

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

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning **DEC 1, 2017**, and ending **NOV 30, 2018**

Name of foundation POTTSTOWN MERCURY FOUNDATION		A Employer identification number 23-6256419
Number and street (or P.O. box number if mail is not delivered to street address) 24 NORTH HANOVER STREET.		B Telephone number 610-323-3000
City or town, state or province, country, and ZIP or foreign postal code POTTSTOWN, PA 19464		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 33,572.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

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		45,446.		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		23.	23.		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		45,469.	23.		
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		1,990.			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		1,026.	0.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		3,016.	0.		0.
25 Contributions, gifts, grants paid		50,874.			50,874.
26 Total expenses and disbursements. Add lines 24 and 25		53,890.	0.		50,874.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-8,421.			
b Net investment income (if negative, enter -0-)			23.		
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	41,993.	33,572.	33,572.
	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)	41,993.	33,572.	33,572.	
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 and complete lines 24 through 26, and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	29,454.	18,348.	
	25 Temporarily restricted	12,539.	15,224.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	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	41,993.	33,572.	
	31. Total liabilities and net assets/fund balances	41,993.	33,572.	

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	41,993.
2 Enter amount from Part I, line 27a	2	-8,421.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	33,572.
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	33,572.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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) FMV 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 doesn't 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))
2016	42,050.	39,029.	1.077404
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

2 Total of line 1, column (d)	2	8.142624
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	1.628525
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	32,097.
5 Multiply line 4 by line 3	5	52,271.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	52,271.
8 Enter qualifying distributions from Part XII, line 4	8	50,874.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1.
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

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-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2017 estimated tax payments and 2016 overpayment credited to 2017

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments. Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ☐ Refunded ☐

6a	0.
6b	0.
6c	0.
6d	0.

Part VII-A Statements Regarding Activities

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?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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.

c Did the foundation file Form 1120-POL for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. ☐ \$ 0. (2) On foundation managers. ☐ \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ☐ \$ 0.

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

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

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

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

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?

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions. ☐ PA

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8b	X	
9		X
10		X

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 N/A	X	
14 The books are in care of POTTSTOWN MERCURY Telephone no. (610) 323-3000 Located at 24 NORTH HANOVER STREET, POTTSTOWN, PA ZIP+4 19464		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A		
16 At any time during calendar year 2017, 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 N/A		
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 2017?		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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A		
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 2017 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 2017.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2017?		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

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?

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

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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

1 List all officers, directors, trustees, and 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				
SHELLEY MEENAN	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	32,586.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	32,586.
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	32,586.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	489.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32,097.
6	Minimum investment return. Enter 5% of line 5	6	1,605.

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	1,605.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	
b	Income tax for 2017. (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	1,605.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,605.
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	1,605.

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	50,874.
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	50,874.
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	50,874.

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,605.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	66,220.			
b From 2013	36,638.			
c From 2014	39,087.			
d From 2015	37,235.			
e From 2016	40,099.			
f Total of lines 3a through e	219,279.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	50,874.			
a Applied to 2016, 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 2017 distributable amount	49,269.			1,605.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	268,548.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	66,220.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	202,328.			
10 Analysis of line 9:				
a Excess from 2013	36,638.			
b Excess from 2014	39,087.			
c Excess from 2015	37,235.			
d Excess from 2016	40,099.			
e Excess from 2017	49,269.			

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 2017-SEE ATTACHED LISTING AND ATTACHED FOOTNOTE 24 N. HANOVER ST. POTTSTOWN, PA 19464		PUBLIC	PROVIDING FOOD AND TOYS TO INDIGENT AND NEEDY	50,874.
Total			▶ 3a	50,874.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Form 990-PF (2017)

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


		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

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

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

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

Sign Here  3/13/19 **OFFICER**

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See instructions ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name WILLIAM BRESLAWSKI JR CPA	Preparer's signature <i>William Breslawski</i>	Date 2/28/19	Check <input type="checkbox"/> if self-employed	PTIN P01437547
	Firm's name ▶ MAILLIE LLP			Firm's EIN ▶ 23-1518888	
	Firm's address ▶ PO BOX 680 OAKS, PA 19456-0680			Phone no. (610)935-1420	

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

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) (2017)

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	\$ 10,000.	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	23.	23.	
TOTAL TO PART I, LINE 3	23.	23.	

