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

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2013**

Open to Public Inspection

For calendar year 2013 or tax year beginning **DEC 1, 2013**, and ending **NOV 30, 2014**

Name of foundation <b>POTTSTOWN MERCURY FOUNDATION</b>		A Employer identification number <b>23-6256419</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>24 NORTH HANOVER STREET</b>	Room/suite	B Telephone number <b>610-323-3000</b>
City or town, state or province, country, and ZIP or foreign postal code <b>POTTSTOWN, PA 19464</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>22,105.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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	61,373.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	29.	29.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	61,402.	29.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	1,425.	0.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	18,003.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	19,428.	0.		0.
25 Contributions, gifts, grants paid	38,011.			38,011.	
26 Total expenses and disbursements. Add lines 24 and 25	57,439.	0.		38,011.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,963.				
b Net investment income (if negative, enter -0-)		29.			
c Adjusted net income (if negative, enter -0-)			N/A		

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LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	18,142.	22,105.	22,105.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Liabilities	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)	18,142.	22,105.	22,105.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	18,142.	21,048.	
	25 Temporarily restricted		1,057.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances	18,142.	22,105.	
	31 Total liabilities and net assets/fund balances	18,142.	22,105.	

## 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	18,142.
2 Enter amount from Part I, line 27a	2	3,963.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	22,105.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	22,105.

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7 }

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

**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 the 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))
2012	67,308.	21,760.	3.093199
2011	50,915.	40,662.	1.252152
2010	77,415.	37,194.	2.081384
2009	53,606.	58,140.	.922016
2008	40,760.	50,328.	.809887

2 Total of line 1, column (d)	2	8.158638
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.631728
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	27,471.
5 Multiply line 4 by line 3	5	44,825.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	44,825.
8 Enter qualifying distributions from Part XII, line 4	8	38,011.

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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1.
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	1.
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	1.
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	

Website address **▶ N/A**

14 The books are in care of **▶ POTTSTOWN MERCURY** Telephone no. **▶ (610) 323-3000**  
 Located at **▶ 24 NORTH HANOVER STREET, 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**

16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? ☐  
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country **▶**

16	Yes	No
		X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1b	
Organizations relying on a current notice regarding disaster assistance check here <b>▶ N/A</b>		
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 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years <b>▶</b>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. <b>▶</b>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2013 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 2013.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2013? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b	X

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

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

Organizations relying on a current notice regarding disaster assistance check here ☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☒ **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
NANCY MARSH	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				
DENISE DIEHL	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				

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

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

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

0

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**Part 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.

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	27,889.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	27,889.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	27,889.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	418.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	27,471.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	1,374.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	1,374.
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b>	1.
<b>b</b>	Income tax for 2013. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	1,373.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	1,373.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	1,373.

**Part XII****Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	38,011.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	38,011.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	38,011.

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

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				1,373.
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008	38,244.			
<b>b</b> From 2009	50,399.			
<b>c</b> From 2010	75,555.			
<b>d</b> From 2011	48,883.			
<b>e</b> From 2012	66,220.			
<b>f</b> Total of lines 3a through e	279,301.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ▶ \$	38,011.			
<b>a</b> Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2013 distributable amount				1,373.
<b>e</b> Remaining amount distributed out of corpus	36,638.			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	315,939.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7	38,244.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	277,695.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009	50,399.			
<b>b</b> Excess from 2010	75,555.			
<b>c</b> Excess from 2011	48,883.			
<b>d</b> Excess from 2012	66,220.			
<b>e</b> Excess from 2013	36,638.			



**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
<b>a Paid during the year</b>				
OPERATION HOLIDAY-CHRISTMAS 2014-SEE ATTACHED LISTING AND ATTACHED FOOTNOTE 24 N. HANOVER ST. POTTSTOWN, PA 19464		PUBLIC	PROVIDING FOOD AND TOYS TO INDIGENT AND NEEDY	38,011.
<b>Total</b>			<b>3a</b>	38,011.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	0.



