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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning JUL 1, 2009 , and ending JUN 30, 2010

G Check all that apply. ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label Otherwise, print or type See Specific Instructions

Name of foundation
POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION

A Employer identification number
23-2344729

Number and street (or P O box number if mail is not delivered to street address) Room/suite
152 EAST HIGH STREET, SUITE 500

B Telephone number
(610) 323-2006

City or town, state, and ZIP code
POTTSTOWN, PA 19464

C If exemption application is pending check here ▶ ☐

D 1 Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II col (c), line 16) ▶$ 70,386,886.

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received	2,612,049.		N/A	
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,538,661.	1,538,661.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<3,128,426.>			
	b Gross sales price for all assets on line 6a 59,081,473.				
	7 Capital gain net income (from Part IV line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	42,654.	0.		STATEMENT 2
	12 Total Add lines 1 through 11	1,064,938.	1,538,661.		
Operating and Administrative Expenses	13 Compensation of officers directors trustees etc	160,500.	64,222.		96,333.
	14 Other employee salaries and wages	387,670.	106,853.		280,990.
	15 Pension plans, employee benefits	139,588.	34,607.		100,028.
	16a Legal fees STMT 3	9,231.	9,231.		0.
	b Accounting fees STMT 4	22,750.	4,550.		18,200.
	c Other professional fees STMT 5	243,278.	123,495.		102,843.
	17 Interest				
	18 Taxes STMT 6	23,000.	23,000.		0.
	19 Depreciation and depletion	44,818.	44,818.		
	20 Occupancy	98,264.	19,653.		78,520.
	21 Travel, conferences, and meetings	13,621.	2,724.		10,998.
	22 Printing and publications	9,814.	1,963.		7,796.
	23 Other expenses STMT 7	399,131.	24,382.		304,272.
	24 **Total operating and administrative expenses** Add lines 13 through 23	1,551,665.	459,498.		999,980.
	25 Contributions, gifts, grants paid	2,086,646.			2,953,457.
	26 **Total expenses and disbursements** Add lines 24 and 25	3,638,311.	459,498.		3,953,437.
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	<2,573,373.>			
	b **Net investment income** (if negative, enter -0-)		1,079,163.		
	c **Adjusted net income** (if negative enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	41,026.	13,840.	13,840.
	2 Savings and temporary cash investments	4,833,264.	161,679.	161,679.
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less. allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	18,313.	10,870.	10,870.
	10a Investments - U S and state government obligations STMT 9	1,913,923.	0.	0.
	b Investments corporate stock STMT 10	29,767,143.	59,632,518.	59,632,518.
	c Investments - corporate bonds STMT 11	437,208.	0.	0.
	11 Investments land buildings and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 12	28,983,391.	10,544,308.	10,544,308.
	14 Land, buildings, and equipment basis ▶ 231,010.			
	Less accumulated depreciation ▶ 207,339.	68,489.	23,671.	23,671.
	15 Other assets (describe ▶ ACCRUED INTEREST)	130,653.	0.	0.
	16 Total assets (to be completed by all filers)	66,193,410.	70,386,886.	70,386,886.
Liabilities	17 Accounts payable and accrued expenses	1,112,793.	1,015,999.	
	18 Grants payable	1,705,512.	838,700.	
	19 Deferred revenue			
	20 Loans from officers directors trustees and other disqualified pe sons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 13)	20,355,348.	26,287,467.	
	23 Total liabilities (add lines 17 through 22)	23,173,653.	28,142,166.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31			
	24 Unrestricted	43,019,757.	42,244,720.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	43,019,757.	42,244,720.	
	31 Total liabilities and net assets/fund balances	66,193,410.	70,386,886.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	43,019,757.
2	Enter amount from Part I, line 27a	2	<2,573,373.>
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	8,682,586.
4	Add lines 1, 2, and 3	4	49,128,970.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8	5	6,884,250.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	42,244,720.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day yr)
1a	TOO VOLUMINOUS TO LIST - DETAILS AVAILABLE			
b	AT TAXPAYER'S OFFICE	P		
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b	59,081,473.		62,209,899.	<3,128,426.>
c				
d				
e				