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	1,990.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,990.	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	915.	0.		0.
SERVICE FEES	11.	0.		0.
TO FORM 990-PF, PG 1, LN 23	1,026.	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

FAMILY SERVICES OF MONTGOMERY COUNTY, 3125 RIDGE PIKE,
NORRISTOWN, PA 19406

POTTSTOWN WORKS, THE SALVATION ARMY OF POTTSTOWN, 137 KING
ST, 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 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

COLEBROOKDALE ELEMENTARY SCHOOL, 1001 MONTGOMERY AVE,
BOYERTOWN, PA 19512

POTTSTOWN MERCURY FOUNDATION

EIN 23-6256419

2017 FORM 990-PF

PART XV - SUPPLEMENTAL INFORMATION - LINE 3

	NAME	PHONE	CHILDREN	TOTAL
147	Families			
412	Children			
	Community Health and Dental			
	Linda Gambone 610-326-9460			
1	Allen, Sonya	267-810-7484	5	
1	Beasley, Nadie	484-948-9819	7	
1	Lawrence, Shanelle	267-593-7848	4	
1	Freeman, Dorothy *	484-363-7808	2	
1	Eagle, Shawn	484-520-6359	6	
1	Carty, Ben	484-369-9750	1	
1	Carter-Jones, Dorshelle	484-948-0547	4	
1	Sanchez, Betty	484-300-7932	4	
1	Sanchez, Piedad	610-406-1492	4	
1	Stehman, Megan *	484-709-5097	3	
				40
	Community Services Devereux			
	Nikita Kadiwar 610-422-1479			
1	Timmons, Alexis *	610-310-4421	1	
1	Schaeffer, Anna	484-326-7477	3	
1	Box, Vandelyn *	484-716-4431	3	
1	Briggs, Tarama	484-624-3348	1	
1	Moore, Mary	484-716-0288	5	
1	Mayo, Joanne *	424-333-5771	1	
1	Durante, Judy *	610-213-1969	4	
				18
	Creative Health Services			
	Jaime Tyson 610-326-9250 x 1215			
1	Singelton, Darshann	267-248-5975	4	
1	Yorgey, Dawn	610-990-2614	2	
1	Seeber, Katrina	484-802-9752	3	
1	Alderfer, Michelle	215-896-7546	2	
1	Henderson, Marena	484-751-8111	2	
1	Carbungca, Chris	484-854-1201	4	
1	Wilson, Jennifer	610-883-0350	2	
1	Walton, Laura	484-374-3600	4	
1	Kenny, Geneva	484-688-3300	3	
				26

POTTSTOWN MERCURY FOUNDATION

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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

Family Services of Montgomery County			
Jane Boughter 610-326-1610			
1	Evankik, Autumn	484-428-0781	1
1	Carty, Jill	267-918-0170	1
1	Hopkins, Ashley	610-469-4392	2
1	Gatlin, Alyssia	484-366-9381	5
1	Wright, Felicia	484-949-0190	3
1	Vasquez, Julia	484-687-8822	3
1	Gober, Amanda	484-644-9436	4
1	Wood, Kari	484-587-7518	3
			22
Heart of God Family Worship Center			
Linda Anthony 610-802-1000			
1	Johnson, Crystal *	484-300-6851	2
1	Cyrus, Kim	610-864-4931	3
1	Warren, Jessica	443-608-0701	2
1	Bell, Inez	484-402-0318	2
1	Williams, Iesha	610-803-9421	4
1	Figueroa, Joanna	610-803-8285	2
1	Davis, Kapricia	484-948-0699	3
1	Lofon, Shante	484-374-5438	3
1	Figueroa, Christopher	484-300-6846	1
			22
Montgomery Co. Assistance Office			
Margaret Bauer 610-327-5615			
1	Smith, Kristin	484-366-9902	4
1	Taylor, Sherry	484-366-9914	5
1	Merchant, Denise	484-942-5150	5
1	Burnett, Samirah	267-235-2377	4
1	Johnson, Gianna	484-300-2812	3
1	Rivera, Michelle		4
1	Peterman, Desiree	484-772-0773	2
			27
Montgomery Co. Community College			
Lori Davidson 610-718-1841			
1	Bullen, Kathleen	484-369-1426	5
1	King, Chardonnay	610-316-5459	2
1	Staso, Amanda	484-300-5998	1
1	Johnson, Malinda	484-838-2310	4
1	Koroma, Hawa	484-925-5182	1
1	Hamersky, Lisa	267-566-4448	1
			14

POTTSTOWN MERCURY FOUNDATION

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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

Montgomery Co. Office of Children/Youth			
Sarah Batipps 610-327-1588 ext. 4235			
1	E., Elizabeth	484-447-8217	3
1	V., Heather	484-945-3029	4
1	H., Tristah	484-948-5207	4
1	N. Alicia	610-570-7749	3
1	M., Denise	484-420-7668	3
1	B., Erica	215-954-3031	3
1	R., Jessie	484-725-0594	2
1	Carberry, Tim	610-960-0688	4
			26
New Hope Baptist Church			
Pastor Darrell Brown Jr.			
610-296-4284			
1	Brown, Leslie	484-949-3972	1
1	Tanner, Parish	484-681-1462	6
1	Brown, Shanice	484-644-6024	2
1	Jones, Adrienne	610-731-4688	2
1	Jones, Kristen	484-477-5452	3
1	Gans, Shantelle	484-949-0153	4
1	Clifford, Corinne	484-925-5305	3
1	Nelson, Ricardo	610-202-0071	2
1	Fitzgerald, Inez	484-782-4013	3
1	Brown Sr., Tyair	267-435-8875	3
1	Gass, Anita	484-363-7311	3
			32
North Coventry Food Pantry			
Ginny Wade			
610-326-5659 or 484-614-0190			
1	Paznanski, Tiffany	484-403-5872	2
1	Vandegriff, Adam	610-587-1157	2
1	Weidman, Amanda	484-949-5907	2
1	Steele, Megan	484-945-5907	2
1	Birmingham, Joyce	610-323-2342	1
1	Reaney, Kristin	484-374-7960	2
1	Chrisman, Mitzie	484-809-6251	1
1	Reed, Erica	484-948-9372	1
1	Haneley, Hollie	484-925-8699	2
			15

