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GOVERNMENT COPY

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING
DECEMBER 31, 2017

| | |
|---|---|
| Prepared for | TRUSTEES OF THE MERCER FONTHILL MUSEUM 84 S. PINE STREET DOYLESTOWN, PA 18901 |
| Prepared by | DUNLAP & ASSOCIATES, P.C. 1300 HORIZON DRIVE, SUITE 106 CHALFONT, PA 18914 |
| Amount due or refund | AN OVERPAYMENT OF \$205. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS. |
| Make check payable to | NO AMOUNT IS DUE. |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027 |
| Return must be mailed on or before | NOVEMBER 15, 2018 |
| Special Instructions | <p>THE RETURN SHOULD BE SIGNED AND DATED.</p> <p>THE RETURN MUST BE SIGNED AND DATED BY THE FOUNDATION MANAGER.</p> <p>A COPY OF THE RETURN MUST BE SENT TO:</p> <p>ATTORNEY GENERAL COMMONWEALTH OF PENNSYLVANIA STRAWBERRY SQUARE - 16TH FLOOR HARRISBURG, PA 17120</p> <p>A COPY OF THE RETURN SHOULD BE RETAINED FOR PUBLIC INSPECTION. THE TAXPAYER BILL OF RIGHTS 2 REQUIRES TAX-EXEMPT ORGANIZATIONS AND FOUNDATIONS TO IMPLEMENT PROCEDURES TO MAKE AVAILABLE TO THE PUBLIC, REQUESTS FOR COPIES OF THEIR APPLICATIONS FOR TAX EXEMPTION (FORM 1023 OR 1024) AND THREE OF THEIR MOST RECENT ANNUAL INFORMATION RETURN (990, 990-PF, 990-EZ). THESE REGULATIONS REQUIRE TAX EXEMPT ORGANIZATIONS TO MAIL THIS INFORMATION TO MEMBERS OF THE PUBLIC WHO REQUEST IT. THIS REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN OR</p> |

**Special
Instructions**

APPLICATIONS EXCEPT FOR THE NAMES AND ADDRESSES OF ANY
CONTRIBUTORS TO THE ORGANIZATION.

AN UNBOUND COPY, EXCLUDING DONOR INFORMATION, HAS BEEN
PROVIDED FOR YOUR CONVENIENCE.

COPY

2018 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

DECEMBER 31, 2018

| Prepared for | TRUSTEES OF THE MERCER FONTHILL MUSEUM 84 S. PINE STREET DOYLESTOWN, PA 18901 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|----|-----|-----------------------------|----|-----|---|----|---|-------------|----|-----|-------------|--------|----------|-------|------------------|--|-------|------------------|--|-------|-------|--------------------|-------|-------|-------------------|
| Prepared by | DUNLAP & ASSOCIATES, P.C. 1300 HORIZON DRIVE, SUITE 106 CHALFONT, PA 18914 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of tax | <table><tr><td>Total Estimated Tax</td><td>\$</td><td>320</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>205</td></tr><tr><td>Less amount already paid on 2018 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>115</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 2</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 3</td><td>\$ 35</td><td>SEPTEMBER 17, 2018</td></tr><tr><td>No. 4</td><td>\$ 80</td><td>DECEMBER 17, 2018</td></tr></tbody></table> | Total Estimated Tax | \$ | 320 | Less credit from prior year | \$ | 205 | Less amount already paid on 2018 estimate | \$ | 0 | Balance due | \$ | 115 | Installment | Amount | Due Date | No. 1 | \$ NONE REQUIRED | | No. 2 | \$ NONE REQUIRED | | No. 3 | \$ 35 | SEPTEMBER 17, 2018 | No. 4 | \$ 80 | DECEMBER 17, 2018 |
| Total Estimated Tax | \$ | 320 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less credit from prior year | \$ | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less amount already paid on 2018 estimate | \$ | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance due | \$ | 115 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installment | Amount | Due Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 1 | \$ NONE REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 2 | \$ NONE REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 3 | \$ 35 | SEPTEMBER 17, 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. 4 | \$ 80 | DECEMBER 17, 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to | NOT APPLICABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail voucher and check (if applicable) to | PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Return of Private Foundation

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

2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ 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.