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

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				<3,128,426.>
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I line 7 }	2	<3,128,426.>
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss) enter -0- in Part I line 8	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col. (c))
2008	4,345,702.	69,589,804.	.062447
2007			
2006			
2005			
2004			

2	Total of line 1, column (d)	2	.062447
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.062447
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	70,609,936.
5	Multiply line 4 by line 3	5	4,409,379.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,792.
7	Add lines 5 and 6	7	4,420,171.
8	Enter qualifying distributions from Part XII, line 4	8	3,953,437.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	21,583.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0.
3	Add lines 1 and 2		3	21,583.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5	**Tax based on investment income** Subtract line 4 from line 3 If zero or less, enter -0-		5	21,583.
6	Credits/Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 27,236.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	27,236.
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	5,653.
11	Enter the amount of line 10 to be **Credited to 2010 estimated tax** ▶ 5,653. **Refunded** ▶		11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to* **1a** *or* **1b**, *attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ 0. (2) On foundation managers ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes" attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes" has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses STMT 14	10	X	

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year did the foundation, directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.POTTSTOWNFOUNDATION.ORG

14 The books are in care of ▶ DAVID KRAYBILL, EXECUTIVE DIRECTOR Telephone no ▶ 610-323-2006
Located at ▶ 152 E. HIGH STREET, SUITE 500, POTTSTOWN, PA ZIP+4 ▶ 19464

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

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

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

			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6) did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
c	Did the foundation engage in a prior year in any of the acts described in 1a other than excepted acts that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10- 15-, or 20-year first phase holding period? *(Use Schedule C Form 4720, to determine if the foundation had excess business holdings in 2009)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955) or to carry on, directly or indirectly any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		160,500.	21,986.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KATE MOORE - 152 E. HIGH ST., STE. 500, POTTSTOWN, PA 19464	PROGRAM OFFICER 40.00	95,714.	17,713.	0.
LAURIE BETTS - 152 E. HIGH ST., STE. 500, POTTSTOWN, PA 19464	PROGRAM OFFICER 32.00	88,000.	14,838.	0.
LAURA DEFLAVIA - 152 E. HIGH ST., STE. 500, POTTSTOWN, PA 19464	CONTROLLER 40.00	90,000.	2,876.	0.
ROSEMARIE CREWS - 152 E. HIGH ST., STE. 500, POTTSTOWN, PA 19464	OFFICE MANAGER 40.00	52,000.	15,991.	0.
KIM MANSUR - 152 E. HIGH ST., STE. 500, POTTSTOWN, PA 19464	PROGRAM ASST 40.00	37,292.	18,251.	0.

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE "

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50 000 for professional services ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total Add lines 1 through 3 ▶	0.

Form **990-PF** (2009)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable etc , purposes			
a	Average monthly fair market value of securities		1a	71,331,605.
b	Average of monthly cash balances		1b	319,068.
c	Fair market value of all other assets		1c	34,541.
d	**Total** (add lines 1a, b, and c)		1d	71,685,214.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	71,685,214.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount see instructions)		4	1,075,278.
5	**Net value of noncharitable-use assets** Subtract line 4 from line 3 Enter here and on Part V line 4		5	70,609,936.
6	**Minimum investment return** Enter 5% of line 5		6	3,530,497.

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

1	Minimum investment return from Part X, line 6		1	3,530,497.
2a	Tax on investment income for 2009 from Part VI, line 5	2a 21,583.		
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	21,583.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	3,508,914.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	3,508,914.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII line 1		7	3,508,914.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable etc purposes		
a	Expenses, contributions gifts etc total from Part I column (d), line 26	1a	3,953,437.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable etc purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions** Add lines 1a through 3b Enter here and on Part V line 8 and Part XIII line 4	4	3,953,437.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	3,953,437.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				3,508,914.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 879,976.				
f **Total** of lines 3a through e	879,976.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ $ 3,953,437.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				3,508,914.
e Remaining amount distributed out of corpus	444,523.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,324,499.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a	1,324,499.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 879,976.				
e Excess from 2009 444,523.				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation and the ruling is effective for 2009, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends rents payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers

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

NONE

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

NONE

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

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

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

SEE STATEMENT 16

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE STATEMENT 17				
Total			▶ 3a	2,953,457.
b *Approved for future payment*				
Total SEE STATEMENT 18			▶ 3b	477,400.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,538,661.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	<3,128,426.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a OTHER REVENUE					42,654.
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		<1,589,765.>	42,654.
13 Total Add line 12, columns (b), (d) and (e)				13	<1,547,111.>

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
11A	OTHER REVENUE USED TO HELP FURTHER THE ORGANIZATION'S EXEMPT PURPOSE

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

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

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer or trustee 12/16/2010 Date TREASURER Title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number
Malkin Mauch, CPA	11/30/10		

Firm's name (or yours if self-employed) address and ZIP code ▶ TAIT, WELLER & BAKER LLP
1818 MARKET STREET; SUITE 2400
PHILADELPHIA, PA 19103

EIN ▶

Phone no (215) 979-8800

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

Schedule of Contributors

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

OMB No 1545 0047

2009

Name of the organization
POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-2344729

Organization type (check one)

Filers of:	Section:
Form 990 or 990 EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990 PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**
Note Only a section 501(c)(7), (8) or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

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

Special Rules

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

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor during the year, contributions for use *exclusively* for religious, charitable etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5 000 or more during the year ▶ $ _____

Caution An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990 990 EZ, or 990 PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990 EZ, or on line 2 of its Form 990 PF to certify that it does not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

Name of organization	Employer identification number
POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION	23-2344729

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARTHA D. PORTER TRUST C/O SAUL EWING LLP, 1500 MARKET ST., 38TH FL PHILADELPHIA, PA 19102-2186	$ 2,609,681.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization
POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number
23-2344729

Part II Noncash Property (see instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION

Employer identification number: 23-2344729

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

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

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
VARIOUS - DETAILS AVAIL AT TAXPAYERS OFFICE	1,538,661.	0.	1,538,661.
TOTAL TO FM 990-PF, PART I, LN 4	1,538,661.	0.	1,538,661.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
OTHER REVENUE	42,654.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	42,654.	0.	

FORM 990-PF LEGAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	9,231.	9,231.		0.
TO FM 990-PF, PG 1, LN 16A	9,231.	9,231.		0.

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT	22,750.	4,550.		18,200.
TO FORM 990-PF, PG 1, LN 16B	22,750.	4,550.		18,200.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT AND ADVISORY FEES	123,495.	123,495.		0.
CONSULTING	119,783.	0.		102,843.
TO FORM 990-PF, PG 1, LN 16C	243,278.	123,495.		102,843.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	23,000.	23,000.		0.
TO FORM 990-PF, PG 1, LN 18	23,000.	23,000.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	586.	117.		451.
COMMUNICATION AND EDUCATIONAL PROGRAMS	57,018.	11,404.		49,652.
OFFICE EXPENSE	7,613.	1,523.		7,291.
DUES AND MEMBERSHIPS	13,515.	2,703.		10,812.
INSURANCE	26,023.	5,205.		20,914.
POSTAGE	1,625.	325.		1,598.
WEBSITE LINK AND MAINTENANCE FEES	28,519.	0.		30,242.
EQUIPMENT RENTAL AND SOFTWARE MAINTENANCE	15,517.	3,103.		12,547.
MISCELLANEOUS	9.	2.		18.
PROGRAM EXPENSES	129,511.	0.		134,186.
SEMINAR EXPENSE	19,688.	0.		18,988.
NONPROFIT EVENTS SUPPORT	17,048.	0.		17,573.
ACCOUNTING CARRYOVER	17,086.	0.		0.
PENSION PLAN - PMMC	63,045.	0.		0.
COLLECTION FEES	2,328.	0.		0.
TO FORM 990-PF, PG 1, LN 23	399,131.	24,382.		304,272.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
PENSION EXPENSE - NONOPERATING EXPENSE	6,884,250.
TOTAL TO FORM 990-PF, PART III, LINE 5	6,884,250.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U.S. GOVERNMENT SECURITIES	X		0.	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS				
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			0.	0.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	59,632,518.	59,632,518.
COMMON STOCKS	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 10B	59,632,518.	59,632,518.

