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Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning DEC 1, 2014, and ending NOV 30, 2015

Name of foundation
POTTSTOWN MERCURY FOUNDATION

Number and street (or P O box number if mail is not delivered to street address) Room/suite
24 NORTH HANOVER STREET

City or town, state or province, country, and ZIP or foreign postal code
POTTSTOWN, PA 19464

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 30,297.** (Part I, column (d) must be on cash basis)

J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) _____

A Employer identification number
23-6256419

B Telephone number
610-323-3000

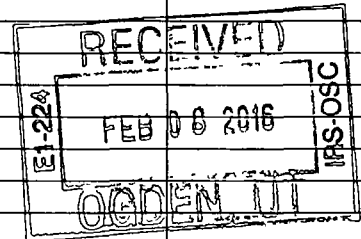
C If exemption application is pending, check here ☐

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

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

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)
1	Contributions, gifts, grants, etc., received	74,502.		N/A	
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	25.	25.		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	74,527.	25.		
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 STMT 2	1,525.	0.		0.
c	Other professional fees				
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses STMT 3	24,485.	0.		0.
24	Total operating and administrative expenses. Add lines 13 through 23	26,010.	0.		0.
25	Contributions, gifts, grants paid	40,325.			40,325.
26	Total expenses and disbursements. Add lines 24 and 25	66,335.	0.		40,325.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	8,192.			
b	Net investment income (if negative, enter -0-)		25.		
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	22,105.	30,297.	30,297.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	22,105.	30,297.	30,297.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> X and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	21,048.	30,297.	
	25 Temporarily restricted	1,057.	0.	
	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	22,105.	30,297.	
	31 Total liabilities and net assets/fund balances	22,105.	30,297.	

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	22,105.
2 Enter amount from Part I, line 27a	2	8,192.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	30,297.
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	30,297.

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				
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			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
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		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3	

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

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

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

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

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year; see 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))
2013	38,011.	27,471.	1.383677
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

2 Total of line 1, column (d)	2	8.732428
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	1.746486
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	24,775.
5 Multiply line 4 by line 3	5	43,269.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	43,269.
8 Enter qualifying distributions from Part XII, line 4	8	40,325.

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)	1	1.
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		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	2	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	1.
3	Add lines 1 and 2	4	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5	1.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		
6	Credits/Payments:		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	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 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for 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
1c Did the foundation file Form 1120-POL for this year?		X
2 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 2014 or the taxable year beginning in 2014 (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

N/A

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation 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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► POTTSTOWN MERCURY Located at ► 24 NORTH HANOVER STREET, POTTSTOWN, PA Telephone no. ► (610) 323-3000 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 2014, 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 FinCEN Form 114, (formerly 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)? Organizations relying on a current notice regarding disaster assistance check here N/A ► <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ► , , , <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 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 2014.) 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 2014?	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 4945(d)(4)(A)? (see instructions)

☐ 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

6b

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

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 MARCH C/O THE POTTSTOWN MERCURY, 24 N HANOV POTTSTOWN, PA 19464	OFFICER 1.00	0.	0.	0.
DENISE DIEHL C/O THE POTTSTOWN MERCURY, 24 N HANOV POTTSTOWN, PA 19464	OFFICER 1.00	0.	0.	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
NONE				

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

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	25,152.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	25,152.
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	25,152.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	377.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	24,775.
6	Minimum investment return. Enter 5% of line 5	6	1,239.

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	1,239.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	1.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,238.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,238.
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	1,238.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	40,325.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	40,325.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,325.

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,238.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009	50,399.			
b From 2010	75,555.			
c From 2011	48,883.			
d From 2012	66,220.			
e From 2013	36,638.			
f Total of lines 3a through e	277,695.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 40,325.				
a Applied to 2013, 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 2014 distributable amount				1,238.
e Remaining amount distributed out of corpus	39,087.			
5 Excess distributions carryover applied to 2014 (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	316,782.			
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 2013 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	50,399.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	266,383.			
10 Analysis of line 9:				
a Excess from 2010	75,555.			
b Excess from 2011	48,883.			
c Excess from 2012	66,220.			
d Excess from 2013	36,638.			
e Excess from 2014	39,087.			