For calendar year 2017 or tax year beginning

, and ending

| | | |
|--|---|--|
| Name of foundation TRUSTEES OF THE MERCER FONTHILL MUSEUM | | A Employer identification number 23-1976299 |
| Number and street (or P.O. box number if mail is not delivered to street address) 84 S. PINE STREET | Room/suite | B Telephone number 215-345-0210 |
| City or town, state or province, country, and ZIP or foreign postal code DOYLESTOWN, PA 18901 | | 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) ▶ \$ 602,333. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received | 8,806. | | | |
| | 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. | 23. | STATEMENT 1 |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | 20,600. | 20,600. | 20,600. | STATEMENT 2 |
| | b Net rental income or (loss) | 20,600. | | | |
| | 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 | | | 0. | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | 25,421. | | | STATEMENT 3 |
| b Less: Cost of goods sold | 14,157. | | | | |
| c Gross profit or (loss) | 11,264. | | 11,264. | | |
| 11 Other income | 341,401. | 14,690. | 341,401. | STATEMENT 4 | |
| 12 Total. Add lines 1 through 11 | 382,094. | 35,313. | 373,288. | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | 0. | 0. |
| | 14 Other employee salaries and wages | 211,613. | 3,796. | 132,583. | 79,030. |
| | 15 Pension plans, employee benefits | 38,588. | 0. | 21,116. | 17,472. |
| | 16a Legal fees | | | | |
| | b Accounting fees STMT 5 | 6,411. | 0. | 0. | 6,411. |
| | c Other professional fees STMT 6 | 2,419. | 0. | 2,029. | 390. |
| | 17 Interest | | | | |
| | 18 Taxes | | | | |
| | 19 Depreciation and depletion | 31,899. | 0. | 31,899. | |
| | 20 Occupancy | 39,413. | 0. | 31,515. | 7,898. |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | 7,574. | 0. | 0. | 7,574. |
| | 23 Other expenses STMT 7 | 62,260. | 0. | 53,938. | 8,322. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 400,177. | 3,796. | 273,080. | 127,097. |
| | 25 Contributions, gifts, grants paid | 0. | | | 0. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 400,177. | 3,796. | 273,080. | 127,097. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -18,083. | | | | |
| b Net investment income (if negative, enter -0-) | | 31,517. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 100,208. | | |

| 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 | 67,546. | 54,486. | 54,486. |
| | 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 | 6,229. | 5,165. | 5,165. |
| | 9 Prepaid expenses and deferred charges | 342. | 2,100. | 2,100. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | 1,374,761. | | |
| Less: accumulated depreciation | 834,179. | 572,481. | 540,582. | |
| 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) | 646,598. | 602,333. | 602,333. | |
| Liabilities | 17 Accounts payable and accrued expenses | 20,448. | 30,366. | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | 3,500. | 2,640. | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe STATEMENT 8) | 110,424. | 75,184. | |
| 23 Total liabilities (add lines 17 through 22) | 134,372. | 108,190. | | |
| 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 | 511,851. | 493,768. | |
| | 25 Temporarily restricted | 375. | 375. | |
| | 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 | 512,226. | 494,143. | | |
| 31 Total liabilities and net assets/fund balances | 646,598. | 602,333. | | |

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 | 512,226. |
| 2 Enter amount from Part I, line 27a | 2 | -18,083. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 494,143. |
| 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 | 494,143. |

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. | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (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 | |
| 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 | 114,261. | 15,653. | 7.299623 |
| 2015 | 124,586. | 15,078. | 8.262767 |
| 2014 | 156,077. | 12,863. | 12.133795 |
| 2013 | 46,808. | 14,775. | 3.168054 |
| 2012 | 47,147. | 14,775. | 3.190998 |

| | | | |
|---|--|---|-----------|
| 2 | Total of line 1, column (d) | 2 | 34.055237 |
| 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 | 6.811047 |
| 4 | Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 | 4 | 12,001. |
| 5 | Multiply line 4 by line 3 | 5 | 81,739. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 315. |
| 7 | Add lines 5 and 6 | 7 | 82,054. |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 127,097. |

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 315. |
| 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 | 315. |
| 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 | 315. |
| 6 Credits/Payments: | | | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a | 520. | |
| b Exempt foreign organizations - tax withheld at source | 6b | 0. | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | 0. | |
| d Backup withholding erroneously withheld | 6d | 0. | |
| 7 Total credits and payments. Add lines 6a through 6d | 7 | 520. | |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 0. | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 205. | |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 205. Refunded | 11 | 0. | |

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 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. | | 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. ▶ \$ 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. | | 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? N/A | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . | | 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. ▶ 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 <i>General Instruction G</i> ? 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 2017 or the tax year beginning in 2017? See the 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 |

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 ► WWW.MERCERMUSEUM.ORG | X | |
| 14 The books are in care of ► MUSEUM ACCOUNTING OFFICE Telephone no. ► 215-345-0210 Located at ► 84 S. PINE STREET, DOYLESTOWN, PA ZIP+4 ► 18901 | | |
| 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 | | 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 | | N/A |
| Organizations relying on a current notice regarding disaster assistance, check here | | |
| 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? <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 |
| 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 |

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: | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> | | | |
| 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 | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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, 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 |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 9 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |

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

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 MAINTENANCE AND CONSERVATION OF THE OPERATING ASSETS OF THE FONTHILL MUSEUM OPERATION OF THE MUSEUM. | |
| | 385,775. |
| 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 | |
| 3 | |

Total. Add lines 1 through 3 0.

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 | 12,184. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 12,184. |
| 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 | 12,184. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 183. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 12,001. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 600. |

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 | |
| 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 | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |

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 | 127,097. |
| 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 | 127,097. |
| 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 | 315. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 126,782. |

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.

