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# Form 990-PF

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

OMB No 1545-0052 2012

Department of the Treasury Internal Revenue Service

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

Open in Public Inspection

For	alend	lar year 2012 or tax year beginning ,	and ending				
Nar	ne of fou	indation			A Emple	oyer identification number	
M	JSSI	ELMAN EASTER SEAL SOCIETY FUR	ND		23	-6760890	
		street (or P O box number if mail is not delivered to street address)	<del></del>	om/suite		hone number (see instructions	s)
		BOX 4566			71	<u>7-339-5060                                   </u>	
-		, state, and ZIP code YSBURG PA 17325			C If exe	mption application is pending,	check here
			irn of a former public ch	arity	D 1 Fo	oreign organizations, check he	ere 🕨
		Final return Amended	•	•	2 Fc	oreign organizations meeting t	he
		Address change Name cha	ange		,	5% test, check here and attach	
H C	heck t	ype of organization Section 501(c)(3) exempt private	e foundation		E If priv	ate foundation status was tern	ninated under
			le private foundation		section	on 507(b)(1)(A), check here	▶ [_]
1 Fa	ıır marl	ket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	rmination
er	d of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere L
********	e 16) I	\$ 54,800 (Part I, column (d) must	be on cash basis )	r			I
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			·		
	2	Check ► X if the foundation is <b>not</b> required to attach Sch B					
2013	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,559		1,559	1,559	
<u></u>	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	-1,563	ļ			
- S	_ b	Gross sales price for all assets on line 6a 13,404	l		0		***************************************
بن	7	Capital gain net income (from Part IV, line 2)				0	
SCANNER NUM 18	8	Net short-term capital gain Income modifications				·	
Z	10a	Gross sales less returns and allowances					
<b>₹</b>	ь	Less Cost of goods sold					
(C)	С	Gross profit or (loss) (attach schedule)					
<b>.</b>	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	-4		1,559		
S	13	Compensation of officers, directors, trustees, etc	83		83		
penses	14	Other employee salaries and wages					
bei	15	Pension plans, employee benefits	<b>———</b>	-			
Ä	16a b	Legal fees (attach schedule)  Accounting fees (attach schedule)  STMT 1	85		85		
Ve	C	Other professional fees (attach schedule)					
rati	17	Interest				DEARN	-0
ist	18	Taxes (attach schedule) (see instructions)				RECEIV	.0
n <u>i</u>	19	Depreciation (attach schedule) and depletion					60
/du	20	Occupancy		ļ		E NOV 08 2	013 [9]
þ	21	Travel, conferences, and meetings					
Operating and Administrative	22	Printing and publications		<b></b>		OGDEN,	<del>UT  </del>
ng	23	Other expenses (att sch)		<del> </del>		· · · · · · · · · · · · · · · ·	<u> </u>
rati	24	Total operating and administrative expenses.  Add lines 13 through 23	168		168		0
be	25	Contributions, gifts, grants paid	1,573	+			1,573
0	26	Total expenses and disbursements. Add lines 24 and 25	1,741	<del></del>	168	0	
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-1,745				
	b	Net investment income (if negative, enter -0-)			1,391		
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		1,559	

	(a) Base period years Calendar year (or tax year beginning in)				(d) Distribution ratio (col (b) divided by col (c))
	2011				
	2010				
	2009				
	2008				
	2007				
	Total of line 1, column (d)  Average distribution ratio for the 5-year banumber of years the foundation has been	•	5, or by the	3	
4	Enter the net value of noncharitable-use a	ssets for 2012 from Part X, line 5		4_	
5	Multiply line 4 by line 3			5	
6	Enter 1% of net investment income (1% o	f Part I, line 27b)		6	
	Add lines 5 and 6	•		7	
	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

orm	990-PF (2012) MUSSELMAN EASTER SEAL SOCIETY FUND 23-6760890			Pa	age <b>4</b>
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)		, .,,		<del>,</del>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				28
	here ▶ ☐ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	:			0
3	Add lines 1 and 2	<u> </u>			28
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>			28
6	Credits/Payments				
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c 30				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	`-			30
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8	_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			2
11_	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 0 Refunded ▶ 1	1			2
Pa	rt VII-A Statements Regarding Activities		r	1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		<u> </u>	Yes	No
	participate or intervene in any political campaign?		1a		<u>x</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		i l		7.7
	Instructions for the definition)?		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			- 1	v
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$		,	1	x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or byławs, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	1	x
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
4a		N/A	4b		
b 5	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		x
,	If "Yes," attach the statement required by General Instruction T		┟┈┷┪		<del></del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
٠	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)		·····		
-	NONE				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation SEE STMT 5		8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X_
			om 99	0-PF	(2012)