N/A

☐ 4942(j)(3) or ☐ 4942(j)(5)

(4) Gross investment income

[illegible]

2014.05050	POTTSTOWN MERCURY FOUNDATIO	69069	1
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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 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	40,325.
Total			▶ 3a	40,325.
b Approved for future payment NONE				
Total			▶ 3b	0.

Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	25.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		25.		0.
13 Total. Add line 12, columns (b), (d), and (e)				13		25.

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

Part XVI-B

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

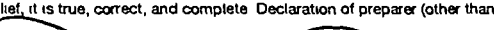
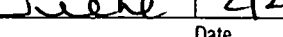
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | 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. | | |

[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		1/22/16 Date		OFFICER Title	
Paid Preparer Use Only	Print/Type preparer's name D SCOTT DETAR CPA		Preparer's signature 		Date 1/20/2016	Check <input type="checkbox"/> if self-employed
	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
PTIN P00011929						

Form 990-PF (2014)

Schedule B
(Form 990, 990-EZ, or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

Employer identification number

POTTSTOWN MERCURY FOUNDATION

23-6256419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

POTTSTOWN MERCURY FOUNDATION**23-6256419****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>BUDGET MAINTENANCE</u> <u>135 WALNUT ST</u> <u>POTTSTOWN, PA 19464</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
POTTSTOWN MERCURY FOUNDATION	23-6256419

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

POTTSTOWN MERCURY FOUNDATION**23-6256419****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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	25.	25.	
TOTAL TO PART I, LINE 3	25.	25.	

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	1,525.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,525.	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
REGISTRATION	100.	0.		0.
CONTRACTED SERVICES	24,385.	0.		0.
TO FORM 990-PF, PG 1, LN 23	24,485.	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. FRANKLI
POTTSTOWN, PA 19464

ROLLING HILLS APARTMENTS 2120 BUCHERT ROAD
POTTSTOWN, PA 19464

WOMEN'S CENTER OF MONTGOMERY COUNTY 1800 E. HIGH ST
POTTSTOWN, PA 19464

PHOENIXVILLE COMMUNITITES THAT CARE 123 MAIN STREET

PHOENIXVILLE, PA 19460

The Pottstown Mercury Foundation
 EIN 23-6256419
 2014 FORM 990-PF

PART XV - SUPPLEMENTARY INFORMATION - LINE 3

	NAME	PHONE	CHILDREN	
144	Families			
395	Children			
	Community Health and Dental			
	Linda Gambone 610-326-9460			
1	Sonya Allen	267-304-0016	5	MD
1	Susan Perez	484-752-2156	4	invalid#
1	Dorothy Freeman	610-327-8169	1	
1	Jennifer Ronto	610-705-2785	3	
1	Cathy Swavely	484-751-2786	3	MD
1	Betty Sanchez	484-300-7932	4	MD
1	Shawn Eagle	484-520-6353	7	
				27
	Community Services of Devereux			
	Kristen Hutchinson 610-933-9110 ext. 2481			
1	Tarika Kirley and Derick Ford	267-382-9397	3	
1	Beth Trivelpiece	610-350-5599	3	MD
1	Kim Scram	610-564-0214	4	CH
1	Elizabeth Ceschan	484-302-9209	1	
1	Cathy Barnshaw	610-213-2289	3	
1	Julie and David Hughes	610-308-8216	2	
				16
	Creative Health Services			
	Stacy Brown 610-326-2767 x 1207			
1	Helen and Gary Kuntz	610-327-8909	2	
1	Lori Montero	610-247-4713	3	
1	Erika Taylor	484-300-8140	3	
1	Angela Kearny	484-300-5540	3	
1	Ronald Hardy	484-480-1159	3	MD
1	Leah Clouser	484-688-7736	2	
				16

Green Lane Head Start

Samantha Fox 215-234-1860/Lisa A. 610-628-3457

1	Doreen Garcia	215-390-0919	2	
1	Erin Petrovich	484-942-5709	1	MD
1	Nancy Snyder	484-599-1403	2	
1	Florence Morgan	267-591-4751	2	
1	Donille Stoyer	267-933-7233	1	
				8

Heart of God Family Worship Center

Linda Anthony 610-802-1000

1	Tina Betts	484-752-2088	1	
1	Shanelle Lawrence	267-593-7848	5	EB
1	Inez Bell	484-402-0318	3	
1	Lisa Mayo	484-347-0628	2	
1	Elissa Heer	610-763-8250	4	
1	Kapricia Davis	484-300-1228	2	
1	Tameka Robinson	347-314-0258	2	
				19

