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Return of Private Foundation

OMB No 1545-0052

2015

Department of the Treasury
Internal Revenue Serviceor Section 4947(a)(1) Trust Treated as Private Foundation
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Open to Public Inspection

For calendar year 2015 or tax year beginning DEC 1, 2015, and ending NOV 30, 2016

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) **\$ 37,252.** (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 | 87,600. | | 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 | 35. | 35. | | 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 | 87,635. | 35. | | |
| 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 | 1,725. | 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 | 39,677. | 0. | | 0. |
| 24 | Total operating and administrative expenses. Add lines 13 through 23 | 41,402. | 0. | | 0. |
| 25 | Contributions, gifts, grants paid | 39,278. | | | 39,278. |
| 26 | Total expenses and disbursements. Add lines 24 and 25 | 80,680. | 0. | | 39,278. |
| 27 | Subtract line 26 from line 12: | | | | |
| a | Excess of revenue over expenses and disbursements | 6,955. | | | |
| b | Net investment income (if negative, enter -0-) | | 35. | | |
| c | Adjusted net income (if negative, enter -0-) | | | N/A | |

| 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 | 30,297. | 37,252. | 37,252. |
| | 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 | | | |
| Liabilities | 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 ▶ | | | |
| Net Assets or Fund Balances | 15 Other assets (describe ▶) | | | |
| | 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 30,297. | 37,252. | 37,252. |
| | 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. | |
| | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | 30,297. | 24,658. | |
| | 25 Temporarily restricted | 0. | 12,594. | |
| | 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 | 30,297. | 37,252. | |
| | 31 Total liabilities and net assets/fund balances | 30,297. | 37,252. | |

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 | 30,297. |
| 2 Enter amount from Part I, line 27a | 2 | 6,955. |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 37,252. |
| 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 | 37,252. |

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) 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 | { | | 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)) |
|--|--|--|---|
| 2014 | 40,325. | 24,775. | 1.627649 |
| 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 |

| | | |
|--|---|----------|
| 2 Total of line 1, column (d) | 2 | 9.438061 |
| 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 | 1.887612 |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | 4 | 40,885. |
| 5 Multiply line 4 by line 3 | 5 | 77,175. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 0. |
| 7 Add lines 5 and 6 | 7 | 77,175. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 39,278. |

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 | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 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 2016 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 2015 or the taxable year beginning in 2015 (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)

| | Yes | No |
|--|-----|----|
| 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? Website address ► <u>N/A</u> | X | |
| 14 The books are in care of ► <u>POTTSTOWN MERCURY</u> Telephone no. ► <u>(610) 323-3000</u> Located at ► <u>24 NORTH HANOVER STREET, POTTSTOWN, PA</u> ZIP+4 ► <u>19464</u> | | |
| 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 <u>N/A</u> | | |
| 16 At any time during calendar year 2015, 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. If "Yes," enter the name of the foreign country ► | | 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 <u>N/A</u> <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 2015? | 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <u>N/A</u> c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____ | 2b | |
| 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 2015 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 2015.) <u>N/A</u> | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 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

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 |
|---------------------------------------|---|---|---|---------------------------------------|
| PATTI PAUL | 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 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 | 41,508. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 41,508. |
| 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 | 41,508. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 623. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 40,885. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,044. |

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

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,044. |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | 2a | 1. |
| b | Income tax for 2015. (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 | 2,043. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,043. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 2,043. |

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 | 39,278. |
| 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 | 39,278. |
| 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 | 39,278. |

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.

Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2015 from Part XI, line 7 | | | | 2,043. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | 75,555. | | | |
| b From 2011 | 48,883. | | | |
| c From 2012 | 66,220. | | | |
| d From 2013 | 36,638. | | | |
| e From 2014 | 39,087. | | | |
| f Total of lines 3a through e | 266,383. | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ | 39,278. | | | |
| a Applied to 2014, 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 2015 distributable amount | | | | 2,043. |
| e Remaining amount distributed out of corpus | 37,235. | | | |
| 5 Excess distributions carryover applied to 2015 (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 | 303,618. | | | |
| 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 2014. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 | | | | 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 2010 not applied on line 5 or line 7 | 75,555. | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 228,063. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2011 | 48,883. | | | |
| b Excess from 2012 | 66,220. | | | |
| c Excess from 2013 | 36,638. | | | |
| d Excess from 2014 | 39,087. | | | |
| e Excess from 2015 | 37,235. | | | |