## Part XVII



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

- |          |  | Yes          | No       |
|----------|--|--------------|----------|
| <b>1</b> | 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?  |              |          |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |              |          |
|          | (1) Cash   | <b>1a(1)</b> | <b>X</b> |
|          | (2) Other assets   | <b>1a(2)</b> | <b>X</b> |
| <b>b</b> | Other transactions:  |              |          |
|          | (1) Sales of assets to a noncharitable exempt organization   | <b>1b(1)</b> | <b>X</b> |
|          | (2) Purchases of assets from a noncharitable exempt organization   | <b>1b(2)</b> | <b>X</b> |
|          | (3) Rental of facilities, equipment, or other assets   | <b>1b(3)</b> | <b>X</b> |
|          | (4) Reimbursement arrangements   | <b>1b(4)</b> | <b>X</b> |
|          | (5) Loans or loan guarantees   | <b>1b(5)</b> | <b>X</b> |
|          | (6) Performance of services or membership or fundraising solicitations   | <b>1b(6)</b> | <b>X</b> |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   | <b>1c</b>    | <b>X</b> |
| <b>d</b> | 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. |              |          |

[illegible]

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	 Signature of officer or trustee		12/6/15 Date		 OFFICER Title		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	D SCOTT DETAR CPA						P00011929
	Firm's name ▶ MAILLIE LLP					Firm's EIN ▶ 23-1518888	
	Firm's address ▶ PO BOX 680 OAKS, PA 19456-0680					Phone no. (610)935-1420	

Form **990-PF** (2013)

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
SUSQUEHANNA BANK CHECKING ACCOUNT	29.	29.	
TOTAL TO PART I, LINE 3	29.	29.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,425.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,425.	0.		0.

## FORM 990-PF OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOOD FOR VOLUNTEERS	125.	0.		0.
BANK FEES	35.	0.		0.
REGISTRATION	100.	0.		0.
CONTRACTED SERVICES	17,743.	0.		0.
TO FORM 990-PF, PG 1, LN 23	18,003.	0.		0.

## FOOTNOTES STATEMENT 4

## SUUPLEMENTAL INFORMATION - FORM 990-PF, PART XV

ITEM 3, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR  
APPROVED FOR FUTURE PAYMENTS

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

THE FOUNDATION OBTAINED A LIST OF NAMES OF INDIGENT AND NEEDY FAMILIES FROM THE FOLLOWING IRC SEC. 501(C)(3) ORGANIZATIONS, GOVERNMENTAL ENTITIES AND "SECTION 8" APARTMENT COMPLEXES.

COMMUNITY SERVICES OF DEVEREUX, 1041 W. BRIDGE ST.  
PHOENIXVILLE, PA 19460

CREATIVE HEALTH SERVICES, 11 ROBINSON ST. POTTSTOWN PA 19464

COMMUNITY HEALTH AND DENTAL 11 ROBINSON ST  
POTTSTOWN, PA 19464

GREEN LANE HEAD START 3004 MAIN ST. GREEN LANE PA 18064

HEART OF GOD FAMILY WORSHIP CENTER 201 N. HANOVER ST  
POTTSTOWN, PA 19464

MONTGOMERY COUNTY ASSISTANCE OFFICE 1931 NEW HOPE ST  
NORRISTOWN, PA 19401

MONTGOMERY COUNTY COMMUNITY COLLEGE 101 COLLEGE DRIVE  
POTTSTOWN, PA 19464

MONTGOMERY COUNTY HEAD START (POTTS 1-2-3) 301 KING ST  
POTTSTOWN, PA 19464

MONTGOMERY COUNTY HEAD START RICKETTS BEECH AND GRANT STREET  
POTTSTOWN, PA 19464

MONTGOMERY CO. OFFICE OF CHILDREN/YOUTH 1430 DEKALB ST  
NORRISTOWN, PA 19401

NORTH COVENTRY FOOD PANTRY 148 W. MAIN ST POTTSTOWN PA 19464

OWEN J. ROBERTS SCHOOL DISTRICT 901 RIDGE ROAD  
POTTSTOWN, PA 19465

PARK SPRING APARTMENTS 1800 PARK SPRING BLVD  
SPRING CITY, PA 19475

POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES 57 N. FRANKLIN ST  
POTTSTOWN, PA 19464