Montgomery Co. Assistance Office

Margaret Bauer 610-327-5615

1	Christine Cooper	484-366-9288	5	MD
1	Toni Martin	484-925-7132	5	
1	Tisha Young	484-925-3338	3	
1	Mary Steed	724-366-2046	3	
1	Scott Cline	610-462-4077	4	EB
1	Khalea Saviour	215-554-7316	3	
				23

Montgomery Co. Community College

Lori Davidson 610-718-1841

1	Carla Hyden	484-302-6100	2	
1	Karen and Micheal Kruegar	610-933-3254	6	
1	Shasean Kellman	610-718-6377	3	
1	Ja'Lynn Brown	484-366-9311	1	
1	Toni Sacerdote	267-344-9803	3	
1	Tamyra Hamilton	347-515-7518	2	
				17

Montgomery Co. Head Start

Pottstown 1-2-3 (First Baptist)

Tracey Breslin 610-326-1050

1	Brittany Young	484-362-3054	3	invalid #
1	Nicole Duvall	no phone	3	
1	Crystal Rodack	484-925-5478	3	MD
1	Patricia Smith	484-300-0280	2	
1	Irene Linares	484-721-6421	2	
1	Carlyn Malloy	610-326-2861	2	
1	Erin Pietcha	484-624-2954	2	
1	Christie Hurding	484-904-6510	2	
1	Dazina Gandaria	610-463-5363	2	
1	Ubalba Sanchez	no phone	1	
1	Dominique Fordham	276-242-8856	3	
1	Julia Vasquez	610-970-2620	2	
1	Tierra McCalvin	no phone	1	
1	Lori Tubbs	484-300-4465	1	
1	Cindy Santiago	484-300-6810	1	
1	Sandra Sanchez	no phone	4	

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Montgomery County Head Start Ricketts
Olga Rodriquez 484-949-9399

1	Shanice Brown	484-366-9052	1	
1	Andres and Cristina Felipe	803-466-4955	1	
1	Gilardo and Maria (Morales) Mendez	484-374-5794	2	
1	Nicole Frisco	610-476-9547	4	MD
1	Jasmine Lefred	484-374-5794	2	
1	Michelle Mitchell	484-300-3951	3	

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Montgomery County Head Start Annex
Olga Rodriquez 484-949-9399

1	Andrea Bancroft	701-317-1067	2	
1	Rachel Prendergast and Sabri Elshiwakh	484-948-6988	2	
1	Heather Clark	484-256-7034	3	
1	Krystal Adams	610-990-9292	2	
1	Freena Jones	484-688-4477	1	
1	Kirsten Jones	484-925-3940	3	
1	Luis and Grindis Salazar	484-336-9295	3	
1	Hadiya Anderson	484-457-9997	3	
1	Sonja Mast	484-374-3964	2	
1	Lucas and Christina Rivera	484-949-8761	5	
1	Joanna Colon	484-300-8198	2	
1	Leah Verdone	484-685-2726	5	Not valid #

33

Montgomery Co. Office of Children/Youth
Sarah Batipps 610-327-1588 ext. 4235

1	Kahadija P.	484-300-6253	3	
1	Carrie M.	484-374-7310	2	
1	Chasity P.	484-362-3677	2	
1	Veronica D.	267-770-1249	3	
1	Shyrein J.	610-718-6380	5	EB
1	Justin B.	610-914-0350	3	CH

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North Coventry Food Pantry
Ginny Wade
610-326-5659 or 484-614-0190

1	Jennifer Evans	484-300-3929	3	LC
1	Hector Serrano	719-645-9604	2	
1	Jackie Evans	484-932-8664	2	
1	Kim Baradgie	484-300-9328	1	
1	Bronco Haglad	610-999-1362	3	C (listed 2x
1	Carl Kristman	484-332-3429	4	LC

15

Owen J. Roberts School District
Sue Grashof 610-469-5184

1	Amanda Cushman	484-300-6485	4	MD
1	Brenca Haugland	610-999-1362	2	LC
1	Roushonara Ashraf	267-753-5476	1	
1	Melinda Brown	484-985-8363	4	MD
1	Shawn Holland	484-682-7891	4	
1	Diane Wagner	610-639-6379	3	

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Park Springs Apartments
Ed Rodriguez 610-948-6203

