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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2009**

Department of the Treasury  
Internal Revenue Service (77)

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

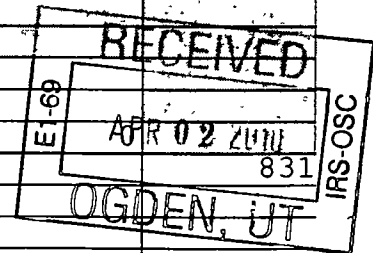
For calendar year **2009**, or tax year beginning , **2009**, and ending , **20**

G Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	Name of foundation <b>KERSHNER SISTERS FOUNDATION</b>	A Employer identification number <b>52-1238390</b>
	Number and street (or P O box number if mail is not delivered to street address) Room/suite <b>9735 LOCK TENDER LANE</b>	B Telephone number (see page 10 of the instructions) <b>3015822920</b>
	City or town, state, and ZIP code <b>WILLIAMSPORT MD 21795-4066</b>	C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <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		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>484974</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))</i>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
<b>3</b> Interest on savings and temporary cash investments				
<b>4</b> Dividends and interest from securities	21179	21179		
<b>5a</b> Gross rents				
<b>b</b> Net rental income or (loss)				
<b>6a</b> Net gain or (loss) from sale of assets not on line 10	88838			
<b>b</b> Gross sales price for all assets on line 6a				
<b>7</b> Capital gain net income (from Part IV, line 2)		88838		
<b>8</b> Net short-term capital gain				
<b>9</b> Income modifications				
<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold				
<b>c</b> Gross profit or (loss) (attach schedule)				
<b>11</b> Other income (attach schedule)				
<b>12 Total.</b> Add lines 1 through 11	110017	110017		
<b>13</b> Compensation of officers, directors, trustees, etc.	3324	2493		
<b>14</b> Other employee salaries and wages				
<b>15</b> Pension plans, employee benefits				
<b>16a</b> Legal fees (attach schedule)				
<b>b</b> Accounting fees (attach schedule)	1790	1790		0
<b>c</b> Other professional fees (attach schedule)				
<b>17</b> Interest				
<b>18</b> Taxes (attach schedule) (see page 14 of the instructions)	300	0		0
<b>19</b> Depreciation (attach schedule) and depletion				
<b>20</b> Occupancy				
<b>21</b> Travel, conferences, and meetings				
<b>22</b> Printing and publications				
<b>23</b> Other expenses (attach schedule)	1170	1170		0
<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	6584	5453	0	831
<b>25</b> Contributions, gifts, grants paid				0
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	6584	5453	0	831
<b>27 Subtract line 26 from line 12:</b>				
<b>a Excess of revenue over expenses and disbursements</b>	103433			
<b>b Net investment income</b> (if negative, enter -0-)		104564		
<b>c Adjusted net income</b> (if negative, enter -0-)			0	

SCANNED APR 12 2010 Revenue



Q 10

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	43379	143282	143122
	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 (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	324331	327751	272784
	c Investments—corporate bonds (attach schedule)	92508	92619	69068
	11 Investments—land, buildings, and equipment: basis ▶			
Less: accumulated depreciation (attach schedule) ▶				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item l)	460218	563652	484974	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	496135	584142	
28 Paid-in or capital surplus, or land, bldg, and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds	(35917)	(20490)		
30 Total net assets or fund balances (see page 17 of the instructions)	460218	563652		
31 Total liabilities and net assets/fund balances (see page 17 of the instructions)	460218	563652		

**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	460218
2 Enter amount from Part I, line 27a	2	103433
3 Other increases not included in line 2 (itemize) ▶ ROUNDING	3	1
4 Add lines 1, 2, and 3	4	563652
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	563652

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
<b>1a PUBLICLY-TRADED SECURITIES</b>		P	VAR	2009
b				
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 113022		24184	88838	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) 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	88838
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) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8			3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of 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 nonchangible-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008			
2007			
2006			
2005			
2004			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of nonchangible-use assets for 2009 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