Part XIII Undistributed Income (see instructions)

N/A

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2017: | | | | |
| a Enter amount for 2016 only | | | | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ | | | | |
| a Applied to 2016, but not more than line 2a ... | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) ... | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2017 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 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: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| 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 | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ... | | | | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | | |
| 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) | | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 ... | | | | |
| b Excess from 2014 ... | | | | |
| c Excess from 2015 ... | | | | |
| d Excess from 2016 ... | | | | |
| e Excess from 2017 ... | | | | |

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

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 2017, 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)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|------------|
| | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | |
| 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 | 600. | 783. | 754. | 643. | 2,780. |
| b 85% of line 2a | 510. | 666. | 641. | 547. | 2,363. |
| c Qualifying distributions from Part XII, line 4 for each year listed | 127,097. | 114,773. | 125,236. | 156,715. | 523,821. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 0. | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 127,097. | 114,773. | 125,236. | 156,715. | 523,821. |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | 659,278. | 676,944. | 1,336,222. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | 659,728. | 676,944. | 1,336,672. |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | 0. |
| 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) | | | | | 0. |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from an exempt organization | | | | | 0. |
| (4) Gross investment income | | | | | 0. |

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email 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 <i>Paid during the year</i> NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3a | 0. |
| b <i>Approved for future payment</i> NONE | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0. |

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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

TRUSTEES OF THE MERCER FONTHILL MUSEUM

Employer identification number

23-1976299

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 TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

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 | PENNSYLVANIA HISTORICAL & MUSEUM COMMISSION 300 NORTH STREET HARRISBURG, PA 17120 | \$ 5,114. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ORIGLEO BEVERAGE 3000 MEETINGHOUSE ROAD PHILADELPHIA, PA 19154 | \$ 5,000. | 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.) |

| | |
|---|---|
| Name of organization TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

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 TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

| SOURCE | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| TD BANK | 23. | 23. | 23. |
| TOTAL TO PART I, LINE 3 | 23. | 23. | 23. |

FORM 990-PF RENTAL INCOME STATEMENT 2

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|---------------------------------------|--------------------|------------------------|
| LAND, COURT STREET, DOYLESTOWN, PA | 1 | 20,600. |
| TOTAL TO FORM 990-PF, PART I, LINE 5A | | 20,600. |

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FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

| | | |
|---|--------|--------|
| 1. GROSS RECEIPTS | 25,421 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 25,421 |
| 4. COST OF GOODS SOLD (LINE 15) | 14,157 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4). | | 11,264 |
| 6. OTHER INCOME | | |
| 7. GROSS INCOME (ADD LINES 5 AND 6) | | 11,264 |

COST OF GOODS SOLD

| | | |
|--|--------|--------|
| 8. INVENTORY AT BEGINNING OF YEAR | 6,229 | |
| 9. MERCHANDISE PURCHASED. | 13,093 | |
| 10. COST OF LABOR. | | |
| 11. MATERIALS AND SUPPLIES | | |
| 12. OTHER COSTS. | | |
| 13. ADD LINES 8 THROUGH 12 | | 19,322 |
| 14. INVENTORY AT END OF YEAR | 5,165 | |
| 15. COST OF GOODS SOLD (LINE 13 LESS LINE 14). | | 14,157 |

| FORM 990-PF | OTHER INCOME | | STATEMENT | 4 |
|---|-----------------------------|-----------------------------------|-------------------------------|---|
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| TRUST INCOME | 14,690. | 14,690. | 14,690. | |
| ADMISSIONS | 230,239. | 0. | 230,239. | |
| PROGRAM FEES | 51,024. | 0. | 51,024. | |
| MISCELLANEOUS INCOME | 1,404. | 0. | 1,404. | |
| GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS | 44,044. | 0. | 44,044. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 341,401. | 14,690. | 341,401. | |

| FORM 990-PF | ACCOUNTING FEES | | STATEMENT | 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 6,411. | 0. | 0. | 6,411. |
| TO FORM 990-PF, PG 1, LN 16B | 6,411. | 0. | 0. | 6,411. |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | STATEMENT | 6 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PAYROLL SERVICE | 2,029. | 0. | 2,029. | 0. |
| MISCELLANEOUS CONTRACTORS | 390. | 0. | 0. | 390. |
| TO FORM 990-PF, PG 1, LN 16C | 2,419. | 0. | 2,029. | 390. |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| SUPPLIES AND EQUIPMENT | 5,817. | 0. | 4,789. | 1,028. | |
| PROGRAM SERVICES | 14,795. | 0. | 14,795. | 0. | |
| INSURANCE | 8,000. | 0. | 7,200. | 800. | |
| PUBLIC RELATIONS | 8,854. | 0. | 2,922. | 5,932. | |
| BANK CHARGES | 8,697. | 0. | 8,631. | 66. | |
| DUES AND SUBSCRIPTIONS | 1,199. | 0. | 1,199. | 0. | |
| MISCELLANEOUS | 29. | 0. | 0. | 29. | |
| SPECIAL EVENTS EXPENSES | 14,402. | 0. | 14,402. | 0. | |
| TAXES | 467. | 0. | 0. | 467. | |
| TO FORM 990-PF, PG 1, LN 23 | 62,260. | 0. | 53,938. | 8,322. | |

| FORM 990-PF | OTHER LIABILITIES | | STATEMENT | 8 |
|--|-------------------|------------|-----------|---|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT | | |
| DUE TO THE BUCKS COUNTY HISTORICAL SOCIETY | 110,424. | 75,184. | | |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 110,424. | 75,184. | | |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9
 TRUSTEES AND FOUNDATION MANAGERS