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	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to		г .	. 🖘		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4		Y	es 🗓 No		
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	г,	es X No		
	directly or indirectly, any voter registration drive?		=	<del>     </del>		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	da a a b d		'es 🔀 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization of	iescribea in		es 🗓 No		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	oducational	T	es 💹 No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		es 🗓 No		
<b>L</b>	purposes, or for the prevention of cruelty to children or animals?	r the exceptions de	لسبا	62 140		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify unde Regulations section 53 4945 or in a current notice regarding disaster assistance		scribed iii	N/A	5b	ĺ
	Organizations relying on a current notice regarding disaster assistance check her				-55	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			, m		
·	because it maintained expenditure responsibility for the grant?	ii tiic tax	N/A 🗌 Y	es 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	v premiums				
Ju	on a personal benefit contract?	, p		es X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contra		_ ···	6b	x
~	If "Yes" to 6b, file Form 8870					
7a		Iter transaction?	Y	es X No		
b	If "Yes," did the foundation receive any proceeds or have any net income attribute		on?	N/A	7b	
	art VIII Information About Officers, Directors, Trustees, Fo			Paid Employe	es,	
	and Contractors					
1 1	ist all officers, directors, trustees, foundation managers and their compens	ation (see instruc	tions).			
		(b) Title, and average	(c) Compensation	(d) Contributions to	4-1 Evan	neo occount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred		nse account, allowances
		devoted to position	enter -o-y	compensation		
AC	NB BANK TRUST GETTYSBURG					
PC	BOX 4566 PA 17325	2.00	83	ó		0
			 		-	
		•				
					<u> </u>	<del></del>
		}		· !		
	Compensation of five highest-paid employees (other than those included of	n line 1 – see ins	tructions) If non	e enter	l	
2	"NONE."	711 IIIIC 1 – 3CC III3	addions). Il non	e, enter		
		a) Tille and average		(d) Contributions to	<u> </u>	····
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
		devoted to position		compensation	Quiei	BIIQWAIIQES
NC	NE		ł			
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		L	<u> </u>		<u> </u>	
Tota	I number of other employees paid over \$50,000					0
				F	orm <b>99</b> (	)-PF (2012)

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Part VIII	Information About Officers, Directors, Trustees, Found	lation Managers, Highly Paid E	mployees,
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see instru	uctions). 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		<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
Рап IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information state beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2			
		<u>,_,,</u>	
3			
4			
Part IX-B	Summary of Program-Related Investments (see instru	ictions)	<u> </u>
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
	•		
			+
	elated investments. See instructions		
3			

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	ın foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		···
	purposes		
а	Average monthly fair market value of securities	1a	45,656
b	Average of monthly cash balances	1b	8,653
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	54,309
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	54,309
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	815
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	53,494
6	Minimum investment return. Enter 5% of line 5	6	2,675
Pa	art XI Distributable Amount (see Instructions) (Section 4942(J)(3) and (J)(5) private operating		
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	2,675
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	28
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,647
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,647
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		•
	line 1	7	2,647
Pá	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	1,573
b	Program-related investments – total from Part IX-B	1b	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,573
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 instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,573
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundati	ion	

Excess from 2008 Excess from 2009 Excess from 2010 Excess from 2011 Excess from 2012

Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for	Future Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contraction	
a Paid during the year EASTER SEAL SOCIETY CENTRAL 670 JOHNS AVE GETTYSBURG PA 17325		PURPOSE OF ORGA	ANIZATION	1,573
			ļ	
Total			▶ 3a	1,573
<ul><li>b Approved for future payment</li><li>N/A</li></ul>				
N/A				
Total				
I Utal	<del></del>		► 3b	000 DE

Part XVI-A	Analysis of Income-Producing Acti	ivities				
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue					(See instructions )
				ļ	,	
b						
с				ļ		·
				ļ		
				<del>                                     </del>		
f				<u> </u>		··· • · · · · · · · · · · · · · · · · ·
	d contracts from government agencies			ļ		
	dues and assessments			<u> </u>		
	savings and temporary cash investments nd interest from securities			14	1 550	
	come or (loss) from real estate			7.3	1,559	
	anced property	ļ		<del> </del>		······································
	t-financed property			<del> </del>		
	come or (loss) from personal property					-
7 Other invest		<del></del>		<u> </u>		·
	s) from sales of assets other than inventory			14	-1,563	
	or (loss) from special events				,	
	or (loss) from sales of inventory					
	ue a			Ì		
d						
е						
	ld columns (b), (d), and (e)		0		-4	
	ine 12, columns (b), (d), and (e)				13	-4
	in line 13 instructions to verify calculations )					
Part XVI-B	Relationship of Activities to the Ac					
Line No ▼	Explain below how each activity for which income is	•				>
N/A	accomplishment of the foundation's exempt purpos	ses (other than	by provioung tunds for	such pur	poses) (See instruction	ns)
11/25			<del></del>		<del>, .</del>	<del></del>
					· , , , ,	<u> </u>
······································			···	<del></del>		
<del></del>					<del></del>	
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			<u></u>			
		<del></del>				
					<del></del>	
		<u> </u>				
						·······
	L					

