEWED FOLLOW-UP REPORT NO LATER THAN ONE YEAR FROM THE GRANT DISTRIBUTION FOR ASSESSMENT OF APPLICATION, BUDGETS, ETC., AND PROVIDES FOR THE 2005 AND PROVIDES FOR DUE DILIGENCE FOR STATUS, INTERNAL REVIEW POLICY) WAS ESTABLISHED AND APPROVED BY THE BOARD OF SCHEDULE I, PART I, LINE 2: GRANT MONITORING POLICY ( A PART OF THE IT REQUIRES A FINANCIAL REPORT ON THE USE OF (d) Amount of non-cash assistance (c) Amount of cash grant MONTGOMERY COUNTY FOUNDATION AND FINANCIAL USE OF THE GRANT ARE REQUIRED. (b) Number of Use Part IV and Schedule I-1 (Form 990) if additional space is needed recipients (a) Type of grant or assistance DIRECTORS ON JUNE 9, GRANTS UNDER \$5,000. DOLLARS AS WELL. Schedule I (Form 990) 2009 AGREEMENTS, 932102 02-02-10 Part III

Page 2

### SCHEDULE O

## **Supplemental Information to Form 990**

(Form 990)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization	MONTGOMERY COUN	TY FOUNDATION	Employer identification number 23-6298550
FORM 990, PART	/I, SECTION B, L	INE 11: THE FORM 990 IS R	EVIEWED AND
APPROVED BY THE	MEMBERS OF THE	AUDIT COMMITTEE AND THEN I	FORWARDED WITH ANY
CHANGES TO THE	TRUSTEES FOR APP	ROVAL PRIOR TO ITS FILING	•
FORM 990, PART	/I, SECTION B, L	INE 12C: THE BOARD IS REQU	JIRED TO ASSESS
THEIR RELATIONS	HIPS ANNUALLY AN	D SIGN AND ACKNOWLEDGEMEN	r Affirming That
THEY HAVE NO CO	NFLICTS AS DETAI	LED IN THE CONFLICTS OF I	NTEREST POLICY. THE
POLICY IS READ	AT A BOARD MEETI	NG PRIOR TO COMPLETION OF	FORMS AND IS SO
NOTED IN THE MI	NUTES.		
FORM 990, PART	JI, SECTION C, L	INE 19: GOVERNING DOCUMENT	IS ARE AVAILABLE
VIA THE ORGANIZA	ATION'S WEBSITE	OR UPON REQUEST. THERE IS	ALSO A
TRUSTEE-APPROVEI	O POLICY FOR STA	FF RESPONSE TO REQUESTS.	
FORM 990 PART I	LINE 1		
ORGANIZATION'S	MISSION		
THE MONTGOMERY	COUNTY FOUNDATIO	N WAS CREATED TO PROVIDE 1	FINANCIAL
ASSISTANCE TO HU	JMAN SERVICE ORG	ANIZATIONS, EDUCATIONAL II	NSTITUTIONS AND
CULTURAL GROUPS	. ORGANIZATIONS	RECEIVING GRANTS FROM THE	MONTGOMERY
COUNTY FOUNDATION	ON ARE NONPROFIT	, COMMUNITY-BASED SOCIAL S	SERVICE
AGENCIES SERVING	THE RESIDENTS	OF MONTGOMERY COUNTY.	