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|------------------------------|--------------------|
| WILLIAM MAEGLIN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| RICHARD PAYNTON JR. 84 S. PINE STREET DOYLESTOWN, PA 18901 | SECRETARY 1.00 | 0. | 0. | 0. |
| JOHN AUGENBLICK 84 S. PINE STREET DOYLESTOWN, PA 18901 | CHAIRMAN 1.00 | 0. | 0. | 0. |
| DEBBIE ANDREWS 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MICHELLE PEDERSEN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MAUREEN CARLTON 84 S. PINE STREET DOYLESTOWN, PA 18901 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| HEATHER CEVASCO 84 S. PINE STREET DOYLESTOWN, PA 18901 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| SUSAN FISHER 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| WILLIAM SCHUTT 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| THOMAS MCK. THOMAS 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| ELIZABETH GEMMILL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

| | | | | |
|--|-------------------|----|----|----|
| LINDA B. HODGDON 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| SUSAN KANE 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| BRIAN MCLEOD 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| GUSTAVO PEREA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MICHAEL RAPHAEL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| KATHLEEN SCHEA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| ANTHONY VOLPE 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| BRIAN PARTYKA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| KEVIN PUTMAN JR. 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| ROCHELLE THOMPSON 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| DAVID WICKMAN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TREASURER 1.00 | 0. | 0. | 0. |
| THOMAS HEBEL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MICHAEL S. KEIM 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

| | | | | |
|--|---------|-----------|-----------|-----------|
| JOHN C. SPIER | TRUSTEE | | | |
| 84 S. PINE STREET | 0.00 | 0. | 0. | 0. |
| DOYLESTOWN, PA 18901 | | | | |
| | | | | |
| STEVEN T. WRAY | TRUSTEE | | | |
| 84 S. PINE STREET | 0.00 | 0. | 0. | 0. |
| DOYLESTOWN, PA 18901 | | | | |
| | | | | |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | <u>0.</u> | <u>0.</u> | <u>0.</u> |

COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number (EIN) or 23-1976299 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 84 S. PINE STREET | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DOYLESTOWN, PA 18901 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

MUSEUM ACCOUNTING OFFICE

• The books are in the care of ▶ **84 S. PINE STREET - DOYLESTOWN, PA 18901**
Telephone No. ▶ **215-345-0210** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 168. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

COPY

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING
DECEMBER 31, 2017

| | |
|---|--|
| Prepared for | TRUSTEES OF THE MERCER FONTHILL MUSEUM 84 S. PINE STREET DOYLESTOWN, PA 18901 |
| Prepared by | DUNLAP & ASSOCIATES, P.C. 1300 HORIZON DRIVE, SUITE 106 CHALFONT, PA 18914 |
| Amount due or refund | BALANCE DUE OF \$100.00 |
| Make check payable to | COMMONWEALTH OF PENNSYLVANIA |
| Mail tax return and check (if applicable) to | BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120 |
| Return must be mailed on or before | NOVEMBER 15, 2018 |
| Special Instructions | THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990-PF (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10. |

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: _____
(N/A if initial registration)

Fiscal year ended: 12/31/2017
MM DD YYYY

FEIN: 23-1976299

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: TRUSTEES OF THE MERCER FONTHILL MUSEUM

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: BETH ANN RINKUS Contact's E-mail: BARINKUS@MERCERMUSEUM.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

84 S. PINE STREET

DOYLESTOWN

PA 18901

County: BUCKS

Phone number: 215-345-0210

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.MERCERMUSEUM.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
TRUST

Where established: DOYLESTOWN, PENNSYLVANIA Date established:* 03/09/1930

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

TRUSTEES OF THE MERCER FONTHILL MUSEUM

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

7. Short form registration applicability - Specified types of charitable organizations described in 162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
 MM DD YYYY
 Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

 MM DD YYYY
 Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

TRUSTEES OF THE MERCER FONTHILL MUSEUM

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No SEE STATEMENT 2

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
SOLICITATIONS THROUGH INTERNAL DEVELOPMENT OFFICE

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

CONTRIBUTIONS ARE USED TO SUPPORT THE OPERATIONS OF THE MUSEUM AND PRESERVATION OF THE SITE. THE MUSEUM IS A CONCRETE CASTLE WITH 44 ROOMS, 18 FIREPLACES AND OVER 200 WINDOWS. IT IS FILLED WITH HENRY MERCER'S HANDCRAFTED TILES, AND OTHER ARTIFACTS FROM AROUND THE WORLD.

14. Is the organization registered to solicit contributions in any other state or municipality?
 Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

TRUSTEES OF THE MERCER FONTHILL MUSEUM

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:
 (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.
 (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

 Legal name of parent organization

 Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

TRUSTEES OF THE MERCER FONTHILL MUSEUM

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

SEE STATEMENT 5

B. Have final responsibility for the custody of contributions:

SEE STATEMENT 6

C. Have final responsibility for final distribution of contributions:

SEE STATEMENT 7

D. Are responsible for custody of financial records:

SEE STATEMENT 8

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

TRUSTEES OF THE MERCER FONTHILL MUSEUM

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

KYLE MCKOY, EXECUTIVE DIRECTOR

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

NO 990 FILED EXPLANATION

STATEMENT 2

THE ORGANIZATION IS A PRIVATE FOUNDATION AND AS SUCH, IS REQUIRED TO FILE A 990-PF. A COPY OF THE 990-PF IS ATTACHED.