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 on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: ..... (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	2091
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	
3	Add lines 1 and 2	3	2091
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2091
6	Credits/Payments:		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	820
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	820
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1271
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded	11	0

**Part VII-A Statements Regarding Activities**

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

**Part VII-A Statements Regarding Activities (continued)**

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	X	
14	The books are in care of ▶ KEVIN E ANDERS Telephone no. ▶ Located at ▶ LABEL ADDRESS ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15			<input type="checkbox"/>

**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
<b>1a</b> 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>b</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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here . . . . . ▶ <input type="checkbox"/>	1b	
<b>c</b> 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 2009?	1c	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the years ▶ 20 . . . . ., 20 . . . . ., 20 . . . . ., 20 . . . . .		
<b>b</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 page 20 of the instructions.)	2b	X
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 . . . . ., 20 . . . . ., 20 . . . . ., 20 . . . . .		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2009 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 2009.)	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</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 2009?	4b	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 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here  **5b**
- 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  
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 **6b**
- 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 **7b**

<b>5b</b>		
<b>6b</b>		
<b>7b</b>		

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(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
HOWARD S KAYLOR HAGERSTOWN MD 21742	TRUSTEE 1/2 HOUR	1108	0	0
ELEANOR V LAKIN BOONSBORO MD 21713	SAME	1108	0	0
STUART L MULLENDORE BOONSBORO MD 21713	SAME	1108	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). 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  NONE

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). 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 . . . . . **NONE**

**Part IX-A Summary of Direct Charitable Activities** (N/A)

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	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 23 of the instructions) (N/A)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3	
<b>Total.</b> Add lines 1 through 3 . . . . .	<b>NONE</b>

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	353642
b	Average of monthly cash balances	1b	93331
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	446973
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	446973
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see page 25 of the instructions)	4	6705
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	440268
6	Minimum investment return. Enter 5% of line 5	6	22013

**Part XI Distributable Amount** (see page 25 of the 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	22013
2a	Tax on investment income for 2009 from Part VI, line 5	2a	2091
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2091
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19922
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	19922
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19922

**Part XII Qualifying Distributions** (see page 25 of the 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	831
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	831
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 (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	831

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				19922
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007			6190	
e From 2008			1011	
f Total of lines 3a through e	7201			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 831				
a Applied to 2008, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)	831			
d Applied to 2009 distributable amount				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	8032			8032
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions		0		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				11890
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	0			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

**Part XIV Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) N/A

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, 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) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter $\frac{3}{4}$ of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

- 1 Information Regarding Foundation Managers:
- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- NONE
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- NONE
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a The name, address, and telephone number of the person to whom applications should be addressed:  
 STUART L MULLENDORE, TRUSTEE 3017332000  
 HBP, INC 952 FREDERICK ST HAGERSTOWN MD 21740
- b The form in which applications should be submitted and information and materials they should include:  
 SEE ATTACHED FUNDING REQUEST AND GUIDELINES
- c Any submission deadlines:  
 MARCH 31 ANNUALLY
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: CHARITABLE AND/OR RELIGIOUS NONPROFIT ORGANIZATIONS EXEMPT UNDER IR SECTION 501(C)(3)

**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
<p><b>a Paid during the year</b> NONE</p>				
<b>Total</b> . . . . . ▶ <b>3a</b>				NONE
<p><b>b Approved for future payment</b> NONE</p>				
<b>Total</b> . . . . . ▶ <b>3b</b>				NONE

















2009

## REQUEST FOR FUNDING

DATE: \_

ORGANIZATION NAME:

NAME OF PROJECT:

ADDRESS:

CITY: STATE: ZIP:

CONTACT PERSON: TITLE:

PHONE: EXT.: FAX: e-MAIL:

EMPLOYER IDENTIFICATION NUMBER:

APPLICANT'S CHARITABLE PURPOSE:

- |  |   |
|--|---|
| <input type="checkbox"/> Health and Human Services         | <input type="checkbox"/> Emergency Service                  |
| <input type="checkbox"/> Civic and Community Activity      | <input type="checkbox"/> Athletic and Recreational Activity |
| <input type="checkbox"/> Educational and Cultural Activity | <input type="checkbox"/> Other (Explain)                    |

Is the Applicant recognized as a charitable, non-profit organization under federal law?