1	Julissa Lima	484-374-7150	1	LC
1	Dana Turner	484-369-9837	2	
1	Shannon Knight	484-948-5995	3	
1	Gina Whitby	484-868-2530	3	
1	Victoria Stewart	267-401-5728	2	LC
1	Monique fisicaro	610-203-0362	1	

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Phoenixville Communities That Care

Delores Winston 610-933-7728 #1

1	Nelly Karikian	484-753-2188	3	
1	Natasha Zare	484-302-6586	1	MD
1	Autumn Wright	254-462-1804	3	MD
1	Wendy Parento	610-906-7023	1	
1	Wanda Hightower	484-921-4945	5	MD
1	Priscilla Patterson	954-773-6996	6	MD
				19

Phoenixville Hospital

Kathy Wilson 610-983-1415

1	April Zaplitny	484-948-0972	2	MD
1	Lorianne pinkerton	484-364-1178	3	
1	Regina Epps	610-326-5392	1	
1	Jessica King	484-302-9084	5	EB
1	Christy Daub	484-949-0607	1	
1	Denise Rhoads	484-321-1864	3	LC
				15

Pottstown Cluster of Religious Comm.

Barbara Wilhelmy/Kelli DeSieno 610-970-5995

1	Darlene Hale	484-624-5292	2	FO
1	Mary Jo Brunner	484-751-2356	2	
1	Eli Tyner	484-374-7290	1	
1	Amy Clinger	717-405-0421	4	MD
1	Ikedah Thacker	267-507-8495	6	EB
1	Magarita Levengood	484-784-7162	4	MD
				19

Pottstown Family Center

Jessica McCartin 610-326-1610 x 343

1	Tracey Williams	484-300-4822	9	invalid #
1	Crystal and Alton Thomas	484-366-9141	1	
1	John and Julia Gibson	484-949-2274	4	MD
1	Liz and Winston Hill	484-925-3694	2	
1	Ashley Kerr and D'Rell Norris	484-941-2981	2	
1	Katie Arroyo	215-939-5666	3	
				21

Pottstown School District Admin. Annex

Holly Lee 610-970-6691

1	Tanya Arms	814-933-4049	2	
1	Shanika Briddell	484-366-6538	4	
1	Stephanie Hickey	610-906-5367	3	MD
1	Kathy Migala	484-949-0412	3	CH
1	Jennifer Sallad	484-721-0359	2	CH
1	Jeannette Rainey	484-288-9736	2	invalid#
1	Venus Perry and Howard Hooker	484-925-5899	7	

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Rolling Hills Apartments
Laura English 610-323-5130 x 17

1	Michelle Boone	484-948-5632	2	
1	Natasha Richardson	267-428-9933	3	MD
1	Alicia Betea	484-949-8767	1	
1	Tangy Laureano	484-374-8917	3	
1	Elveda Walker	610-970-2821	2	
1	Keneeth Williams	267-639-7698	5	MD

16

Women's Center of Montgomery Co.
Niki Stansbury 610-970-7364

1	Somanith Bou	267-663-1339	3	
1	Tina Munz	610-792-8808	3	CH
1	Angela Rhoads	484-752-9561	3	
1	Wanda Rivera	484-948-0015	2	CH
1	Casey Smith	610-812-3409	1	
1	Maureen Boyle	267-357-7356	1	

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HOUSE
THE MERCURY

24 N. HANOVER

STREET
POTTSTOWN, PA 19464
Attention:

STATE OF PENNSYLVANIA,
COUNTY OF MONTGOMERY

THE ANNUAL REPORT of the Pottstown Mercury Foundation for the year ending November 30, 2015 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.

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The undersigned *Denise N. Diehl*, being duly sworn the he/she is the principal clerk of The Mercury, The Mercury Digital, published in the English language for the dissemination of local or transmitted news and intelligence of a general character, which are duly qualified newspapers, and the annexed hereto is a copy of certain order, notice, publication or advertisement of:

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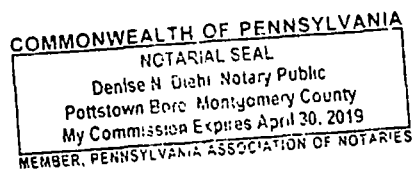
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Sworn to the subscribed before me this 27th day of January 2016

Denise N. Diehl

Notary Public, State of Pennsylvania
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