Part X		Information Req		ansfers To and	Transaction	ns and Relationshi	ps With Noncharita	ble		
1 Did				ne in any of the follo	wing with any c	ther organization describe	ed	$\top$	Yes	No
ın se	ection 5	01(c) of the Code (oth				ction 527, relating to politi				
•	anızatıor		4-4							
		om the reporting foun	dation to a no	oncharitable exemp	t organization of	İ		4-40	,	v
	Cash							1a(1)		$\frac{x}{x}$
	Other a							1a(2)		
	er trans									37
, ,		f assets to a nonchar	•	•				1b(1)		X
		ses of assets from a r			n			1b(2)	<b> </b> -	<u> X</u>
(3)	Rental	of facilities, equipmen	t, or other ass	sets				1b(3)	ļ	X
(4)	Reimbu	rsement arrangemen	ts					1b(4)	ļ	X
(5)	Loans o	r loan guarantees						1b(5)		X
(6)	Perform	nance of services or n	nembership o	r fundraising solicita	ations			1b(6)		X
		acılıtıes, equipment, r						1c		X
						nn (b) should always sho				
valu	ie of the	goods, other assets,	or services g	iven by the reportin	g foundation If	the foundation received le	ess than fair market			
valu	ie in any	transaction or sharin	ig arrangemer	nt, show in column	(d) the value of	the goods, other assets, o	or services received			
(a) Lini	e no	(b) Amount involved	(c) Name	e of noncharitable exemp	t organization	(d) Description of tra	ansfers, transactions, and sharing a	arrangeme	ents	
A/N						<u> </u>				
		<u></u>				<u> </u>				
							<del></del>			
			1							
										-
des	cribed i Yes," co	n section 501(c) of the mplete the following s	e Code (other	than section 501(c	(3)) or in section	<del></del>		Y	es ¦X	No
37/-		a) Name of organization	<del></del>	(b) Type of or	rganization	ļ <u>-</u>	c) Description of relationship			
N/2	4					<del></del>				
				ļ						
		· · · · · · · · · · · · · · · · · · ·		ļ						
				<del> </del>	<del></del>					
	11-1		45-4115				- h - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-6 -1 - 1-		
Sign Here					on all information of	which preparer has any knowled	me best of my knowledge and belied lige  May the IRS die with the prepar (see instruction	scuss this er shown	retum	{ No
-	Sign	nature of officer or trustee			Date	<del></del>				
l.	7			··	· · · · · · · · · · · · · · · · · · ·				$\overline{}$	
	Printi	ype preparer's name			Preparer's signatu		Date			( <b>X</b> ) if
Paid	DAY	C RAFFENSPE	מט משטם	A.	By C My	CPA	10/	21/13		nployed
Preparer	-				IN C ETY	KENBINER, LLO				
Use Only	/ <del></del>		ENSPER			KENBINER, LLO		131		
_	Firm's		MIDDL				714	<del>-38</del> :		
	<del></del>	GETT	TYSBURG	, PA 1732	23		Phone no / 1	7-33	90-P	

Capital Gains and Losses for Tax on Investment Income '990-PF 2012 Form For calendar year 2012, or tax year beginning and ending Name **Employer Identification Number** MUSSELMAN EASTER SEAL SOCIETY FUND 23-6760890 (b) How acquired P-Purchase D-Donation (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 (C) Date acquired (mo , day, yr ) (d) Date sold (mo , day, yr ) LARGE CAP VALUE FUND .67 SH P 11/14/02 10/26/12 (1) SEI LARGE CAP VALUE FUND 11.66 SH P 10/25/00 10/26/12 (2)SEI LARGE CAP VALUE FUND 97.70 SH P 10/26/01 10/26/12 (3)516.70 SEI LARGE CAP VALUE FUND P 07/20/99 10/26/12 SEI LARGE CAP GROWTH FUND 17.03 P 11/14/02 01/13/12 (5)27.01 SEI LARGE CAP GROWTH FUND P 10/26/01 01/13/12 (6)SEI SMALL CAP GROWTH FUND 35.3 P 10/26/04 01/13/12 (7)07/20/99 SEI FUND 43.03 P SMALL CAP GROWTH 01/13/12 (8) ACNB TRUST (9)(10)(11)(12)(13)(14)(15)(f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) Gross sales price (h) Gain or (loss) (e) plus (f) minus (g) 12 10 2 (1)208 211 -3(2)1,745 3 (3) 1. 742 9,230 11,003 -1,773(4) 289 108 <u>(5)</u> 181 459 373 86 (6)539 600 61 (7)731 908 -177 (8) 130 130 (9) (10)(11)(12)(13)(14)(15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Coi (h) gain minus il (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 2 (1) -3 (2)3 (3) -1,773(4) (5) 108 86 (6)61 (7) -177 (8)130 (9)