COPY

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 4

NAME AND ADDRESS

TITLE

WILLIAM MAEGLIN
84 S. PINE STREET
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESS

TITLE

RICHARD PAYNTON JR.
84 S. PINE STREET
DOYLESTOWN, PA 18901

SECRETARY

NAME AND ADDRESS

TITLE

JOHN AUGENBLICK
84 S. PINE STREET
DOYLESTOWN, PA 18901

CHAIRMAN

NAME AND ADDRESS

TITLE

DEBBIE ANDREWS
84 S. PINE STREET
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESS

TITLE

MICHELLE PEDERSEN
84 S. PINE STREET
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESS

TITLE

MAUREEN CARLTON
84 S. PINE STREET
DOYLESTOWN, PA 18901

VICE CHAIRMAN

NAME AND ADDRESS

HEATHER CEVASCO
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

VICE CHAIRMAN

NAME AND ADDRESS

SUSAN FISHER
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

WILLIAM SCHUTT
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

THOMAS MCK. THOMAS
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

ELIZABETH GEMMILL
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

LINDA B. HODGDON
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

SUSAN KANE
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

BRIAN MCLEOD
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

GUSTAVO PEREA
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

MICHAEL RAPHAEL
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

KATHLEEN SCHEA
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

ANTHONY VOLPE
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

BRIAN PARTYKA
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

KEVIN PUTMAN JR.
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

ROCHELLE THOMPSON
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

DAVID WICKMAN
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TREASURER

NAME AND ADDRESS

THOMAS HEBEL
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

MICHAEL S. KEIM
84 S. PINE STREET
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

TITLE

JOHN C. SPIER
84 S. PINE STREET
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESS

TITLE

STEVEN T. WRAY
84 S. PINE STREET
DOYLESTOWN, PA 18901

TRUSTEE

FORM BCO-10

IN CHARGE OF SOLICITATION ACTIVITIES

STATEMENT

5

NAME AND ADDRESS

DOUGLAS DOLAN (RETIRED JUNE 2017)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

NAME AND ADDRESS

KYLE MCKOY (JUNE 2017 TO PRESENT)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

COPY

FORM BCO-10 FINAL RESPONSIBILITY CUSTODY OF CONTRIBUTIONS STATEMENT 6

NAME AND ADDRESS

DOUGLAS DOLAN (RETIRED JUNE 2017)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

NAME AND ADDRESS

KYLE MCKOY (JUNE 2017 TO PRESENT)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

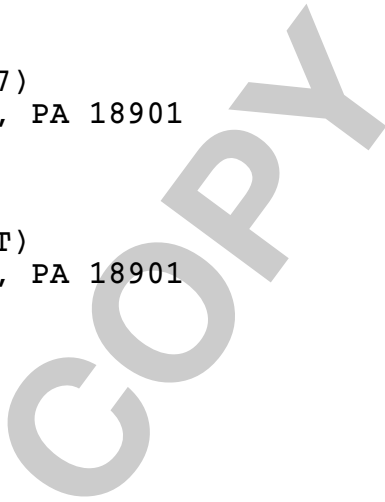
FORM BCO-10 FINAL DISTRIBUTION OF CONTRIBUTIONS STATEMENT 7

NAME AND ADDRESS

DOUGLAS DOLAN (RETIRED JUNE 2017)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

NAME AND ADDRESS

KYLE MCKOY (JUNE 2017 TO PRESENT)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901



FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

STATEMENT 8

NAME AND ADDRESS

DOUGLAS DOLAN (RETIRED JUNE 2017)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

NAME AND ADDRESS

KYLE MCKOY (JUNE 2017 TO PRESENT)
84 SOUTH PINE STREET DOYLESTOWN, PA 18901

COPY

PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

| |
|--|
| ORGANIZATION NAME: <u>TRUSTEES OF THE MERCER FONTHILL MUSEUM</u> |
| CERTIFICATE NUMBER: _____ FOR FISCAL YEAR ENDED: <u>12/31/2017</u> |

Part I: Gross Contributions

| | | |
|--|-----|----------------|
| 1) General Contributions | 1 | 3,692. |
| 2) Gross Receipts from Special Events | 2 | 44,044. |
| 3) Contributions from Affiliates | 3 | 0. |
| 4) Contributions Received from Federated Fundraising Organizations | 4 | 0. |
| 5) Receipts from Membership Dues in Excess of Bona Fide Dues | 5 | 0. |
| 6) Gross Contributions (add lines 1 through 5) | → 6 | 47,736. |

Part II: Other Income

| | | |
|--|------|-----------------|
| 7) Program Service Revenues | 7 | 281,263. |
| 8) Bona Fide Membership Dues and Assessments | 8 | 0. |
| 9) Government Grants and Contracts | 9 | 5,114. |
| 10) Miscellaneous Income | 10 | 47,981. |
| 11) Total Income (add lines 6 through 10) | → 11 | 382,094. |

Part III: Expenses

| | | |
|--|------|-----------------|
| 12) Program Services | 12 | 254,679. |
| 13) Administrative Expenses | 13 | 131,096. |
| 14) Fundraising Expenses | 14 | 0. |
| 15) Payments to Affiliated Organizations | 15 | 0. |
| 16) Other Expenses from Special Events (other than fundraising expenses) | 16 | 14,402. |
| 17) Miscellaneous Expenses | 17 | 0. |
| 18) Total Expenses (add lines 12 through 17) | → 18 | 400,177. |

Part IV: Net Assets

| | | |
|--|------|-----------------|
| 19) Excess or (Deficit) for the Year (subtract line 18 from line 11) | 19 | -18,083. |
| 20) Net Assets or Fund Balances at Beginning of Year | 20 | 512,226. |
| 21) Other Changes in Net Assets or Fund Balances (attach explanation) | 21 | 0. |
| 22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21) | → 22 | 494,143. |

(See Next Page for "Salaries and Expense Allowance Statement")

Return of Private Foundation

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

2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ 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.

