

EXTENDED TO NOVEMBER 15, 2022

## Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or tax year beginning

, and ending

Name of foundation <b>TRUSTEES OF THE MERCER FONTHILL MUSEUM</b>		A Employer identification number <b>23-1976299</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>84 S. PINE STREET</b>	Room/suite	B Telephone number <b>215-345-0210</b>
City or town, state or province, country, and ZIP or foreign postal code <b>DOYLESTOWN, PA 18901</b>		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) <b>\$ 881,307.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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	77,977.				
	2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments	113.	113.	113.	STATEMENT 1	
	4 Dividends and interest from securities					
	5a Gross rents	136,459.	136,459.	136,459.	STATEMENT 2	
	b Net rental income or (loss)	136,459.				
	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	23,301.			STATEMENT 3	
b Less: Cost of goods sold	11,711.					
c Gross profit or (loss)	11,590.		11,590.			
11 Other income	477,151.	15,038.	477,151.	STATEMENT 4		
12 Total. Add lines 1 through 11	703,290.	151,610.	625,313.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.	
	14 Other employee salaries and wages	309,205.	18,755.	261,261.	47,944.	
	15 Pension plans, employee benefits	42,666.	0.	35,449.	7,217.	
	16a Legal fees					
	b Accounting fees	STMT 5	7,138.	0.	7,138.	
	c Other professional fees	STMT 6	2,906.	0.	2,906.	
	17 Interest					
	18 Taxes					
	19 Depreciation and depletion	37,278.	0.	37,278.		
	20 Occupancy	145,432.	0.	83,091.	62,341.	
	21 Travel, conferences, and meetings	50.	0.	0.	50.	
	22 Printing and publications	2,011.	0.	0.	2,011.	
	23 Other expenses	STMT 7	111,442.	0.	78,118.	33,324.
	24 Total operating and administrative expenses. Add lines 13 through 23	658,128.	18,755.	498,103.	160,025.	
	25 Contributions, gifts, grants paid	0.			0.	
26 Total expenses and disbursements. Add lines 24 and 25	658,128.	18,755.	498,103.	160,025.		
27 Subtract line 26 from line 12:						
a Excess of revenue over expenses and disbursements	45,162.					
b Net investment income (if negative, enter -0-)		132,855.				
c Adjusted net income (if negative, enter -0-)			127,210.			

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 .....	90,727.	129,406.	129,406.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ 11,063. ....			
	Less: allowance for doubtful accounts ▶ .....	13,558.	11,063.	11,063.
	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 .....	3,577.	1,578.	1,578.
	9 Prepaid expenses and deferred charges .....	2,298.	174.	174.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	Liabilities	11 Investments - land, buildings, and equipment: basis ▶ 1,705,914. ....		
Less: accumulated depreciation ▶ 966,828. ....		718,011.	739,086.	739,086.
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) .....		828,171.	881,307.	881,307.
17 Accounts payable and accrued expenses .....		35,581.	30,709.	
18 Grants payable .....				
Net Assets or Fund Balances	19 Deferred revenue .....	33,875.	33,000.	
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ STATEMENT 8 ) .....	278,552.	303,373.	
	23 Total liabilities (add lines 17 through 22) .....	348,008.	367,082.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions .....	308,563.	337,341.	
	25 Net assets with donor restrictions .....	171,600.	176,884.	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28 Retained earnings, accumulated income, endowment, or other funds .....			
	29 Total net assets or fund balances .....	480,163.	514,225.	
30 Total liabilities and net assets/fund balances .....	828,171.	881,307.		

## 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 29 (must agree with end-of-year figure reported on prior year's return) .....	1	480,163.
2 Enter amount from Part I, line 27a .....	2	45,162.
3 Other increases not included in line 2 (Itemize) ▶ .....	3	0.
4 Add lines 1, 2, and 3 .....	4	525,325.
5 Decreases not included in line 2 (Itemize) ▶ GRANT REVENUE - PPP .....	5	11,100.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	514,225.