PHOENIXVILLE HOSPITAL 140 NUTT ROAD PHOENIXVILLE PA 19460

POTTSTOWN FAMILY CENTER 1976 E. HIGH ST. POTTSTOWN PA 19464

POTTSTOWN SCHOOL DISTRICT ADMINISTRATIVE ANNEX 940 N. FRANKLIN  
POTTSTOWN, PA 19464

ROLLING HILLS APARTMENTS 2120 BUCHERT ROAD  
POTTSTOWN, PA 19464

WOMEN'S CENTER OF MONTGOMERY COUNTY 1800 E. HIGH ST



POTTSTOWN MERCURY FOUNDATION

23-6256419

POTTSTOWN, PA 19464

POTTSTOWN MERCURY FOUNDATION				
EIN 23-6256419				
2013 FORM 990-PF				
PART XV - SUPPLEMENTARY INFORMATION - LINE 3				
<b>FAMILIES</b>	<b>NAME</b>	<b>PHONE</b>	<b>CHILDREN</b>	
138	<b>Families</b>			
388	<b>Children</b>			
	<b>Community Health and Dental</b>			
	Linda Gambone 610-326-9460			
1	Cathy Swavely	484-751-2786	3	CH
1	Margarita Sanchez	610-406-1492	3	
1	Tamara Rollins	267-642-6000	4	
1	Renade Beasley	484-941-5569	5	
1	Jennifer Ronto	484-300-0835	3	
1	Racquel Beasley	484-977-0946	1	
1	Trista Hall	484-363-9104	2	CAFS
				21
	<b>Community Services of Devereux</b>			
	Kristen Henry 610-933-8110 ext. 2481			
1	Jeanne and Craig Damon	610-792-3250	4	
1	Elizabeth (BethAnn) Ceschan	215-510-9363	1	CAFS
1	Jessica Peterman	484-300-6376	3	
1	Carol Johanson	484-832-1245	2	CH
1	Daniel Boyle	484-369-1565	2	
1	Jackie Jones	484-300-4627	1	FO
				13
	<b>Creative Health Services</b>			
	Jaime Tyson 610-326-2767			
1	Fred Holly	484-363-9386	3	
1	Edna Kent	610-333-2711	2	
1	Maria Torres	484-374-8006	2	
1	Cheryl Elenback	215-820-7339	1	
1	Lisa Cushman	610-327-2380	3	
				11
	<b>Green Lane Head Start</b>			
	Laura Buehner 215-234-1860 or 216-559-9692 cell			

1	Kristen Bolis (not a real number)	267-727-1218	3	
1	Susan Horani	215-513-4101	2	
1	Alisha Dean	267-273-8611	3	
1	Miranda Williams	267-245-2478	3	EAB
1	Karin Gerhold	215-272-0592	2	
1	Tasha Rodriquez:	267-474-1059	2	
1	Sarah Knickerbocker	610-287-9629	5	
				20
	<b>Heart of God Family Worship Center</b>			
	Linda Anthony 610-802-1000			
1	JoAnn Figureoa	610 803-8285	3	
1	Inez Bell	484 402-0318	3	
1	Shante Lofton	484 374-5438	4	
1	Crystal Hills	267 334-0874	2	
1	Kapricia Davis	484 366-7080	2	
1	Kim Cyrus	424 949-0126	3	
				17
	<b>Montgomery Co. Assistance Office</b>			
	Margaret Bauer 610-327-5615			
1	Syreeta Jones	847-530-0571	3	
1	Natalie Rivera	267-628-7544	4	CH
1	Alison Williams	610-342-6404	3	CH
1	Justine Slaughter	215-730-1744	5	
1	Sequoia Phillips	267-275-1942	4	
1	Raeshelle Salata -Johnson	484-925-3445	4	
				23
	<b>Montgomery Co. Community College</b>			
	Lori Davidson 610-718-1841			
1	Christina Colegrove	(610) 742-8278	3	CAFS
1	Adria Henry	(484) 524-5688	2	CAFS
1	Takia Paschall	(484) 374-7338	5	CAFS
1	Latoya Wright	(610) 633-3920	2	CAFS
				12
	<b>Montgomery Co. Head Start</b>			
	<b>Pottstown 1-2-3</b>			
	Tracey Breslin 610-326-1050			
1	Scott Miller	no phone	2	