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 2015-SEE ATTACHED LISTING AND ATTACHED FOOTNOTE 24 N. HANOVER ST. POTTSTOWN, PA 19464 | | PUBLIC | PROVIDING FOOD AND TOYS TO INDIGENT AND NEEDY | 39,278. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | 3a | 39,278. |
| b Approved for future payment | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| Total | | | 3b | 0. |

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

2015

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 foundationCheck 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) (2015)

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 |
|------------|---|----------------------------|--|
| 1 | BUDGET MAINTENANCE 135 WALNUT ST POTTSTOWN, PA 19464 | \$ 12,500. | 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 |
| | | | |
| | | | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

FORM 990-PF 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 | 35. | 35. | |
| TOTAL TO PART I, LINE 3 | 35. | 35. | |

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 | 1,725. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,725. | 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 | 38,556. | 0. | | 0. |
| SUPPLIES | 794. | 0. | | 0. |
| OFFICE EXPENSES | 227. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 39,677. | 0. | | 0. |

FOOTNOTES STATEMENT 4

SUPPLEMENTAL 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

PBC

| | NAME | PHONE | CHILDREN | Reporter initials |
|-----|---|------------------------------|----------|-------------------|
| 134 | Families | | | |
| 420 | Children | | | |
| | Community Health and Dental | | | |
| | Linda Gambone 610-326-9460 | | | |
| 1 | Sonya Allen | 267-304-0016 | 5 | ED completed |
| 1 | Dorothy Freeman | 610-327-8169 | 2 | |
| 1 | Karry Lawrence | 610-308-1303 | 4 | |
| 1 | Amber Thomas | 484-347-8968 | 4 | ED bad story |
| 1 | Betty Sanchez | 484-300-7932 | 4 | |
| 1 | Renade Beasley | 484-948-9819 | 6 | |
| 1 | Krsten Andrews | 484-977-0945 | 4 | wrong number |
| 1 | Tamara Rollins | 267-642-2670 | 4 | |
| | | | 33 | |
| | Community Services of Devereux | | | |
| | Krsten Terrell 610-933-9110 ext 2481 | | | |
| 1 | Brenda DiNicola/Carolyne Stubanas | 215-859-0696 | 4 | |
| 1 | Rydeah Brown | 610-990-9343 | 3 | CH Completed |
| 1 | Angela and Steven Boyles | 484-574-0238 | 4 | |
| 1 | Kim Scram | 610-718-6783 or 610-564-0214 | 3 | |
| 1 | Chrissy Clement | 484-546-6230 | 3 | |
| 1 | Jaisy Bene | 570-807-5548 | 1 | |
| 1 | Mary Moore/Lauren Moore-Tannehill | 215-859-0696 | 4 | |
| 1 | Chrissy and Lucas Rivera | 484-624-3322 | 5 | |
| 1 | Kelley and Nevin Heffner | 267-642-8634 | 2 | |
| | | | 29 | |
| | Creative Health Services | | | |
| | Stacy Brown 610-326-2767 x 1207 | | | |
| 1 | Christine Arters | 610-473-0307 | 2 | |
| 1 | Tina and Ronald Rath | 610-323-5817 | 2 | |
| 1 | Mana Torres | 484-374-8006 | 2 | |
| 1 | Rasheada Miller | 484-374-7896 | 4 | |
| 1 | Chastity Bodnar | 610-496-7683 | 3 | |
| 1 | Jane and John Ulloa-Machen | 954-226-1854 | 3 | |
| 1 | Enc Douglass | 484-752-9196 | 1 | MD |
| 1 | Sandy and Lou Greco | 484-368-2643 | 3 | |
| 1 | Danielle Brown (and Spencer) | 484-945-3351 | 4 | |
| | | | 24 | |
| | Heart of God Family Worship Center | | | |
| | Linda Anthony 610-802-1000 | | | |
| 1 | Inez Bell | 484-402-0318 | 3 | ED complete |
| 1 | Joanna Figureoa | 610-803-8285 | 3 | ED complete |
| 1 | Elissa Heer | 610-763-8250 | 4 | ED complete |
| 1 | Shanelle Lawrence | 267-593-7848 | 5 | ED complete |
| 1 | Lakeytha Smith | 484-231-9644 | 4 | |
| 1 | Tierra Carpenter | 484-948-6160 | 6 | |
| 1 | Lucy Espieit | 610-245-7414 | 2 | |
| 1 | Kianna Dorsey | 484-300-7640 | 5 | ED complete |
| 1 | Ayana Singleton-Gray | 484-752-9720 | 1 | ED complete |
| | | | 33 | |
| | Montgomery Co Assistance Office | | | |
| | Margaret Bauer 610-327-5615 | | | |
| 1 | Leann Burdge | 267-530-9756 | 3 | |
| 1 | Amber McClune | 484-949-5747 | 4 | MD complete |
| 1 | Christina Sibilly | 484-366-9152 | 5 | EB complete |
| 1 | Carmen Shurelds | 484-686-2129 | 4 | |
| 1 | Neisha Sepulveda | 610-427-9262 | 4 | |
| 1 | Jodeci Johnson | 484-948-7324 | 4 | |
| 1 | Vinisha Daniels | 484-366-9582 | 4 | ED complete |
| 1 | Melanie McArthur | 484-374-0981 | 4 | |
| | | | 32 | |
| | Montgomery Co Community College | | | |
| | Lon Davidson 610-718-1841 | | | |
| 1 | Dawud Barnes | 484-363-9424 | 6 | |
| 1 | Stacey Knox | 484-300-7562 | 2 | |
| 1 | Latoya Wright | 610-633-3920 | 2 | |
| 1 | Melissa Famous | 610-551-0981 | 1 | KF- completed |
| 1 | Kyla Butler | 267-584-4840 | 2 | KF |
| 1 | Keri Trejo | 484-848-4960 | 2 | |
| 1 | Stefanie O'Connor | 929-226-7503 | 4 | |
| | | | 19 | |
| | Montgomery Co Office of Children/Youth | | | |
| | Sarah Batupps 610-327-1588 ext 4235 | | | |
| 1 | Jirel F | 484-925-5187 | 3 | |
| 1 | Darryl H | 484-264-4929 | 3 | |
| 1 | Carl C | 484-300-0621 | 1 | |