SCHEDULE R
(Form 990)
Department of the Treas

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2009

(Form 990) Department of the Treasury Internal Revenue Service	© Co⊒	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>► Attach to Form 990.</li> </ul>	es" to Form 990, Part IV, line 33, 3 ► See separate instructions.	33, 34, 35, 36, or 37 ons.		Open to Public Inspection
Name of the organization	ation MONTGOMERY COUNTY	UNTY FOUNDATION			ш	Employer identification number 23-6298550
Part   Identificati	ion of Disregarded Entities (Compl	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	:o Form 990, Part IV, line 33)			
Nam	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identificati	Identification of Related Tax-Exempt Organi organizations during the tax year,	Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	nswered "Yes" to Form 990, P.	art IV, line 34 becaus	e it had one or more	related tax-exempt
Nam of r	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
THE MONTGOMERY COUNTY FOUNDATION 23-3070457, 2 WEST LAFAYETTE STRI NORRISTOWN, PA 19401	2 WEST LAFAYETTE STREET, PA 19401	DEVELOP, RECEIVE, ADMINISTER AND MANAGE, UNDER COMMUNITY CONTROL,	PENNSYLVANIA	501(C)(3)		Ö
ICE IN AYETTI	STITUTE STREET 19401	TO PROVIDE RESEARCH FOR HEALTH AND HUMAN SERVICES ISSUES.	PENNSYLVANIA	501(C)(3)	7	NO
		<del></del>				
LHA For Privacy Act	t and Paperwork Reduction Act No	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	)O.	-		Schedule R (Form 990) 2009

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23-6298550

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Schedule R (Form 990) 2009 MONTGOMERY COUNTY FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

9		SS) Yes No	 -			 					re related	(H)	Percentage ownership								י מפטו פטטפ
6	Code V-UBI amount in box 20 of Schedule	K-1 (Form 10)	 								nad one or mo	(6)	Share of end-of-year assets								0000 1000 mag 10 of the state of the
Ξ	oortion- ations?	Yes No									because it t			 							400
(B)	Share of end-of-year assets										art IV, line 34	<b>(</b>	y Share of total p, income					 	-		
			 	-						 	 Form 990, P	(g)	Type of entity (C corp, S corp, or trust)								
Ξ	Share of total income					 		<u> </u>			red "Yes" to	6	Direct controlling entity ((								
(e)	Predominant income (related, unrelated, excluded from tax under	s 512-514)									ation answe	(p)						 			
	Predomi (related excluded f	section									 the organiz	<b>②</b>	Legal domicile (state or foreign country)		 			 		 	α
<b>(</b> G	Direct controlling entity				4						rust (Complete if	(q)	Primary activity								86
<u></u>	Legal domicile (state or foreign	country)									 oration or 7 year.)		Pr Fr					 			
(q)	Primary activity										Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		<b>Z</b> -								
(a)	Name, address, and EIN of related organization										Part IV Identification of Related Organ organizations treated as a corp	(e)	Name, address, and EIN of related organization								

# Page 3

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No .
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (t) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		Ta X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan quarantees by other organization(s)		1e X
	•	
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		1: X
i lease of facilities equipment or other assets from other oxidation(s)		; <del>-</del>
<ol> <li>Eccación de la completa de la completa de la completa de la completación de la completación de la completa del completa de la completa de la completa del completa de la completa de la completa de la completa de la completa de la completa de la completa de la completa del completa del completa del completa de la completa de la completa del</li></ol>		
l Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		1ª X
n Sharing of paid employees		1n X
o Beimbirsement paid to other organization for expenses		×
		╀
q Other transfer of cash or property to other organization(s)		1 <sub>q</sub> X
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
	f	'
(1) MONTGOMERY COUNTY FOUNDATION, INC.	a	320,036.
(2) MONTGOMERY COUNTY FOUNDATION, INC.	L	0.
(3) MONTGOMERY COUNTY FOUNDATION, INC.	M	.0
	:	
(4) MONTGOMERY COUNTY FOUNDATION, INC.	Z	0
(5) MONTGOMERY COUNTY FOUNDATION, INC.	0	0.
(9)	_	
932163 02-04-10	Sch	Schedule R (Form 990) 2009

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

inal was not a placed organization. See mish octobrish regarding exclusion for certain investment partitions amps	ייים ביותו יוזיכאוויפוו אייים וייים ויים וייים ויים וייים וי	Schine Schine	97	19	4	[3]	14	1
(b)	(n)		2	(a)		(A)		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Uspropor- tionate allocations?	amount in box 20	General or managing	5 B.
		country)	Yes No			(Form 1065)	1 1	ا <u>ہ</u> ا
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