**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.)
<b>1a</b>			
<b>b</b> NONE			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

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

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	
<b>3</b> 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). See instructions. If (loss), enter -0- in Part I, line 8		<b>3</b>	

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

<b>1a</b> 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>1</b>	<b>1,847.</b>
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<b>2</b>	<b>0.</b>
<b>3</b> Add lines 1 and 2		<b>3</b>	<b>1,847.</b>
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		<b>4</b>	<b>0.</b>
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<b>5</b>	<b>1,847.</b>
<b>6</b> Credits/Payments:			
<b>a</b> 2021 estimated tax payments and 2020 overpayment credited to 2021	<b>6a</b>		<b>44.</b>
<b>b</b> Exempt foreign organizations - tax withheld at source	<b>6b</b>		<b>0.</b>
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		<b>0.</b>
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>		<b>0.</b>
<b>7</b> Total credits and payments. Add lines 6a through 6d		<b>7</b>	<b>44.</b>
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		<b>8</b>	<b>8.</b>
<b>9</b> Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		<b>9</b>	<b>1,811.</b>
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		<b>11</b>	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		<b>X</b>
<b>1b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<b>X</b>
<b>1c</b> Did the foundation file Form 1120-POL for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ <u>0.</u> (2) On foundation managers. ► \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ <u>0.</u>		
<b>2</b> 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.		<b>X</b>
<b>3</b> 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 .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
<b>4b</b> If "Yes," has it filed a tax return on Form 990-T for this year? ..... <b>N/A</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? ..... If "Yes," attach the statement required by <i>General Instruction T</i> .		<b>X</b>
<b>6</b> 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? .....	<b>X</b>	
<b>7</b> 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 XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ► <u>PA</u>		
<b>8b</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 .....	<b>X</b>	
<b>9</b> 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....	<b>X</b>	
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<b>X</b>
<b>11</b> 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 .....		<b>X</b>
<b>12</b> 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 .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? ..... Website address ► <u>WWW.MERCERMUSEUM.ORG</u>	<b>X</b>	
<b>14</b> The books are in care of ► <u>MUSEUM ACCOUNTING OFFICE</u> Telephone no. ► <u>215-345-0210</u> Located at ► <u>84 S. PINE STREET, DOYLESTOWN, PA</u> ZIP+4 ► <u>18901</u>		
<b>15</b> 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 ..... ► <u>15</u> <b>N/A</b>		
<b>16</b> At any time during calendar year 2021, 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 ►		<b>X</b>

Form 990-PF (2021)

**Part VI-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.

**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? .....

1a(1) Yes No X

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....

1a(2) Yes No X

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....

1a(3) Yes No X

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....

1a(4) Yes No X

(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)? .....

(6) Agree to pay money or property to a government official? (Exception. Check "No" .....

1a(5) Yes No X

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.) .....

1a(6) Yes No X

**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

1b Yes No

**c** Organizations relying on a current notice regarding disaster assistance, check here .....

N/A

**d** 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 2021? .....

1d Yes No 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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....

2a Yes No X

If "Yes," list the years .....

**b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) .....

N/A

2b Yes No

**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? .....

3a Yes No X

**b** If "Yes," did it have excess business holdings in 2021 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....

N/A

3b Yes No

**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....

4a Yes No 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 2021? .....

4b Yes No X

Form 990-PF (2021)

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> 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))?	5a(1)	X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	X
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)	X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> 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	5b	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>d</b> 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? <span style="float: right;">N/A</span>	5d	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float: right;">N/A</span>	7b	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8	X

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities	<b>1a</b> 0.
<b>b</b>	Average of monthly cash balances	<b>1b</b> 29,630.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b> 29,630.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b> 0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b> 0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b> 29,630.
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b> 444.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b> 29,186.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b> 1,459.

**Part X 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.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5	<b>2a</b>
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.)	<b>2b</b>
<b>c</b>	Add lines 2a and 2b	<b>2c</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>
<b>5</b>	Add lines 3 and 4	<b>5</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1	<b>7</b>

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b> 160,025.
<b>b</b>	Program-related investments - total from Part VIII-B	<b>1b</b> 0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	<b>4</b> 160,025.