FORM 990-PF CORPORATE BONDS STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 10C	0.	0.

FORM 990-PF OTHER INVESTMENTS STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS	FMV	10,544,308.	10,544,308.
TOTAL TO FORM 990-PF, PART II, LINE 13		10,544,308.	10,544,308.

FORM 990-PF OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ACCRUED SELF INSURANCE CLAIMS	208,557.	208,557.
B/C SETTLEMENT LIABILITY	500,000.	500,000.
ACCRUED PENSION EXPENSE	19,646,791.	25,578,910.
TOTAL TO FORM 990-PF, PART II, LINE 22	20,355,348.	26,287,467.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 STATEMENT 14

NAME OF CONTRIBUTOR	ADDRESS
MARTHA D. PORTER TRUST	C/O SAUL EWING LLP, 1500 MARKET ST., 38TH FL PHILADELPHIA, PA 19102-2186

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID KRAYBILL 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	EXECUTIVE DIRECTOR 40.00	160,500.	21,986.	0.
SHARON L. WEAVER 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	PRESIDENT 5.00	0.	0.	0.
D. SCOTT DETAR, CPA 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	VICE PRESIDENT 5.00	0.	0.	0.
KENNETH E. PICARDI 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	SECRETARY 5.00	0.	0.	0.
ROBERT W. BOYCE 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	TREASURER 5.00	0.	0.	0.
EDWARD BARDOWSKI 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
JAMES R. BUSH 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
JONATHAN CORSON 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
P. RICHARD FRANTZ, AIA 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
ART GREEN 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
PHYLLIS L. HARWOOD 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.

PASTOR BURLINGTON B. LATSHAW, III 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
JAMES J. LENNON, CPA 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
LINDA D. LIGNELLI 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
MILTON D. MARTYNY 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
ROBERT H. MOSES 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
CHARLES F. PALLADINO 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
WILLIAM S. TADDONIO, MD 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
NANCY THRELFALL 152 EAST HIGH STREET, SUITE 500 POTTSTOWN, PA 19464	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		160,500.	21,986.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 16
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANNA BRENDLE, PROGRAM OFFICER
152 EAST HIGH STREET, SUITE 500
POTTSTOWN, PA 19464

TELEPHONE NUMBER

610-323-2006

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATIONS ARE TO BE COMPLETED AND POTENTIAL GRANTEES NEED TO PROVIDE AN ORGANIZATION BUDGET, A PROGRAM BUDGET, AN IRS DETERMINATION LETTER, MOST RECENT AUDIT REPORT AND/OR FORM 990.

ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES VARY BASED ON EACH FALL AND SPRING GRANT ROUND.

RESTRICTIONS AND LIMITATIONS ON AWARDS

A POTENTIAL GRANTEE ORGANIZATION MUST BE A NON-PROFIT ORGANIZATION LOCATED WITHIN 10 MILES OF THE BOROUGH OF POTTSTOWN. THE GRANT MUST FALL WITHIN ONE OF THE ORGANIZATION'S FOUR CORE PRIORITIES OF: (1) REDUCE BEHAVIORAL RISKS; (2) INCREASE ACCESS TO MEDICAL SERVICES AND SUPPORT THE OPERATIONAL COSTS FOR POTTSTOWN'S NEW HEALTH CENTER, COMMUNITY HEALTH & DENTAL CARE, INC.;(3) ENHANCE INFORMAL AND FORMAL SUPPORTS AND (4) IMPROVE PHYSICAL AND SOCIAL ENVIRONMENT.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR STATEMENT 17