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2015 FORM 990-PF

PART XV - SUPPLEMENTARY INFORMATION - LINE 3

| | | | | |
|---|---------------------|------------------------------|---|--|
| 1 | Pamsh T | 484-213-0900 | 6 | |
| 1 | Dorothy F | 484-925-5288 | 3 | |
| 1 | Ashley K | 484-941-2981 | 3 | |
| 19 | | | | |
| North Coventry Food Pantry | | | | |
| Ginny Wade | | | | |
| 610-326-5659 or 484-614-0190 | | | | |
| 1 | Melinda Black | 610-327-2436 | 1 | |
| 1 | Amanda Cushman | 484-300-6485 | 4 | MD |
| 1 | Lynne Spatz | 484-252-3897 | 3 | |
| 1 | Knst Verrechio | 610-533-5662 | 1 | LC |
| 1 | Knstin Reaney | 484-374-7960 | 2 | |
| 1 | Dean Kline | 484-925-5402 | 2 | CH completed |
| 1 | Charlene Benner | 610-227-5022 | 3 | |
| 1 | Diane Rhoads | 484-321-1864 | 3 | CH Does not want to be interviewed, fears attention |
| 1 | Helena Weiss | 917-593-6364 | 2 | |
| 21 | | | | |
| Owen J Roberts School District | | | | |
| Sue Grashof 610-469-5184 | | | | |
| 1 | Stacey Brandel | I | 2 | |
| 1 | Marcia Leister | 484-880-7702 | 2 | |
| 1 | Mary Leimeister | 610-724-6752 | 3 | |
| 1 | Melissa Corradi | 484-844-0060 | 6 | |
| 1 | Jim Dyer | no phone | 2 | |
| 1 | Mrs Gonzalez | no phone (Spanish only) | 2 | |
| 1 | Joanne Mayo | 484-333-5771 | 2 | |
| 1 | Melissa Bell | 484-300-0507 | 4 | |
| 1 | Denise Kline | 484-374-5281 | 6 | MD |
| 1 | Diana Bndges | 830-560-6968 | 5 | |
| 34 | | | | |
| Park Springs Apartments | | | | |
| Ed Rodriguez 610-948-6203 | | | | |
| 1 | Wanda Torres | 484-840-6706 | 3 | |
| 1 | Tamsin Doughty | 484-369-9051 | 2 | |
| 1 | Sherry Thornton | 484-687-7743 | 3 | LC |
| 1 | Adama Sesay | 484-784-8853 | 2 | |
| 1 | Zwana Graham | 610-363-8184 | 3 | |
| 1 | Sheron Phillips | 267-281-2917 | 3 | |
| 1 | Jaimie Richardson | 215-789-0763 | 2 | |
| 1 | Konnah Carmichael | 215-626-3701 | 3 | |
| 1 | Chelsea Baker | 267-622-1452 | 4 | wrong number |
| 25 | | | | |
| Phoenixville Hospital | | | | |
| Kathy Wilson 610-983-1415 | | | | |
| 1 | Janelle Hill | 610-482-2058 | 3 | CH completed |
| 1 | Alexis Didget | No phone | 3 | |
| 1 | Lorraine Colon | 610-888-8529 | 1 | phone number not working |
| 1 | Jocelyn Harper | 610-952-0381 | 3 | |
| 1 | Morgan Giampietro | 610-585-6128 | 3 | CH completed |
| 1 | Mia Wise | 484-804-0259 | 2 | LC |
| 1 | Stephanie Larry | 484-751-3629 | 4 | MD |
| 19 | | | | |
| Pottstown Cluster of Religious Comm | | | | |
| Barbara Wilhelmy/Kelli DeSieno 610-970-5995 | | | | |
| 1 | Eunnika Harns | 484-714-2418 | 3 | KF- does not want to speak, story includes confidential medical problems |
| 1 | Chardonnay King | 610-316-5459 | 2 | KF- completed |
| 1 | Malinda Johnson | 484-838-2310 | 4 | KF- completed |
| 1 | Michelle Boone | 484-948-5632 | 1 | KF- completed |
| 1 | April Ferkus | 484-576-9158 | 4 | |
| 1 | Vicki Daniels | 484-300-6141 | 2 | |
| 1 | Dominique Munford | 484-300-3561 | 1 | |
| 1 | Jessica Moser | 484-274-4838 | 6 | |
| 1 | Carmen Jones | 484-300-6567 or 484-949-8890 | 6 | |
| 1 | Shanicqua Suber | 484-300-0042 | 3 | |
| 1 | Nickia Ford-Oquendo | 484-273-8767 | 6 | |
| 38 | | | | |
| Pottstown Family Center | | | | |
| Jessica McCartin 610-326-1610 x 343 | | | | |
| 1 | Jamelle Devlin | 717-450-0227 | 4 | |
| 1 | Karla Tello | 610-587-3471 | 3 | |
| 1 | Mana Morales | 484-374-5794 | 3 | |
| 1 | Scharde Rodriguez | 717-884-4384 | 3 | |
| 1 | Laura Monroe | 484-948-0845 | 5 | EB - completed |
| 1 | Lita Frey | 484-447-7548 | 1 | |
| 1 | Darlene Hale | 610-323-1582 | 2 | |
| 1 | Ingnd Torres | 484-844-0721 | 5 | MD-completed |
| 1 | Melissa Hetrick | 484-925-4108 | 3 | ED |
| 29 | | | | |
| Pottstown School District Admin Annex | | | | |
| Holly Lee 610-970-6691 | | | | |

