

Form **990-PF****Return of Private Foundation**

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

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016 or tax year beginning

DEC 1, 2016

, and ending

NOV 30, 2017

Name of foundation

POTTSTOWN MERCURY FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)

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)

\$ **41,993.**

J Accounting method:

☒

Cash

☐

Accrual

☐ Other (specify)

(Part I, column (d) must be on cash basis.)

A Employer identification number

23-6256419

B Telephone number

610-323-3000C 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

85,462.**N/A**2 Check ☐ if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

9.**9.****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

85,471.**9.**

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**1,925.****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**36,755.****0.****0.**

24 Total operating and administrative expenses. Add lines 13 through 23

38,680.**0.****0.**

25 Contributions, gifts, grants paid

42,050.**42,050.**

26 Total expenses and disbursements. Add lines 24 and 25

80,730.**0.****42,050.**

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

4,741.

b Net investment income (if negative, enter -0-)

9.

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	37,252.	41,993.	41,993.
	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)	37,252.	41,993.	41,993.	
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"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	24,658.	29,454.	
	25 Temporarily restricted	12,594.	12,539.	
	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	37,252.	41,993.		
31 Total liabilities and net assets/fund balances	37,252.	41,993.		

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	37,252.
2 Enter amount from Part I, line 27a	2	4,741.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	41,993.
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	41,993.

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			

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

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	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))
2015	39,278.	40,885.	.960695
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

2 Total of line 1, column (d)	2 8.317372
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 1.663474
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4 39,029.
5 Multiply line 4 by line 3	5 64,924.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6 0.
7 Add lines 5 and 6	7 64,924.
8 Enter qualifying distributions from Part XII, line 4	8 42,050.

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	0.
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	0.
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	0.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	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		0.
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 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

	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?	X	
Website address N/A		
14 The books are in care of POTTSTOWN MERCURY Telephone no. (610) 323-3000		
Located at 24 NORTH HANOVER STREET, POTTSTOWN, PA ZIP+4 19464		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		<input type="checkbox"/>
	15	N/A
16 At any time during calendar year 2016, 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?	Yes	No
	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

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	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 2016?		1c
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<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.)	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 2016 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 2016)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
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 2016?		4b

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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

If "Yes" to 6b, file Form 8870.

X

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
PATRICIA 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				
NANCY MARCH	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				
ROBERT MORRIS	OFFICER			
C/O THE POTTSTOWN MERCURY, 24 N HANOV	1.00	0.	0.	0.
POTTSTOWN, PA 19464				

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

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

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



0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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

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	39,623.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	39,623.
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	39,623.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	594.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	39,029.
6	Minimum investment return. Enter 5% of line 5	6	1,951.

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	1,951.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,951.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,951.
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	1,951.

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	42,050.
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	42,050.
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	42,050.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				1,951.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	48,883.			
b From 2012	66,220.			
c From 2013	36,638.			
d From 2014	39,087.			
e From 2015	37,235.			
f Total of lines 3a through e	228,063.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$	42,050.			
a Applied to 2015, 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 2016 distributable amount				1,951.
e Remaining amount distributed out of corpus	40,099.			
5 Excess distributions carryover applied to 2016 (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	268,162.			
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7	48,883.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	219,279.			
10 Analysis of line 9:				
a Excess from 2012	66,220.			
b Excess from 2013	36,638.			
c Excess from 2014	39,087.			
d Excess from 2015	37,235.			
e Excess from 2016	40,099.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities.

Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test - enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year OPERATION HOLIDAY-CHRISTMAS 2016-SEE ATTACHED LISTING AND ATTACHED FOOTNOTE 24 N. HANOVER ST. POTTSTOWN, PA 19464		PUBLIC	PROVIDING FOOD AND TOYS TO INDIGENT AND NEEDY	42,050.
Total			▶ 3a	42,050.
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)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments				14	9.	
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.		9.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13	9.

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

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

[illegible]

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

2016

Name of the organization

POTTSTOWN MERCURY FOUNDATION

Employer identification number

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

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
	(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
BB&T BANK	9.	9.	
TOTAL TO PART I, LINE 3	9.	9.	