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BCS YES! P.O. BOX 851 VALLEY FORGE, PA 19482-0851	HEALTH, FITNESS AND NUTRITION PROGRAMS	PUBLIC CHARITY	10,000.
BOROUGH OF POTTSTOWN 100 EAST HIGH STREET POTTSTOWN, PA 19464	VISIONING PLAN	GOVERNMENT ENTITY	5,000.
BOYERTOWN AREA COMMUNITY WELLNESS COUNCIL P.O. BOX 87 GILBERTSVILLE, PA 19525	FUND THE ADMINISTRATOR COORDINATOR POSITION	PUBLIC CHARITY	25,000.
BOYERTOWN AREA SCHOOL DISTRICT 911 MONTGOMERY AVENUE BOYERTOWN, PA 19512	RECESS EXERCISE INITIATIVE & HEALTHY HEARTS AND MINDS PROGRAM	GOVERNMENT ENTITY	94,950.
BROOKESIDE MONTESSORI 1075 ROUTE 100 BECHTELSVILLE, PA 19505	GROWING UP FIT WELLNESS PROGRAM	SCHOOL	4,785.
BUILDING A BETTER BOYERTOWN 12 NORTH READING AVENUE BOYERTOWN, PA 19512	BOYERTOWN FARMER'S MARKET	PUBLIC CHARITY	2,500.
CAMPHILL VILLAGE KIMBERTON HILLS P.O. BOX 1045 KIMBERTON, PA 19442	AGING IN COMMUNITY PROGRAM	PUBLIC CHARITY	7,500.
CARSON VALLEY CHILDREN'S AID 1419 BETHLEHEM PIKE FLOURTOWN, PA 19031	WOMEN'S VOICES, HEALTHY CHOICES PROGRAM	PUBLIC CHARITY	35,000.

CENTRO CULTURAL LATINO UNIDOS, INC. BOX 613, 19 S. KEIM ST. POTTSTOWN, PA 19464	S.A.L.U.D. ACADEMY	PUBLIC CHARITY	7,000.
CHILD ADVOCACY CENTER OF MONTGOMERY COUNTY P.O. BOX 706 NORRISTOWN, PA 19404	INITIATIVE FOR RESEARCH AND DEVELOPMENT OF INFRASTRUCTURE	PUBLIC CHARITY	15,000.
CHILD, HOME & COMMUNITY 144 WOOD STREET DOYLESTOWN, PA 18901	ADOLESCENT, PRENATAL, PARENTING AND SUPPORT CONTINUU	PUBLIC CHARITY	7,500.
CHRISTIAN CONCERN MANAGEMENT AND DEVELOPMENT 505 S. SECOND AVE., P.O. BOX 26366 COLLEGEVILLE, PA 19426	VAN SERVICE FOR AMITY MANOR RESIDENTS	PUBLIC CHARITY	10,000.
COMMUNITY HEALTH AND DENTAL CARE, INC. 11 ROBINSON STREER, SUITE 100 POTTSTOWN, PA 19464	COMMUNITY BASED HEALTHCARE CENTER-SUSTAINABILITY, CONSULTING & DENTAL	PUBLIC CHARITY	1142000.
COVENTRY CHRISTIAN SCHOOL 699 NORTH PLEASANTVIEW RD. POTTSTOWN, PA 19464	KEEP 'EM MOVING PROGRAM & CONSTRUCTION OF EVENTS CENTER	SCHOOL	70,000.
CREATIVE HEALTH SERVICES 11 ROBINSON STREER POTTSTOWN, PA 19464	OPERATIONAL SUPPORT	PUBLIC CHARITY	160,000.
DANIEL BOONE AREA SCHOOL DISTRICT 321 N. FURNACE ST., SUITE 200 BIRDSBORO, PA 19508	COORDINATED SCHOOL HEALTH PROGRAM	GOVERNMENT ENTITY	64,007.
DEVELOPMENTAL ENTERPRISES CORP. 333 EAST AIRY STREET NORRISTOWN, PA 19401	HEALTHY EATING, HEALTHY LIVING PROGRAM	PUBLIC CHARITY	32,080.
EAST VINCENT TOWNSHIP 262 RIDGE ROAD SPRING CITY, PA 19475	COMMUNITY PARK ON THE RIDGE ATHLETIC FIELDS AND FACI	GOVERNMENT ENTITY	40,000.