Form 990-PF (2021)



**Part XII** Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016 .....				
<b>b</b> From 2017 .....				
<b>c</b> From 2018 .....				
<b>d</b> From 2019 .....				
<b>e</b> From 2020 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ► \$ .....				
<b>a</b> Applied to 2020, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2021 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).) .....				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> 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 .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 .....				
<b>7</b> 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) .....				
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017 ...				
<b>b</b> Excess from 2018 ...				
<b>c</b> Excess from 2019 ...				
<b>d</b> Excess from 2020 ...				
<b>e</b> Excess from 2021 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2021, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

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

Tax year	Prior 3 years			
(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
1,459.	0.	705.	732.	2,896.
1,240.	0.	599.	622.	2,462.
160,025.	138,723.	207,066.	142,751.	648,565.
0.	0.	0.	0.	0.
160,025.	138,723.	207,066.	142,751.	648,565.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
<b>a</b> "Assets" alternative test - enter:				
(1) Value of all assets				
		745,958.	666,864.	1,412,822.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
		745,958.	666,864.	1,412,822.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed				
				0.
<b>c</b> "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 XIV 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 XIV** **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
<b>a Paid during the year</b>				
NONE				
<b>Total</b>				<b>3a</b> 0.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>3b</b> 0.



**Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

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

[illegible]

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

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
THE BUCKS COUNTY HISTORICAL SOCIETY	EXEMPT - 501 (C) (3)	SEE STATEMENT 10

**Sign  
Here**

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

May the IRS discuss this return with the preparer shown below? See instr.

☒ Yes      ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

Print/Type preparer's name
----------------------------

Preparer's signature

Date
------

Check ☐ if self-employed

PTIN
------

JULIA L. DAVIS

JULIA L. DAVIS

09/26/22

P00163568

Firm's name ► DUNLAPSLK, PC

Firm's EIN ► 23-3018514

Firm's address ► 1300 HORIZON DRIVE, SUITE 106  
CHALFONT, PA 18914

Phone no. 267-594-3755

**Schedule B**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

**TRUSTEES OF THE MERCER FONTHILL MUSEUM****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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization	Employer identification number
<b>TRUSTEES OF THE MERCER FONTHILL MUSEUM</b>	<b>23-1976299</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>PENNSYLVANIA HISTORICAL &amp; MUSEUM</u> <u>COMMISSION</u>  <u>300 NORTH STREET</u>  <u>HARRISBURG, PA 17120</u>	\$ <u>5,687.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>LINDA HODGDON</u>  <u>P.O. BOX 911</u>  <u>LAHASKA, PA 18931</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>ROBERT BYERS</u>  <u>4355 COUNTY LINE RD</u>  <u>CHALFONT, PA 18914</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**TRUSTEES OF THE MERCER FONTHILL MUSEUM****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
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	
	<div></div> <div></div> <div></div> <div></div>	\$	



Name of organization

Employer identification number

**TRUSTEES OF THE MERCER FONTHILL MUSEUM****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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

# Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return. **FORM 990-PF**  
► Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

OMB No. 1545-0123

**2021**

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

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment	
1 Total tax (see instructions)	1,847.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b
c Credit for federal tax paid on fuels (see instructions)	2c
d Total. Add lines 2a through 2c	2d
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty	3 1,847.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4 436.
5 Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5 436.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.  
7 ☐ The corporation is using the annualized income installment method.  
8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	109.	109.	109.	109.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	44.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		65.	174.	283.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	44.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		65.	174.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	65.	109.	109.	109.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 ...	<b>27</b>	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 ...	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>	\$		8.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

[illegible]

Penalty Due (Sum of Column F).	8.
--------------------------------	----

\* Date of estimated tax payment, withholding credit date or installment due date.

---

---

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	113.	113.	113.
TOTAL TO PART I, LINE 3	113.	113.	113.

---

---

---

---

FORM 990-PF RENTAL INCOME STATEMENT 2

---

---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
LAND, COURT STREET, DOYLESTOWN, PA	1	136,459.
TOTAL TO FORM 990-PF, PART I, LINE 5A		136,459.