1	Brianna Dennis (Not in Service)	224-265-7400	1	CAFS
1	Randi Carpenter (Not in Service)	484-300-0590	5	CAFS
1	Michael Venezia	484-358 7342	4	CAFS
1	Shannon Pope	267 371 0016	2	CAFS
1	John Jefferson	610 327 2833	6	CAFS
1	Vinisha Daniels	267-7761308	4	CS (Mess)
1	Courtney Dalton	484-300 4461	5	CAFS
1	Alice Jones/ Miranda Walski (Not in Service)	484-414-8321	2	CAFS
1	Joanne Griffith (Not in Service)	484-624 5067	5	CAFS
1	Amber McClune	484 949 5747	3	CAFS
1	Chantley/Kalita Logan	484 638 3542	4	CAFS
1	Madison/Samantha Hess (Wrong number)	484 638 3542	2	CAFS
1	Avery Whyte (Not in Service)	484-300-2120	1	CAFS
1	Theresa Castillo	484 366 9399	1	CS (Mess)
1	Jhona Mccould	267 997 4901	3	CS (Mess)
1	Ayala, Nicole	484 620 9660	3	CS (Mess)
				53
	<b>Montgomery County Head Start</b>			
	<b>Ricketts</b>			
	Lola Adebule 484-949-9399			
1	Edith Bracamonte	484-557-4704	2	CS(Mess)
1	Paulina Perez	484-925-3744	1	CS(Mess)
1	Barbara Mitchell	484-925-5700	2	CAFS
1	Ashley Tinson	484-300-8183	4	cAFS
1	James Shifollete	484-9499493	2	CS(Mess)
1	Luis Delgado (Possibly no English)	484-250-2020	2	CAFS
				13
	<b>Montgomery County Head Start</b>			
	Lola Adebule 484-949-9399			
	<b>Pottstown Annex 1</b>			
1	Shannon Ferraro	484-366-7678	5	CAFS
1	Tyraine Leslie	267-979-5357	3	CS(Mess)
1	Joana Colon (Not in Service)	484-300-8198	2	CAFS
1	Haniyah Walker	267-325-0596	3	CAFS-
1	Nitz Bunn	267-628-7544	2	CAFS
1	Rachel Coakley	484-335-8460	1	CAFS
				16
	<b>Pottstown Annex 2</b>			
1	Taria Gidding	267-640-7722	4	CAFS
1	Lucas Rivera	610-850-1530	5	CS(Mess)
1	Rebecca Whorely (Not in Service)	484-624-8636	3	CAFS
1	Nakia Parker	267-632-7229	4	CAFS

1	Crystal Adams	484-945-3076	2	
1	Sonja Mast	610-804-6190	2	
				20
	<b>Montgomery Co. Office of Children/Youth</b>			
	Sarah Batipps 610-327-1588 ext. 4235			
1	Stephanie T	267- 372-1862	3	
1	Shanika B	267- 588-8975	4	
1	Brigette L	267- 772-7177	2	
1	Christan B	484-908-2347	3	
1	Janette R	610-970-3972	2	
1	Shabree M.	484-524-2788	3	
1	Patricia M	610-714-1480	2	
				19
	<b>North Coventry Food Pantry</b>			
	Ginny Wade			
	610-326-5659 or 484-614-0190			
1	Philip Mercadante	484-369-1153	3	
1	Heather Chrisman	484-366-7007	5	
1	Melinda Brown	484-557-3181	5	
1	Cheryl Biddle	484-985-8272	5	
1	Teale McGuirk	610-306-2991	2	
1	Natalie Davis	267-253-3773	3	FO
				23
	<b>Owen J. Roberts School District</b>			
	Sue Grashof 610-469-5184			
1	Russell Black	610-792-1670	3	
1	Kate Noxel	610-327-0126	1	
1	Guadalupe Gonzalez (*LIMITED ENGLISH)	610-286-6585	2	
1	Dawn Garside	484-925-4829	2	
1	Jennifer Dziob	610-474-2120	2	LC
1	Felicitas Arteaga-Gonzalez (*NO ENGLISH)	610-202-1397	2	
				12
	<b>Park Springs Apartments</b>			
	Ed Rodriguez 610-948-6203			
1	Betty Divine	610-948-3614	1	
1	Tamsin Doughty	484-369-9051	3	