FALKNER SWAMP NURSERY SCHOOL 1809 HOFFMANSVILLE ROAD SASSAMANSVILLE, PA 19472	SERIES OF PROGRAMS THAT SUPPORT THE PAHWF MISSION	SCHOOL	5,000.
FAMILY SERVICES OF MONTGOMERY COUNTY 3125 RIDGE PIKE EAGLEVILLE, PA 19403	PROJECT HEARTH - HELPING ELDERLY REMAIN IN THEIR HOMES	PUBLIC CHARITY	20,000.
FELLOWSHIP FARM 2488 SANATOGA RD. POTTSTOWN, PA 19464	HEALTHY OPTIONS FOR THE PEOPLE OF POTTSTOWN PROGRAM	PUBLIC CHARITY	30,000.
HOLCOMB BEHAVIORAL HEALTH SYSTEMS 835 SPRINGDALE ROAD, STE. 100 EXTON, PA 19341	LIFE SKILLS PROGRAM FOR VULNERABLE ADULTS & THEIR CHILDREN	PUBLIC CHARITY	5,000.
KENCREST CENTERS 21 ROBINSON STREET POTTSTOWN, PA 19464	RESOURCES AND EDUCATION FOR ACHIEVING COMPLETE HEALTH	PUBLIC CHARITY	8,000.
MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY 30 W. BARNARD ST., STE. 1 WEST CHESTER, PA 19382	HEALTHY START PRENATAL PROGRAM	PUBLIC CHARITY	20,000.
MONTGOMERY COUNTY COMMUNITY COLLEGE 101 COLLEGE DRIVE POTTSTOWN, PA 19464	DENTAL SEALANT DAY BUILDING THE CAPACITY OF COMMUNITY-BASED NON-PROFIT ORGS.	COLLEGE	27,585.
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE P.O. BOX 13 POTTSTOWN, PA 19464	YOUTH HDAV PREVENTION PROGRAM	PUBLIC CHARITY	2,500.
NEW HANOVER TOWNSHIP 2943 N. CHARLOTTE ST. GILBERTSVILLE, PA 19525	NEW SOCCER FIELDS AT LAYFIELD COMMUNITY PARK	GOVERNMENT ENTITY	40,000.
OLIVET BOYS & GIRLS CLUB 1161 PERSHING BLVD. READING, PA 19611	SERVICES TO THE RICKETTS CENTER	PUBLIC CHARITY	38,000.

OWEN J. ROBERTS SCHOOL DISTRICT 901 RIDGE ROAD POTTSTOWN, PA 19465	FIT FOR LIFE PROGRAM	GOVERNMENT ENTITY	60,000.
PERKIOMEN VALLEY SCHOOL DISTRICT 3 IRON BRIDGE DRIVE COLLEGEVILLE, PA 19426	WEST COMPREHENSIVE ADOLESCENT FITNESS PROGRAM	GOVERNMENT ENTITY	24,000.
POTTSGROVE SCHOOL DISTRICT 1301 KAUFFMAN RD. POTTSTOWN, PA 19464	SNAP ACADEMY AND WII PROGRAMS	GOVERNMENT ENTITY	41,085.
POTTSTOWN AREA POLICE ATHLETIC LEAGUE P.O. 176 POTTSTOWN, PA 19464	ADMINISTRATIVE AND OPERATING SUPPORT	PUBLIC CHARITY	80,000.
POTTSTOWN AREA SENIORS' CENTER 724 N. ADAMS ST. POTTSTOWN, PA 19464	ENHANCING PRIME-TIME HEALTH & SAVE OUR COLLABORATION	PUBLIC CHARITY	77,600.
POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 137 WALNUT ST. POTTSTOWN, PA 19464	CAPACITY BUILDING INITIATIVE	PUBLIC CHARITY	36,193.
POTTSTOWN FAMILY CENTER 1976 E. HIGH STREET POTTSTOWN, PA 19464	EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM	PUBLIC CHARITY	20,000.
POTTSTOWN SCHOOL DISTRICT 230 BEECH STREET POTTSTOWN, PA 19464	HEALTHY SCHOOL COMMUNITIES INITIATIVE & PEAK PROGRAM	GOVERNMENT ENTITY	168,282.
PRESERVATION POTTSTOWN P.O. BOX 120 POTTSTOWN, PA 19464	BIKE POTTSTOWN PROGRAM	PUBLIC CHARITY	10,000.
ROYERSFORD OUTREACH, INC. 350 MAIN ST. ROYERSFORD, PA 19468	GENERAL OPERATING EXPENSES	PUBLIC CHARITY	7,000.