- YES  NO (If YES, include in EXHIBIT A, "EXEMPTION".)

Has the Applicant filed Form 990, Tax Return of Organization Exempt from Income Tax?

- YES  NO (If YES, include in EXHIBIT A, "EXEMPTION".)

Has tax-exempt status ever been denied, revoked or otherwise modified by the IRS?

- YES  NO (If YES, include in EXHIBIT A, "EXEMPTION" and state the reason for the IRS action and steps taken by the Applicant to reverse the action.)

Amount of funding requested \$

(Include in EXHIBIT B, "BUDGET", itemized budgets, quotations, or estimates that support the request.)

Does the Applicant receive funding from local, state or federal government sources?

- YES  NO (If YES, include in EXHIBIT C, "FUNDING".)

Has the Applicant ever applied for funding from either the Kershner or Sinnisen Foundation?

- YES  NO (If YES, include in EXHIBIT C, "FUNDING".)

Has the Applicant ever received funding from either the Kershner or Sinnisen Foundations?

- YES
- NO (If YES, include in EXHIBIT C, "FUNDING")

Funds will be used for:

- One-Time Program Expense
- Equipment or Other Capital Project

Describe how the project will improve the quality of life in Washington County.

**This section must be completed.**

Where in Washington County will funds be deployed? If funds are to be deployed outside of Washington County, how will county citizens benefit? **This section must be completed.**

How will Washington County citizens be positively impacted by funding and how many will benefit? **This section must be completed.**

What is the purpose of your organization? **This section must be completed.**

Applicant declares and affirms, that the matters and facts set forth herein are true and correct and that any documents submitted as a part of this Request for Funding are true and genuine copies. Applicant attests that tax returns are true and correct copies of those duly filed with the Internal Revenue Service.

Within eighteen (18) months of receipt of funds, Applicant agrees to provide proof that any funds received from the Kershner Sisters Foundation and/or the Albert E. and Naomi B. Sinnisen Foundation were expended for the requested purpose.

Applicant attests that is does not discriminate by reason of race, creed, sex, age, color, natural origin, marital status, or physical or mental disability.

Applicant agrees to acknowledge the receipt of funding (\$5,000 or more) by placing a plaque, to be supplied by one or both foundations, in a public area on the Applicant's premises.

Authorized Signature \_\_\_\_\_

Printed Name and Title:

2009

## GUIDELINES

These guidelines are intended to set forth procedures for application for and disposition of funding by the above foundations. To qualify for funding, requests must benefit general charitable purposes in Washington County, Maryland, to include, but not limited to the following:

- Health and Human Services
- Emergency Services
- Civic and Community Activities
- Athletic and Recreational Activities
- Educational and Cultural Activities

One-time program and capital expenses requests will be considered. Requests for operating funding are discouraged.

The Trustees will give first priority to those projects that most closely conform to these provisions of the Last Will and Testament of those who created each foundation.

### ***Kershner Sisters Foundation***

*"charitable and/or Christian religious purposes and to health funds and agencies including, but not limited to agencies dealing with the disease of cancer."*

### ***Albert E. and Naomi B. Sinnisen Foundation***

*"charitable religious purposes in Washington County, Maryland, to general charitable purposes and health purposes in Washington County, Maryland, and/or the purchase and providing of medical equipment and lifesaving equipment for Washington County, Maryland, medical, health or emergency facilities."*

### **Application Period**

Annually, January 1 through March 31

### **Award Period**

Anticipated being complete by August 31, but may extend throughout the remainder of the year.