For calendar year 2017 or tax year beginning

, and ending

| | | |
|--|---|--|
| Name of foundation TRUSTEES OF THE MERCER FONTHILL MUSEUM | | A Employer identification number 23-1976299 |
| Number and street (or P.O. box number if mail is not delivered to street address) 84 S. PINE STREET | Room/suite | B Telephone number 215-345-0210 |
| City or town, state or province, country, and ZIP or foreign postal code DOYLESTOWN, PA 18901 | | 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) ▶ \$ 602,333. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc., received | 8,806. | | | |
| | 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. | 23. | STATEMENT 1 |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | 20,600. | 20,600. | 20,600. | STATEMENT 2 |
| | b Net rental income or (loss) | 20,600. | | | |
| | 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 | | | 0. | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | 25,421. | | | STATEMENT 3 |
| b Less: Cost of goods sold | 14,157. | | | | |
| c Gross profit or (loss) | 11,264. | | 11,264. | | |
| 11 Other income | 341,401. | 14,690. | 341,401. | STATEMENT 4 | |
| 12 Total. Add lines 1 through 11 | 382,094. | 35,313. | 373,288. | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | 0. | 0. |
| | 14 Other employee salaries and wages | 211,613. | 3,796. | 132,583. | 79,030. |
| | 15 Pension plans, employee benefits | 38,588. | 0. | 21,116. | 17,472. |
| | 16a Legal fees | | | | |
| | b Accounting fees STMT 5 | 6,411. | 0. | 0. | 6,411. |
| | c Other professional fees STMT 6 | 2,419. | 0. | 2,029. | 390. |
| | 17 Interest | | | | |
| | 18 Taxes | | | | |
| | 19 Depreciation and depletion | 31,899. | 0. | 31,899. | |
| | 20 Occupancy | 39,413. | 0. | 31,515. | 7,898. |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | 7,574. | 0. | 0. | 7,574. |
| | 23 Other expenses STMT 7 | 62,260. | 0. | 53,938. | 8,322. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 400,177. | 3,796. | 273,080. | 127,097. |
| | 25 Contributions, gifts, grants paid | 0. | | | 0. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 400,177. | 3,796. | 273,080. | 127,097. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -18,083. | | | | |
| b Net investment income (if negative, enter -0-) | | 31,517. | | | |
| c Adjusted net income (if negative, enter -0-) | | | 100,208. | | |

| 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 | 67,546. | 54,486. | 54,486. |
| | 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 | 6,229. | 5,165. | 5,165. |
| | 9 Prepaid expenses and deferred charges | 342. | 2,100. | 2,100. |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment: basis | 1,374,761. | | |
| Less: accumulated depreciation | 834,179. | 572,481. | 540,582. | |
| 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) | 646,598. | 602,333. | 602,333. | |
| Liabilities | 17 Accounts payable and accrued expenses | 20,448. | 30,366. | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | 3,500. | 2,640. | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe STATEMENT 8) | 110,424. | 75,184. | |
| 23 Total liabilities (add lines 17 through 22) | 134,372. | 108,190. | | |
| 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 | 511,851. | 493,768. | |
| | 25 Temporarily restricted | 375. | 375. | |
| | 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 | 512,226. | 494,143. | | |
| 31 Total liabilities and net assets/fund balances | 646,598. | 602,333. | | |

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 | 512,226. |
| 2 Enter amount from Part I, line 27a | 2 | -18,083. |
| 3 Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 494,143. |
| 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 | 494,143. |

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. | | | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (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 | |
| 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 | 114,261. | 15,653. | 7.299623 |
| 2015 | 124,586. | 15,078. | 8.262767 |
| 2014 | 156,077. | 12,863. | 12.133795 |
| 2013 | 46,808. | 14,775. | 3.168054 |
| 2012 | 47,147. | 14,775. | 3.190998 |

| | | | |
|---|--|---|-----------|
| 2 | Total of line 1, column (d) | 2 | 34.055237 |
| 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 | 6.811047 |
| 4 | Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 | 4 | 12,001. |
| 5 | Multiply line 4 by line 3 | 5 | 81,739. |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 315. |
| 7 | Add lines 5 and 6 | 7 | 82,054. |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 127,097. |