EIN 23-6256419

2015 FORM 990-PF

PART XV - SUPPLEMENTARY INFORMATION - LINE 3

| | | | | |
|---|------------------|------------------------------|---|---------------|
| 1 | April Fultz | 484-300-1592 | 3 | |
| 1 | Amy Clinger | 717-405-0421 | 4 | MD |
| 1 | Chariet Lucwinko | 484-687-3286 or 484-250-4267 | 5 | |
| 1 | Zuleyka Asencio | 484-550-1034 | 3 | |
| 1 | Joanella Rick | 484-702-2147 | 2 | |
| 1 | Michelle Ramos | 484-300-0142 | 3 | MD |
| 1 | Michelle Sole | 484-467-7296 | 1 | |
| 1 | Jonelle Beekley | 484-374-7663 | 4 | EB-- Complete |
| 1 | James Hodges | 484-524-3321 | 1 | MD--complete |

26

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

| | | | | |
|---|-------------------|--------------|---|-----------------------|
| 1 | Carmella Lewis | 484-751-8668 | 5 | |
| 1 | Evanne Jaquet | 267-788-2488 | 2 | |
| 1 | Shenn Elsaid | 484-366-3739 | 3 | |
| 1 | Carne Medez | 610-245-7029 | 3 | number not in service |
| 1 | Ranada Willis | 610-970-9939 | 2 | |
| 1 | Natasha Calfee | 267-234-2645 | 2 | |
| 1 | Vondia Jaihson | 484-948-3106 | 5 | |
| 1 | Lekeisha Thompson | 267-474-0657 | 3 | |

25

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

| | | | | |
|---|--------------------|------------------------------|---|--------------|
| 1 | Heather Pennington | 484-300-0840 | 4 | EB |
| 1 | Danielle Wieder | 484-447-7390 | 1 | |
| 1 | Debbie Rymorwicz | 484-680-4920 | 3 | |
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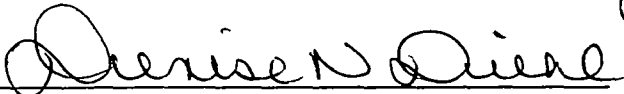
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