### Eligibility

A non-profit or civic organization may qualify for funding if:

- It keeps a separate set of financial records and is recognized as non-profit or charitable under existing tax codes.
- It is located in Washington County, Maryland, or serves a Washington County population.
- It demonstrates that it is properly organized and self-managed.
- Its goals and objectives are directed toward improving the quality of life in Washington County.
- It does not practice discrimination by age, race, creed, sex, color, national origin or disability.
- Its purpose is consistent with the provisions of the Last Will and Testament of those who created each foundation.

### Funding Request

Each request must be confined to funds that will be used within Washington County, Maryland. If the funds are to be used outside this area, an explanation of how county citizens will benefit, must be included.

Each request must be specific. Itemized budgets, quotations or estimates must be included in the submission. Please note that it is most desirable to include as much estimate detail as possible. By doing so, the Applicant could be considered for a partial award if funding is not available for a complete project.

No application will carry over from request period to request period. A new application must be submitted.

Where possible, more than one estimate or quotation should be provided for an equipment request exceeding \$2,500.

### Application

**The application must be submitted in three (3) full copies along with all attachments. The Trustees will not consider any submission that does not conform to this requirement.**

The application must be organized as indicated in the Check List and separated by labeled index dividers.

The information contained in the application must be legibly printed or typed.

The Request for Funding must be signed by an officer of the organization or by the person in authority.

All copies of the application must be placed in an envelope that is clearly marked "Request of Funding Kershner Sisters and Sinnisen Foundation". The envelope must be received on or before March 31 at the following address: Stuart L. Mullendore, Trustee; HBP, Inc.; 952 Frederick Street, Hagerstown, MD 21740.

**Other**

The Trustees reserve the right to request the following:

- Preparation and submission of additional information
- Clarification or validation of any information contained in a request.

**Failure to include any of the required information pursuant to the CheckList, may result in the disqualification of the funding application.**

## CHECK LIST

✓ ORDER	DESCRIPTION	COMMENTS
1	Request for Funding	Three pages Signed by an officer or person in authority.
2	Completed Copy of This Check List	
<b>EXHIBIT A</b>	<i>Labeled Index Divider</i> <b>"EXEMPTION"</b>	
3	IRS Confirmation Letter and Form 990	If available, letter received from the IRS as a result of filing Form 1023, Application for Exemption. This confirms tax exemption status under Section 501 of the Federal Income Tax. A copy of Form 990 must be included
<b>EXHIBIT B</b>	<i>Labeled Index Divider</i> <b>"BUDGET"</b>	
4	Budgets, Estimates, and Any Other Documentation Related to the Request	
<b>EXHIBIT C</b>	<i>Labeled Index Divider</i> <b>"FUNDING"</b>	
5	Statements of Funds Applied For or Received For This Project	Schedule of funding applied for or received from all sources to include local, state, or federal government other sources If organization has previously been a recipient of grants (current or past projects) from the Kershner or Sinnisen Foundation, indicate how funds were used. If any portion of Kershner or Sinnisen funds have not been spent include Explanation.
<b>EXHIBIT D</b>	<i>Labeled Index Divider</i> <b>"FINANCIAL"</b>	
6	Financial Information	Annual or most recent financial statements, current budget and any other statements prepared by internal or external sources
<b>EXHIBIT E</b>	<i>Labeled Index Divider</i> <b>"MANAGEMENT"</b>	
7	Management Information	List of officers and directors including meeting schedules

### Questions and Additional Information

Stuart L. Mullendore  
Office: (301)733-2000  
e-Mail: MullendoreSL@hughes.net  
Cell: (301)302-4794

### Electronic File

This document is available as an electronic file and can be sent as an e-mail attachment. Contact Stuart Mullendore to acquire it in electronic format.