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	1,925.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,925.	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	36,655.	0.		0.
TO FORM 990-PF, PG 1, LN 23	36,755.	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

NEW HOPE BAPTIST CHURCH, CENTRAL AVE, PAOLI, PA 19301

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

BIRTHRIGHT OF POTTSTOWN, 327 KING 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

POTTSTOWN MERCURY FOUNDATION
 EIN 23-6256419
 2016 FORM 990-PF
 PART XV - SUPPLEMENTAL INFORMATION - LINE 3

	NAME	PHONE	CHILDREN	TOTAL
144	Families			
447	Children			
	Community Health and Dental			
	Linda Gambone 610-326-9460			
1	Sonya Allen	267-810-7484	5	
1	Betty Sanchez	484-300-7932	4	
1	Naomi Allen	484-447-2367	3	
1	Nadie Beasley	484-948-9819	6	
1	Karry Lawrence	484-374-7824	4	
1	Shawn Eagle	484-520-6359	4	
1	Piedad Sanchez	484-862-0269	4	
1	Christine Murray	610-756-9107	4	
				34
	Community Services Devereux			
	Samantha Clemo 610-422-1480			
1	Jessica Hudson	484-447-6876	3	
1	Ana Cifuentes	610-482-2521	1	
1	Megan Lettiere and Charles Howe	484-925-5412	2	
1	Helena Miller	610-333-0729	1	
1	Laura Dungee	484-641-3195	1	
1	Angela and Stephen Boyles	484-574-0238	4	
				12
	Creative Health Services			
	Stacy Brown 610-326-2767 x 1207			
1	Charles Patt	484-429-8237	2	
1	Holly Becker and Maryann Derstine	215-264-1920 (Holly)	2	
1	Sean Kellman	610-718-6377	2	
1	Keisha Womack	610-427-1059	4	
1	Leah Verdone	610-570-7733	5	
1	Stacy Smith	484-388-6233	2	
1	Elma Colon	484-374-8292	1	
1	Karen Reed	267-315-3168	3	
1	Toni Sacerdote	484-374-7344	3	
				24
	Family Services			
	Jane Boughter 610-326-1610			

POTTSTOWN MERCURY FOUNDATION
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1	Gèneva Kenny	484-688-3300	3
1	Adria Oister	610-226-7038	7
1	Mandy Houck	484-447-1494	4
1	Socorro Villanueva	484-945-3229	2
1	Dana Loper	484-948-0824	4
1	Mary Brunner	484-751-2356	3

23

Heart of God Family Worship Center
 Linda Anthony 610-802-1000

1	Iynise Walton	484-302-1701	2
1	Shante Lofton	484-374-5438	4
1	Irene Savage	267-272-5615	3
1	Patricia Brown		5
1	Tiffany Kennedy	215-767-6794	3
1	Lourdes Irizarry	484-506-8701	4
1	Dorothy Acevedo-Perez	484-925-5288	3
1	Milly Diaz	484-945-3939	4

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Montgomery Co. Assistance Office
 Margaret Bauer 610-327-5615

1	Raeshelle Soto	484-925-3445	5
1	Amanda Gallardo	484-945-3005	4
1	Corrine Carberry	484-524-3977	4
1	Melissa Pedraza	215-847-1035	6
1	Requita Elliott	610-427-0148	5
1	Shakeya Dodd	267-608-4176	5
1	Rachel Dawson	484-948-6344	4
1	Donna Simans	484-752-6185	4

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Montgomery Co. Community College
 Lori Davidson 610-718-1841

1	Eunice Rome	610-609-9187	2
1	Julie Fedchak	610-306-4429	3
1	Christina Boone	484-632-4092	2
1	Imani Konce	267-939-1251	1
1	Stephany Robinson	267-356-0357	3
1	Danielle Smith	610-334-5556	3
1	Kevin Jordan	717-445-7311	1

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Montgomery Co. I.U. Head Start

POTTSTOWN MERCURY FOUNDATION
 EIN 23-6256419
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Sherilyn Homans West 484-919-0389

1	Kimberly Kulp	484-948-6431	6
1	Angela Floyd	267-382-9141	3
1	Shakierah Holmes	267-981-0101	2
1	Shana Jordon	215-617-0824	2
1	Erica Vega	610-914-2052	4
1	Karen Dunbar	267-678-3089	3
1	Amanda Staso	484-374-8053	1
1	Hannyah Walker	815-517-3841	3
1	Alyssa Ritter	610-515-5612	3
1	Melisa Blanco	484-945-3116	2
1	Sherri Monkiewicz	484-965-0801	2
1	Sandra Sanchez	484-925-5293	5
1	Adrienne Moore	267-232-7237	5
1	Ayana wills	267-531-8098	3

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

1	Eva H.	484-925-5376	3
1	Jodeci J.	484-948-6732	4
1	Belinda C.	610-342-6452	4
1	Sue W.	610-587-6681	4
1	Stacey B.	267-507-8844	5
1	Christine G.	610-607-3666	2
1	Sarah C.	484-374-9921 (Jaylynn)	3
1	Nicole P.	484-300-9222	6