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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 315. |
| 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 | 3 315. |
| 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- | 5 315. |
| 6 Credits/Payments: | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 520. |
| b Exempt foreign organizations - tax withheld at source | 6b 0. |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 0. |
| d Backup withholding erroneously withheld | 6d 0. |
| 7 Total credits and payments. Add lines 6a through 6d | 7 520. |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 205. |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 205. Refunded | 11 0. |

| Part VII-A Statements Regarding Activities | | Yes | No |
|--|----|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | | X |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See 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. | | | X |
| 1c 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. \$ 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. | 2 | | 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 | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 4b | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . | 5 | | 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? | 6 | 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 | 7 | X | |
| 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 <i>General Instruction G</i> ? If "No," attach explanation | 8b | 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | 9 | X | |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 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 WWW.MERCERMUSEUM.ORG | X | |
| 14 The books are in care of MUSEUM ACCOUNTING OFFICE Telephone no. 215-345-0210 Located at 84 S. PINE STREET, DOYLESTOWN, PA ZIP+4 18901 | | |
| 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 | | 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 | | N/A |
| Organizations relying on a current notice regarding disaster assistance, check here | | <input type="checkbox"/> |
| 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 |

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 Yes No **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? Yes No **N/A**

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? Yes No

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **N/A**

| | Yes | No |
|-----------|-----|----------|
| 5b | | |
| 6b | | X |
| 7b | | |

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 |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 9 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

Total number of other employees paid over \$50,000 0

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 MAINTENANCE AND CONSERVATION OF THE OPERATING ASSETS OF THE FONTHILL MUSEUM OPERATION OF THE MUSEUM. | 385,775. |
| 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 | |
| 3 All other program-related investments. See instructions. | |

Total. Add lines 1 through 3 0.

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 | 12,184. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 12,184. |
| 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 | 12,184. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 183. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 12,001. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 600. |

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 | |
| 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 | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |

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 | 127,097. |
| 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 | 127,097. |
| 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 | 315. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 126,782. |

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.

Part XIII Undistributed Income (see instructions)

N/A

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2017: | | | | |
| a Enter amount for 2016 only | | | | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ | | | | |
| a Applied to 2016, but not more than line 2a ... | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) ... | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2017 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 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: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| 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 | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ... | | | | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | | |
| 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) | | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 ... | | | | |
| b Excess from 2014 ... | | | | |
| c Excess from 2015 ... | | | | |
| d Excess from 2016 ... | | | | |
| e Excess from 2017 ... | | | | |

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

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 2017, 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)

| | Tax year | | | | (e) Total |
|--|----------|----------|----------|----------|------------|
| | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | |
| 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 | 600. | 783. | 754. | 643. | 2,780. |
| b 85% of line 2a | 510. | 666. | 641. | 547. | 2,363. |
| c Qualifying distributions from Part XII, line 4 for each year listed | 127,097. | 114,773. | 125,236. | 156,715. | 523,821. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 0. | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 127,097. | 114,773. | 125,236. | 156,715. | 523,821. |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | 659,278. | 676,944. | 1,336,222. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | 659,728. | 676,944. | 1,336,672. |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | 0. |
| 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) | | | | | 0. |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | 0. |
| (3) Largest amount of support from an exempt organization | | | | | 0. |
| (4) Gross investment income | | | | | 0. |

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email 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 NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | ▶ 3a 0. |
| b Approved for future payment NONE | | | | |
| | | | | |
| | | | | |
| Total | | | | ▶ 3b 0. |

COPY

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 |
|-------------------------|-----------------------------|---------------------------------|-------------------------------|
| TD BANK | 23. | 23. | 23. |
| TOTAL TO PART I, LINE 3 | 23. | 23. | 23. |

FORM 990-PF RENTAL INCOME STATEMENT 2

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|---------------------------------------|--------------------|------------------------|
| LAND, COURT STREET, DOYLESTOWN, PA | 1 | 20,600. |
| TOTAL TO FORM 990-PF, PART I, LINE 5A | | 20,600. |

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FORM 990-PF

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

| | | |
|---|--------|--------|
| 1. GROSS RECEIPTS | 25,421 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 25,421 |
| 4. COST OF GOODS SOLD (LINE 15) | 14,157 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4). | | 11,264 |
| 6. OTHER INCOME | | |
| 7. GROSS INCOME (ADD LINES 5 AND 6) | | 11,264 |

COST OF GOODS SOLD

| | | |
|--|--------|--------|
| 8. INVENTORY AT BEGINNING OF YEAR | 6,229 | |
| 9. MERCHANDISE PURCHASED. | 13,093 | |
| 10. COST OF LABOR. | | |
| 11. MATERIALS AND SUPPLIES | | |
| 12. OTHER COSTS. | | |
| 13. ADD LINES 8 THROUGH 12 | | 19,322 |
| 14. INVENTORY AT END OF YEAR | 5,165 | |
| 15. COST OF GOODS SOLD (LINE 13 LESS LINE 14). | | 14,157 |

| FORM 990-PF | OTHER INCOME | | STATEMENT | 4 |
|---|-----------------------------|-----------------------------------|-------------------------------|---|
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| TRUST INCOME | 14,690. | 14,690. | 14,690. | |
| ADMISSIONS | 230,239. | 0. | 230,239. | |
| PROGRAM FEES | 51,024. | 0. | 51,024. | |
| MISCELLANEOUS INCOME | 1,404. | 0. | 1,404. | |
| GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS | 44,044. | 0. | 44,044. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 341,401. | 14,690. | 341,401. | |