SPRING-FORD AREA SCHOOL DISTRICT 857 S. LEWIS ROAD ROYERSFORD, PA 19468	HEALTHY CHOICES PROGRAM	GOVERNMENT ENTITY	76,149.
ST. ALOYSIUS SCHOOL 220 N. HANOVER STREET POTTSTOWN, PA 19464	STEPS TO A HEALTHIER YOU - FITNESS AND NUTRITION	CATHOLIC SCHOOL	10,000.
THE GROWING CENTER, INC. 1908 HOFFMANSVILLE RD FREDERICK, PA 19435	HORTICULTURAL THERAPY	PUBLIC CHARITY	3,000.
THE TENNIS FARM 19 WATERLOO AVENUE BERWYN, PA 19312	SUMMER SCHOLARSHIP PROGRAM	PUBLIC CHARITY	9,000.
THE TRISKELES FOUNDATION 707 EAGLEVIEW BLVD., SUITE 105 EXTON, PA 19341	FOOD FOR THOUGHT NUTRITION EDUCATION FOR YOUTH	PUBLIC CHARITY	15,000.
TOWNSHIP OF UPPER POTTSGROVE 1409 FARMINGTON AVE. POTTSTOWN, PA 19464	MASTER PLAN FOR THE PRINCE/AUSTERBERRY PROPERTIES	GOVERNMENT ENTITY	25,000.
TRICOUNTY COMMUNITY NETWORK 260 HIGH STREET POTTSTOWN, PA 19464	COMMUNITY COLLABORATION, PREVENTION & EDUCATION	PUBLIC CHARITY	177,741.
UNITED WAY OF BOYERTOWN P.O. BOX 213 BOYERTOWN, PA 19512	MATCHING GRANT FOR ANNUAL CAMPAIGN	PUBLIC CHARITY	15,000.
UNITED WAY OF SOUTHEASTERN PA 11 ROBINSON STREET, SUITE 100 POTTSTOWN, PA 19464	MATCHING GRANT FOR ANNUAL CAMPAIGN	PUBLIC CHARITY	50,000.
UNIVERSITY OF PITTSBURGH 130 DESOTO ST. PITTSBURGH, PA 15261	PENNSYLVANIA MEDICAID POLICY CENTER SUPPORT	COLLEGE	15,000.

VISITING NURSE ASSOCIATION 1963 E. HIGH ST. POTTSTOWN, PA 19464	PERSONAL NAVIGATOR PROGRAM WITH EXPANDED LEGAL SUPPORT SERVICES	PUBLIC CHARITY	50,000.
VOLUNTEER HOME CARE - DIAKON LUTHERAN SOCIAL MINISTRIES ONE SOUTH HOME AVENUE TOPTON, PA 19562	SUPPORT FOR BOYERTOWN AND POTTSTOWN AREA VOLUNTEER HOME CARE TEAMS	PUBLIC CHARITY	7,000.
WEST-MONT CHRISTIAN ACADEMY 873 SOUTH HANOVER ST. POTTSTOWN, PA 19465	HEALTHY SNACK PROGRAM WITH FRESH FRUITS AND VEGETABLES	SCHOOL	8,000.
YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464	SUMMER OUT OF SCHOOL QUALITY TIME PROGRAM	PUBLIC CHARITY	40,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A 2,953,457.