1	Laura Anderson	484-369-9254	3	LC
1	Maurice Treadwell	484-938-7791	1	
1	Barbara Rodriguez	484-791-3718	2	
1	Karen Salley	no phone	1	
				11
	<b>Phoenixville Communities That Care</b>			
	Delores Winston 610-933-7728 #1			
1	Wanda Hightower	484-921-4945	5	FO
1	Carissa Hyden	610-917-8464	2	
1	Pricilla Patterson	954-773-6514	5	
				12
	<b>Phoenixville Hospital</b>			
	Kathy Wilson 610-983-1415			
1	Celia Torres (*NO ENGLISH)	no phone	2	
1	Zenda Lucas	610-323-6327	1	
1	Monique Johnson	484-447-9099	1	FO
1	Sharon Neafcy	484-374-7717	1	
				5
	<b>Pottstown Cluster of Religious Comm.</b>			
	Barbara Wilhelmy 610-970-5995			
1	Sandra Sanchez	610-326-6156	5	
1	Hurmayonne Cummings	267-338-9801	3	
1	Angela Kearney	484-300-5540	3	
1	Brianna Brinkley	484-300-9639	1	
1	Keilana Scurry	484-300-8656	6	
1	April Watt	610-487-5090	2	
				20
	<b>Pottstown Family Center</b>			
	Jen Brown 610-326-1610 x 347			
1	Corinne Ellis	484-688-4895	5	
1	Alison Pukowski	484-300-7861	2	
1	Tracy & Eric Williams	484-945-3856	8	
1	Melinda Soos	610-627-3638	2	
1	Amanda D'Agostino	484-300-6898	1	
1	Susan Hardy	610-504-1948	2	
				20
	<b>Pottstown School District Admin. Annex</b>			

	Holly Lee 610-970-6691			
1	Kimberly Scram	610-564-0033	4	
1	Stephanie Hickey	610-906-5367	3	
1	Christina Page	484-948-5138	1	
1	Tamara Rogers	484-524-8639	4	
1	Kaleria Patterson	484-524-8639	2	
1	Nicole Paschall	484-300-5376	5	
				19
	<b>Rolling Hills Apartments</b>			
	Laura English 610-323-5130 x 17			
1	Michelle Griffin	610-945-7127	1	
1	Lorie Verdone	484-948-6885	3	
1	Erica Leibensperger	484-624-5177	4	
1	Vondia Johnson	484-977-1007	4	
1	Natasha Coffee	267-234-2645	1	
1	Tameka Slocum	484-685-2562	2	
				15
	<b>Women's Center of Montgomery Co.</b>			
	Kristine Wickward 610-970-7364			
1	Joy King	610-323-7962	2	
1	Mary Frank	267-770-7594	1	CAFS
1	Darla Harris	215-876-5878	2	CAFS
1	Mona Gill	267-275-9751	1	
1	Ann Kepp	610-547-4817	2	cs(mess)
1	Cathy Weber	484-300-4461	5	CS(mess)
				13
138				388

# THE MERCURY

Publishers of The Mercury and The Penny Pincher

## PROOF OF PUBLICATION OF NOTICE

Under Act No. 587, Approved May 6, 1929

STATE OF PENNSYLVANIA  
COUNTY OF MONTGOMERY SS:

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

FEBRUARY 7, 2015

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


Copy of Notice or Publication

THE ANNUAL REPORT of the Pottstown Mercury Foundation for the year ending November 30, 2014 is available for inspection at its principal office located at 24 N. Hanover Street, Pottstown, PA during its regular business hours by any citizen who requests this within 180 days of publication of this notice.

  
Patricia Paul, Controller

Sworn to and subscribed before me this 19th

day of February, 2015.

  
Notary Public

My Commission Expires: \_\_\_\_\_

NOTARIAL SEAL  
DENISE N. DIEHL, Notary Public  
City of Pottstown, Montgomery County  
My Commission Expires April 30, 2015