POTTSTOWN MERCURY FOUNDATION

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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

Owen J. Roberts School District			
Sue Grashof 610-469-5184			
1	Beekley, MaryJean *	610-585-2099	3
1	Willauer, Lydia	484-366-9058	2
1	De JesusPonce, Maria (No English)	484-908-2756	3
1	Rosado, Tammy	No phone	3
1	Kline, Denise	484-474-5281	7
1	Bonis, Jen	484-651-9586	3
1	Cushman, Amanda	484-300-6485	4
1	Bach, Heather	484-300-2309	2
			27
Park Springs Apartments			
Ed Rodriguez 610-948-6203			
1	Carmichael, Kionna	215-626-3701	3
1	Thornton, Sherry	610-474-2924	2
1	Colley, Evonne	267-746-8992	3
1	Vincent, Tahaira	484-688-4935	1
1	Moore, Tammy	610-310-1514	1
1	Graham, Zwana	610-621-6449	3
1	Lorenzo, Lori	484-369-1010	1
			14
Phoenixville Hospital			
Kathy Wilson 610-983-1415			
1	Villegas, Maria	484-687-3600	4
1	Aquire Gomez, Leidy	484-687-8262	3
1	Gongan, Michelle	484-925-3969	1
1	Martinez, Kathleen	no phone	2
1	McClain, Shannon	518-879-2870	2
1	Kpogba, Patricia	610-482-2345	1
			13
Pottstown Cluster of Religious Comm.			
Barbara Wilhelmy/Kelli DeSieno 610-970-5995			
1	Payne, Valerie	484-447-1591	6
1	Dinich, Rebecca	484-374-7977	2
1	Scurry, Keilana	484-300-9369	5
1	Watson, Jillian	267-680-6301	3
1	Hill, Christina	484-300-1909	4
1	Watson, Jennifer	719-358-1730	2
1	Long, Melanie	484-374-7871 or 484-942-5059	4
1	DeBoard, Monica	610-416-6306	1
1	Spence, Nicole	610-906-0413	1
			28

POTTSTOWN MERCURY FOUNDATION

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PART XV - SUPPLEMENTAL INFORMATION - LINE 3

	Pottstown School District Admin. Annex		
	Holly Lee 610-970-6691		
1	Martinez, Damaris	484-925-5118	1
1	Stroman, Heather	610-202-5578	3
1	Brown, Patricia	484-447-1662	5
1	Ferguson, Katina	267-461-3400	2
1	Livingston, Elizabeth	215-758-3692	1
1	Weimer, Theresa	267-597-0721	7
1	Cook, Andre	484-213-8970	3
1	Hambleton, JoAnna	929-995-4408	2
1	Oliveras Pagan, Denise (no English)	215-421-5009	2
1	Naranjo, Maria	215-421-5009	2
	* Translator's contact number (Diana)		28
	Rolling Hills Apartments		
	Laura English 610-323-5130 x 17		
1	Andrews, Barbara	484-624-1385	1
1	Calfee, Natasha	267-234-2645	2
1	Burks, Dominique	484-524-3139	4
1	Smith, Vanessa	484-437-6300	4
1	Jackson, Nikia	267-343-2083	2
1	Daniels, Vinisha	484-362-4594	5
1	Martin, Joey	484-447-8564	4
1	Griffin, Michelle	610-945-7127	1
1	Hall, Lennie	267-601-0354	2
1	Cotterell, Lasandra	215-920-0189	3
			28
	Women's Center of Montgomery Co.		
	Niki Stansbury 610-970-7364		
1	Babylon, Kimberly	484-649-5931	2
1	Goggins, Stephanie	610-324-5504	2
1	Bou, Somanith	267-663-1339	3
1	Perry, Lisa	484-626-6624	3
1	Pendleton, Kristina	267-904-1382	3
1	Kehler, Ashley	484-983-2195	2
1	Zekardi, Marina	610-507-0472	3
1	Thompson, Rachel	610-718-6020	2
			20

POTTSTOWN MERCURY FOUNDATION

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	Pottstown Works			
	Nancy March 610-326-1621 x 316			
1	Purvis, Charles		3	
1	Andrews, Justin and Jodeci		4	
1	Stauffer, Anthony		3	
1	Damoth, Amanda		1	
				11
	Colebrookdale Elementary School			
	Lisa Johnson 610-473-5290			
1	Altomare, Stephanie Lynn	267-772-2080 or 610-367-6047	1	
				1
147				412