---

---

FORM 990-PF

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

STATEMENT 3

## INCOME

1. GROSS RECEIPTS . . . . .	23,301	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		23,301
4. COST OF GOODS SOLD (LINE 15) . . . . .	11,711	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		11,590
6. OTHER INCOME . . . . .		
7. GROSS INCOME (ADD LINES 5 AND 6) . . . . .		11,590

## COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR . . . . .	3,577	
9. MERCHANDISE PURCHASED. . . . .	9,712	
10. COST OF LABOR. . . . .		
11. MATERIALS AND SUPPLIES . . . . .		
12. OTHER COSTS. . . . .		
13. ADD LINES 8 THROUGH 12 . . . . .		13,289
14. INVENTORY AT END OF YEAR . . . . .	1,578	
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14) . .		11,711

---



---

FORM 990-PF	OTHER INCOME	STATEMENT	4
-------------	--------------	-----------	---

---

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TRUST INCOME	15,038.	15,038.	15,038.
ADMISSIONS	328,652.	0.	328,652.
PROGRAM FEES	89,836.	0.	89,836.
MISCELLANEOUS INCOME	200.	0.	200.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	43,425.	0.	43,425.
TOTAL TO FORM 990-PF, PART I, LINE 11	477,151.	15,038.	477,151.

---



---

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	7,138.	0.	0.	7,138.
TO FORM 990-PF, PG 1, LN 16B	7,138.	0.	0.	7,138.

---



---

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	2,206.	0.	2,206.	0.
MISCELLANEOUS CONTRACTORS	700.	0.	700.	0.
TO FORM 990-PF, PG 1, LN 16C	2,906.	0.	2,906.	0.

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	15,426.	0.	4,897.	10,529.
PROGRAM SERVICES	51,353.	0.	50,708.	645.
INSURANCE	10,000.	0.	5,000.	5,000.
PUBLIC RELATIONS	3,075.	0.	0.	3,075.
BANK CHARGES	12,499.	0.	0.	12,499.
DUES AND SUBSCRIPTIONS	1,183.	0.	0.	1,183.
SPECIAL EVENTS EXPENSES	17,513.	0.	17,513.	0.
TAXES	393.	0.	0.	393.
TO FORM 990-PF, PG 1, LN 23	111,442.	0.	78,118.	33,324.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	8
-------------	-------------------	-----------	---

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DUE TO THE BUCKS COUNTY HISTORICAL SOCIETY	278,552.	303,373.
TOTAL TO FORM 990-PF, PART II, LINE 22	278,552.	303,373.



---



---

FORM 990-PF      PART VII - 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
HEATHER CEVASCO 84 S. PINE STREET DOYLESTOWN, PA 18901	CHAIRMAN 1.00	0.	0.	0.
MAUREEN CARLTON 84 S. PINE STREET DOYLESTOWN, PA 18901	VICE CHAIRMAN 1.00	0.	0.	0.
LINDA B. HODGDON 84 S. PINE STREET DOYLESTOWN, PA 18901	VICE CHAIRMAN 0.50	0.	0.	0.
THOMAS HEBEL 84 S. PINE STREET DOYLESTOWN, PA 18901	TREASURER 0.50	0.	0.	0.
WILLIAM SCHUTT 84 S. PINE STREET DOYLESTOWN, PA 18901	SECRETARY 0.50	0.	0.	0.
PETER CHIOVAROU 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
KELLEY CWIKLINSKI 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
DAVID FRANKE 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
ELIZABETH GEMMILL 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
CHRISTINE HARRISON 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
SUSAN E. KANE 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

MICHAEL S. KEIM 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
CHARLES T. MCILHINNEY, JR. 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
BRIAN R. MCLEOD 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
SEAN NEWMAN 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
JEFF PADUANO 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
RICHARD PAYNTON 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
MICHELLE PEDERSEN 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
GUSTAVO PEREA 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
MICHAEL B. RAPHAEL 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
JONATHAN REISS 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
JACK SCHMIDT 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
SUSAN J. SMITH 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.
PATRICIA TAGLIOLONI 84 S. PINE STREET DOYLESTOWN, PA 18901	TRUSTEE 0.50	0.	0.	0.