| FORM 990-PF | ACCOUNTING FEES | | STATEMENT | 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | 6,411. | 0. | 0. | 6,411. |
| TO FORM 990-PF, PG 1, LN 16B | 6,411. | 0. | 0. | 6,411. |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | STATEMENT | 6 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| PAYROLL SERVICE | 2,029. | 0. | 2,029. | 0. |
| MISCELLANEOUS CONTRACTORS | 390. | 0. | 0. | 390. |
| TO FORM 990-PF, PG 1, LN 16C | 2,419. | 0. | 2,029. | 390. |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| SUPPLIES AND EQUIPMENT | 5,817. | 0. | 4,789. | 1,028. | |
| PROGRAM SERVICES | 14,795. | 0. | 14,795. | 0. | |
| INSURANCE | 8,000. | 0. | 7,200. | 800. | |
| PUBLIC RELATIONS | 8,854. | 0. | 2,922. | 5,932. | |
| BANK CHARGES | 8,697. | 0. | 8,631. | 66. | |
| DUES AND SUBSCRIPTIONS | 1,199. | 0. | 1,199. | 0. | |
| MISCELLANEOUS | 29. | 0. | 0. | 29. | |
| SPECIAL EVENTS EXPENSES | 14,402. | 0. | 14,402. | 0. | |
| TAXES | 467. | 0. | 0. | 467. | |
| TO FORM 990-PF, PG 1, LN 23 | 62,260. | 0. | 53,938. | 8,322. | |

| FORM 990-PF | OTHER LIABILITIES | | STATEMENT | 8 |
|--|-------------------|------------|-----------|---|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT | | |
| DUE TO THE BUCKS COUNTY HISTORICAL SOCIETY | 110,424. | 75,184. | | |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 110,424. | 75,184. | | |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9
 TRUSTEES AND FOUNDATION MANAGERS

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| WILLIAM MAEGLIN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| RICHARD PAYNTON JR. 84 S. PINE STREET DOYLESTOWN, PA 18901 | SECRETARY 1.00 | | 0. | 0. 0. |
| JOHN AUGENBLICK 84 S. PINE STREET DOYLESTOWN, PA 18901 | CHAIRMAN 1.00 | | 0. | 0. 0. |
| DEBBIE ANDREWS 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| MICHELLE PEDERSEN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| MAUREEN CARLTON 84 S. PINE STREET DOYLESTOWN, PA 18901 | VICE CHAIRMAN 1.00 | | 0. | 0. 0. |
| HEATHER CEVASCO 84 S. PINE STREET DOYLESTOWN, PA 18901 | VICE CHAIRMAN 1.00 | | 0. | 0. 0. |
| SUSAN FISHER 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| WILLIAM SCHUTT 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| THOMAS MCK. THOMAS 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |
| ELIZABETH GEMMILL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | | 0. | 0. 0. |

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

| | | | | |
|--|-------------------|----|----|----|
| LINDA B. HODGDON 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| SUSAN KANE 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| BRIAN MCLEOD 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| GUSTAVO PEREA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MICHAEL RAPHAEL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| KATHLEEN SCHEA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| ANTHONY VOLPE 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| BRIAN PARTYKA 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| KEVIN PUTMAN JR. 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| ROCHELLE THOMPSON 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| DAVID WICKMAN 84 S. PINE STREET DOYLESTOWN, PA 18901 | TREASURER 1.00 | 0. | 0. | 0. |
| THOMAS HEBEL 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |
| MICHAEL S. KEIM 84 S. PINE STREET DOYLESTOWN, PA 18901 | TRUSTEE 0.00 | 0. | 0. | 0. |

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

| | | | | |
|--|---------|-----------|-----------|-----------|
| JOHN C. SPIER | TRUSTEE | | | |
| 84 S. PINE STREET | 0.00 | 0. | 0. | 0. |
| DOYLESTOWN, PA 18901 | | | | |
| | | | | |
| STEVEN T. WRAY | TRUSTEE | | | |
| 84 S. PINE STREET | 0.00 | 0. | 0. | 0. |
| DOYLESTOWN, PA 18901 | | | | |
| | | | | |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | <u>0.</u> | <u>0.</u> | <u>0.</u> |

COPY

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

TRUSTEES OF THE MERCER FONTHILL MUSEUM

Employer identification number

23-1976299

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 TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

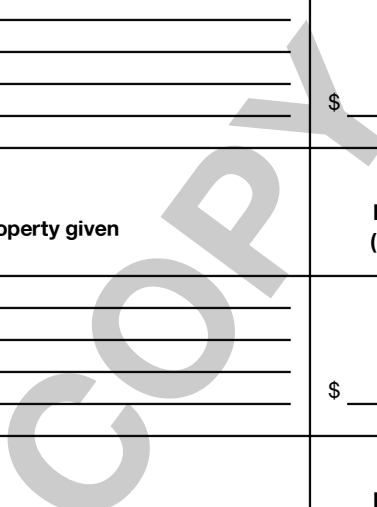
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | PENNSYLVANIA HISTORICAL & MUSEUM COMMISSION 300 NORTH STREET HARRISBURG, PA 17120 | \$ 5,114. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ORIGLEO BEVERAGE 3000 MEETINGHOUSE ROAD PHILADELPHIA, PA 19154 | \$ 5,000. | 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.) |

| | |
|---|---|
| Name of organization TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

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 TRUSTEES OF THE MERCER FONTHILL MUSEUM | Employer identification number 23-1976299 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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