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New Hope Baptist Church
 Pastor Darrell Brown Jr.
 610-296-4284

1	Adrienne Jones	610-731-4688	2
1	Corinne Clifford	484-925-5305	2
1	Leslie Brown	484-949-3972	2
1	Shanice Branch	484-752-8611	2
1	Parish Tanner	484-804-0056	2

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

1	Lynne Spatz	484-252-3897	3
1	Jesica Peterman	484-925-0803	3
1	William Jones	610-265-3653	1
1	Heather Bach	484-300-2309	2

POTTSTOWN MERCURY FOUNDATION
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 PART XV - SUPPLEMENTAL INFORMATION - LINE 3

1	Carl Kristman	484-332-3429	3	
1	Cindy Cizmarik	484-752-1721	1	
1	Stephanie Moore	575-405-2993	4	
1	Michael Mosely	484-447-7284	3	20

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

1	Denise Bickel	484-804-2102	1	
1	Tiffany Eddinger-Tayler	484-369-3659	3	
1	Kathryn Jensen	610-310-0280	5	
1	Amanda Allaico-Cushman	484-300-6485	4	
1	Tammy Rosado	484-325-1466	3	
1	Keith Stone	484-942-4549	1	
1	Kristen Reaney	484-374-7960	2	
1	Karen Miller	610-326-5554	2	
1	Kristen Green	484-366-7546	2	23

Park Springs Apartments
 Ed Rodriguez 610-948-6203

1	Jen Estrada	484-302-1608	2	
1	Deja Claiborne	484-925-7104	2	
1	Shontay Baker	484-369-1786	2	
1	Dyiesha Sims	484-687-3781	2	
1	Shannon Knight	484-948-5995	2	
1	Danielle Reese	484-925-5561	3	
1	Dana Turner	484-369-3722	2	15

Phoenixville Hospital
 Kathy Wilson 610-983-1415

1	Michelle Knapp	610-732-0305	5	
1	Barbara Gibson	484-366-6311	3	
1	maria Villegas	484-598-3470	4	
1	Sharhonda Anderson	610-202-0493	2	
1	Dana McArdle	484-687-7628	3	17

Pottstown Cluster of Religious Comm.
 Barbara Wilhelmy/Kelli DeSieno 610-970-5995

1	Inez Borders	484-366-9451	6	
1	Elizabeth Burns	484-300-0200	4	

POTTSTOWN MERCURY FOUNDATION

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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

1	Tina Kotb	484-721-6205	2
1	Kathy Migala	610-905-1663	3
1	Melissa Campbell	267-206-5797	2
1	Chelsea Kirschner	484-948-5542	3
1	Jodie Szczerbowicz	484-447-1564	3
1	Victoria Tucker	347-455-4896	5

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Pottstown School District Admin. Annex

Holly Lee 610-970-6691

1	Fataui Jones	484-336-8313 or 610-327-3966	5
1	Damaris Martinez	484-925-5118	1
1	Joanna Figueroa	610-803-8285	3
1	Avram and Lynn Hammer	484-942-0102 or 484-256-7315	5
1	Jose and Norma Mercado	484-366-7445	2
1	Melissa Koppel	484-447-9037	3
1	Tiarra Carpenter and Alexander Watkins	484-300-0776	6
1	Dawud Barnes	484-363-9424	5

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Rolling Hills Apartments

Laura English 610-323-5130 x 17

1	Zakiyah Jettel	484-688-3396	2
1	Tameka Slocum	267-601-1070	2
1	Ebony hall	215-490-0925	4
1	Jasmine Cooper and Melina Burns	610-970-1806	2
1	Monica Davis	267-356-8256	2
1	Latoya Wright	610-633-3920	2
1	Nakiah DeBeary	484-374-7917	4
1	Mahendra Brown	267-666-6724	1

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Women's Center of Montgomery Co.

Niki Stansbury 610-970-7364

1	Melissa Orehowsky	610-428-8241	2
1	Agnes Santiago	267-309-7122	2
1	Amanda Lanteigne	484-752-4403	2
1	Colleen Jones	267-912-9377	2
1	Aisha Anthony	484-949-3552	2
1	Anne Marie Thomas	267-237-0744	2
1	Katrina Boughter	610-850-1961	4
1	Kendra Allen	484-437-9730	5

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POTTSTOWN MERCURY FOUNDATION
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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

Birthright of Pottstown
Dorothy Olshefski 610-327-1666

1	Carolyn Vanderslice	5	5
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Phoenixville Communities that Care

1	ShaRonda Anderson	610-202-0493	3	
1	Mia Maisonet	610-310-3947	7	
1	Enilda Delgado	484-369-1978	1	11

144		447
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