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

THOMAS MCK. THOMAS	TRUSTEE			
84 S. PINE STREET	0.50	0.	0.	0.
DOYLESTOWN, PA 18901				
STEVEN T. WRAY	TRUSTEE			
84 S. PINE STREET	0.50	0.	0.	0.
DOYLESTOWN, PA 18901				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

---

990-PF	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVI, LINE 2, COLUMN (C)	STATEMENT 10
--------	---	--------------

---

---

NAME OF AFFILIATED OR RELATED ORGANIZATION

---

THE BUCKS COUNTY HISTORICAL SOCIETY

---

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

---

SHARES FORMAL GOVERNANCE

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

**2021**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**TRUSTEES OF THE MERCER FONTHILL MUSEUM**

EIN or SSN

**23-1976299**

Name and title of officer or person subject to tax

**KYLE MCKOY****EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	<b>1,847.</b>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☒ I authorize **DUNLAPSLK, PC**

to enter my PIN

**11464**

ERO firm name

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**23146618914**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **DUNLAPSLK, PC**Date ▶ **09/26/22****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990-W****Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-PF

**2022**Department of the Treasury  
Internal Revenue Service

- Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
► Keep for your records. Do not send to the Internal Revenue Service.

<b>1</b>	Unrelated business taxable income expected in the tax year .....	<b>1</b>	
<b>2</b>	Tax on the amount on line 1. See instructions for tax computation .....	<b>2</b>	
<b>3</b>	Alternative minimum tax for trusts. See instructions .....	<b>3</b>	
<b>4</b>	Total. Add lines 2 and 3 .....	<b>4</b>	
<b>5</b>	Estimated tax credits. See instructions .....	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4 .....	<b>6</b>	
<b>7</b>	Other taxes. See instructions .....	<b>7</b>	
<b>8</b>	Total. Add lines 6 and 7 .....	<b>8</b>	
<b>9</b>	Credit for federal tax paid on fuels. See instructions .....	<b>9</b>	
<b>10a</b>	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	<b>10a</b>	
<b>b</b>	Enter the tax shown on the 2021 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	<b>10b</b>	1,847.
<b>c</b>	<b>2022 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	<b>10c</b>	1,880.
			<b>ADJUSTED TO</b>
		(a)	(b)
		(c)	(d)
<b>11</b>	Installment due dates. See instructions .....	<b>11</b>	12/15/22
<b>12</b>	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	<b>12</b>	1,880.
<b>13</b>	2021 Overpayment. See instructions .....	<b>13</b>	
<b>14</b>	Payment due (Subtract line 13 from line 12) .....	<b>14</b>	1,880.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

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

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

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

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 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
Form 990-T (corporation)	07		

### 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 TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2021** 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

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](http://www.dos.pa.gov/charities) for more information

## Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certificate number: \_\_\_\_\_

(N/A if initial registration)

Fiscal year ended: 12/31/2021

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: KYLE MCCOY Contact's E-mail: KMCCOY@MERCERMUSEUM.ORG

4. Principal address of organization: \_\_\_\_\_ Mailing address: (if different than principal address): \_\_\_\_\_

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, PENNSYLVAN

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)

N/A

---



---



---

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  
(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

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. THESE PROGRAMS ARE IN EXISTENCE.

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 organizations only uses or intend 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 2

---



---



---

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 3

---



---



---



---

## 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:

KYLE MCKOY84 SOUTH PINE STREET DOYLESTOWN, PA 18901

B. Have final responsibility for the custody of contributions:

KYLE MCKOY84 SOUTH PINE STREET DOYLESTOWN, PA 18901

C. Have final responsibility for final distribution of contributions:

KYLE MCKOY84 SOUTH PINE STREET DOYLESTOWN, PA 18901

D. Are responsible for custody of financial records:

KYLE MCKOY84 SOUTH PINE STREET DOYLESTOWN, PA 18901

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

A. Any other officer, director, trustee, or employee? ☐ Yes ☒ NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* ☐ Yes ☒ NoC. 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 ☒ NoB. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  
☐ Yes ☒ NoC. 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 ADDRESSPHONE NUMBER