FORM 990-PF GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT STATEMENT 18

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BOYERTOWN AREA SCHOOL DISTRICT 911 MONTGOMERY AVENUE BOYERTOWN, PA 19512	BASD BRAIN BODY CONNECTION	GOVERNMENT ENTITY	55,000.
BROOKESIDE MONTESSORI 1075 ROUTE 100 BECHTELSVILLE, PA 19505	GROWING UP FIT WELLNESS PROGRAM	SCHOOL	4,000.
DANIEL BOONE AREA SCHOOL DISTRICT 321 N. FURNACE ST., SUITE 200 BIRDSBORO, PA 19508	COORDINATED SCHOOL HEALTH PROGRAM	GOVERNMENT ENTITY	51,000.
OWEN J. ROBERTS SCHOOL DISTRICT 901 RIDGE ROAD POTTSTOWN, PA 19465	FIT FOR LIFE PROGRAM	GOVERNMENT ENTITY	53,000.
PERKIOMEN VALLEY SCHOOL DISTRICT 3 IRON BRIDGE DRIVE COLLEGEVILLE, PA 19426	COMPREHENSIVE SCHOOL HEALTH PROGRAMS	GOVERNMENT ENTITY	9,900.
POPE JOHN PAUL II HIGH SCHOOL 181 RITTENHOUSE ROAD ROYERSFORD, PA 19468	PROGRAM, EQUIPMENT AND FORMATION OF WELLNESS COUNCIL	CATHOLIC SCHOOL	14,000.
POTTSTOWN SCHOOL DISTRICT 230 BEECH STREET POTTSTOWN, PA 19464	PEAK READINESS INITIATIVE & HEALTH SCHOOL COMMUNITIES INITIATIVE	GOVERNMENT ENTITY	115,000.
SACRED HEART SCHOOL LEWIS RD. & WASHINGTON AVE. ROYERSFORD, PA 19468	PLAYGROUND EQUIPMENT & C.A.T.C.H. PROGRAM	CATHOLIC SCHOOL	7,000.

SPRING-FORD AREA SCHOOL DISTRICT 857 S. LEWIS ROAD ROYERSFORD, PA 19468	HEALTHY CHOICES PROGRAM	GOVERNMENT ENTITY	59,000.
YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464	HEALTHY CHOICES PROGRAM	PUBLIC CHARITY	35,000.
ACLAMO 512 W. MARSHALL STREET NORRISTOWN, PA 19401	CONEXIONES POR SALUD - COMMUNITY HEALTH PROJECTS	PUBLIC CHARITY	34,500.
FELLOWSHIP FARM 2488 SANATOGA RD. POTTSTOWN, PA 19464	HEALTHY OPTIONS FOR THE PEOPLE OF POTTSTOWN PROGRAM	PUBLIC CHARITY	40,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3B			477,400.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

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

A corporation required to file Form 990-T and requesting an automatic 6 month extension - check this box and complete Part I only ▶ [ ]

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION	23-2344729
	Number, street, and room or suite no If a P O box, see instructions 152 EAST HIGH STREET, SUITE 500	
	City, town or post office, state, and ZIP code For a foreign address, see instructions POTTSTOWN, PA 19464	

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

[ ] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990 T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[X] Form 990 PF	[ ] Form 1041-A	[ ] Form 8870

DAVID KRAYBILL, EXECUTIVE DIRECTOR

- The books are in the care of ▶ 152 E. HIGH STREET, SUITE 500 - POTTSTOWN, PA 19464
  Telephone No ▶ 610-323-2006 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2009 and ending JUN 30, 2010

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 21,583.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 27,236.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

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

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

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

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Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	POTTSTOWN AREA HEALTH AND WELLNESS FOUNDATION	23-2344729
	Number street and room or suite no If a P O box see instructions 152 EAST HIGH STREET, SUITE 500	
	City town or post office, state and ZIP code For a foreign address, see instructions POTTSTOWN, PA 19464	

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

[ ] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990 T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990 EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[X] Form 990 PF	[ ] Form 1041 A	[ ] Form 8870

- The books are in the care of ▶ DAVID KRAYBILL, EXECUTIVE DIRECTOR 152 E. HIGH STREET, SUITE 500 - POTTSTOWN, PA 19464
  Telephone No ▶ 610-323-2006 FAX No ▶
- If the organization does not have an office or place of business in the United States check this box ▶ [ ]
- If this is for a Group Return enter the organization s four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

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2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069 enter the tentative tax less any nonrefundable credits See instructions	3a	$ 21,583.
b	If this application is for Form 990 PF or 990 T enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 27,236.
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions** Form **8868** (Rev 4-2009)

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