NONE

CONTRACT BEGIN DATECONTRACT END DATESOLICIT DATE

---

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT	2
-------------	-----------------------------------	-----------	---

---

NAME AND ADDRESS

PHONE NUMBER

NONE

---

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

---

FORM BCO-10	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	3
-------------	--	-----------	---

---

NAME AND ADDRESS

TITLE

HEATHER CEVASCO  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

CHAIRMAN

NAME AND ADDRESS

TITLE

MAUREEN CARLTON  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

VICE CHAIRMAN

NAME AND ADDRESS

TITLE

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

VICE CHAIRMAN

NAME AND ADDRESS

TITLE

THOMAS HEBEL  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TREASURER

NAME AND ADDRESS

TITLE

WILLIAM SCHUTT  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

SECRETARY

NAME AND ADDRESS

TITLE

PETER CHIOVAROU  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESS

KELLEY CWIKLINSKI  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

DAVID FRANKE  
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

CHRISTINE HARRISON  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

SUSAN E. KANE  
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

CHARLES T. MCILHINNEY, JR.  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

BRIAN R. MCLEOD  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TITLE

TRUSTEE

NAME AND ADDRESS

SEAN NEWMAN  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TITLE

TRUSTEE



NAME AND ADDRESSTITLE

JEFF PADUANO  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

RICHARD PAYNTON  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

MICHELLE PEDERSEN  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

GUSTAVO PEREA  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

MICHAEL B. RAPHAEL  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

JONATHAN REISS  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

JACK SCHMIDT  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

SUSAN J. SMITH  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

NAME AND ADDRESSTITLE

PATRICIA TAGLIOLONI  
84 S. PINE STREET  
DOYLESTOWN, PA 18901

TRUSTEE

TRUSTEES OF THE MERCER FONTHILL MUSEUM

23-1976299

NAME AND ADDRESS

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

TITLE

TRUSTEE

NAME AND ADDRESS

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

TITLE

TRUSTEE

**PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23**ORGANIZATION NAME: TRUSTEES OF THE MERCER FONTHILL MUSEUMCERTIFICATE NUMBER: -FOR FISCAL YEAR ENDED: 12/31/2021**Part I: Gross Contributions**

1) General Contributions	1	50,033.
2) Gross Receipts from Special Events	2	43,425.
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	93,458.

**Part II: Other Income**

7) Program Service Revenues	7	418,488.
8) Bona Fide Membership Dues and Assessments	8	0.
9) Government Grants and Contracts	9	27,944.
10) Miscellaneous Income	10	163,400.
11) Total Income (add lines 6 through 10)	11	703,290.

**Part III: Expenses**

12) Program Services	12	476,862.
13) Administrative Expenses	13	163,753.
14) Fundraising Expenses	14	0.
15) Payments to Affiliated Organizations	15	0.
16) Other Expenses from Special Events (other than fundraising expenses)	16	17,513.
17) Miscellaneous Expenses	17	0.
18) Total Expenses (add lines 12 through 17)	18	658,128.

**Part IV: Net Assets**

19) Excess or (Deficit) for the Year (subtract line 18 from line 11)	19	45,162.
20) Net Assets or Fund Balances at Beginning of Year	20	480,163.
21) Other Changes in Net Assets or Fund Balances (attach explanation)	21	-11,100.
22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)	22	514,225.



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



**Trustees of the Mercer Fonthill Museum**  
**2021 Tax Return**  
**EIN 23-1976299**  
**Pennsylvania Form BCO-23 Support**

Part IV: Net Assets

#21) Other Changes in Net Assets or Fund Balances: (\$11,100)

Explanation:

This balance reflects the PPP loan that Fonthill received in April 2020. In February 2021, Fonthill received notice that the loan was fully forgiven. As a result of the forgiveness, the loan was recorded as Grant Revenue in the financial statements for the prior year. The PPP loan is reflected as contributions for the 990 for the 2021 year end return, in the same year that the loan amount was forgiven.