(10) (11) (12) (13) (14) (15)

# Federal Statements

23-6760890

क्ष	Fair Market Value	\$ 23,782 \$ 23,782		Fair Market Value	\$ 1,888		Fair Market Value	\$ 14,891
ment Investmen	Basis of Valuation	MARKET	Investments	Basis of Valuation	MARKET	Investments	Basis of Valuation	MARKET
d State Govern	End of Year	24,000	Sorporate Stock	End of Year	1,693	Sorporate Bond	End of Year	19,938
orm 990-PF, Part II, Line 10a - US and State Government Investments	Beginning of Year	\$ 24,000 \$	Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	Beginning of Year	\$ 16,660 \$	Statement 4 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	Beginning of Year	\$ 17,888 \$
Statement 2 - Form 990-PF,	Description		Statement	Description		Statement	Description	
		ACNB TRUST TOTAL			ACNB TRUST TOTAL			ACNB TRUST TOTAL

23-6760890

# **Federal Statements**

# Statement 5 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

## Description

PENNSYLVANIA LAW ONLY REQUIRES PRIVATE FOUNDATIONS TO SEND THE 990-PF TO THE STATE ATTORNEY GENERAL'S OFFICE. THIS ORGANIZATION IS A NON-EXEMPT CHARTITABLE TRUST UNDER SECTION 4947 (A) (1)

# 8868 mm

(Rev January 2013)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
a corporation 8868 to receive the Return for instructions	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Charities & Nonprofits.						
Part I	Automatic 3-Month Extension of T				<del></del>		
Part I only All other co	on required to file Form 990-T and requesti  proporations (including 1120-C filers), partner income tax retums.		MICs, and trusts must use Form 70		▶ ☐ extension of		
Type of	Name of exempt organization or other filer, se	e instruction		Employer identificati	on number (FIN) or		
Type or	<b>I</b>				on number (Elia) of		
print File by the	MUSSELMAN EASTER SEAL SOCIETY Number, street, and room or suite no. If a P.O			23-6760890 Social security nu	imber (SSN)		
due date for	ACNB BANK TRUSTEE - PO BOX 4566	. box, coo	1011 0010110.	Coolar Scounty III	bor (0011)		
filing your	City, town or post office, state, and ZIP code.	For a foreign	n address, see instructions.	<del></del>			
return. See instructions.	GETTYSBURG	•	•	PA 17	325		
Enter the F	Return code for the return that this application	on is for (fil	e a separate application for each re				
Application	on	Return	Application		Return		
ls For		Code	ls For		Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-	BL	02	Form 1041-A		08		
Form 472	O (individual)	03	Form 4720		09		
Form 990-		04	Form 5227		10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	_ <del></del>	11		
Form 990	-T (trust other than above)	06	Form 8870		12		
Telepho If the or If this is for the who list with the I recountil is fo	Telephone No. ► (717) 338-2128  FAX No. ► (717)337-5060  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 this is for part of the group, check this box.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  8/15/2013  To file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2012 or						
	tax year beginning e tax year entered in line 1 is for less than 1 Change in accounting period			ı	m		
	is application is for Form 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the tentative tax. Id	ess any			
	refundable credits. See instructions.			3a	\$ 30		
	is application is for Form 990-PF, 990-T, 47	20, or 606	9, enter any refundable credits and		T		
	mated tax payments made. Include any prio			3b	\$ 0		
	ance due. Subtract line 3b from line 3a. Inc		•	by using			
	PS (Electronic Federal Tax Payment System			3c			
Caution. If	you are going to make an electronic fund withdra	wal with this	Form 8868, see Form 8453-EO and F	orm 8879-EO for pa	lyment instructions		

	•				
•			•		
Form 886	58 (Rev. 1-2013)				Page 2
	are filing for an Additional (Not Automatic) 3-Mo	nth Exten	sion, complete only	y Part II and check this box	
	Only complete Part II if you have already been gran				_
	are filing for an Automatic 3-Month Extension, c				00.
yea	Additional (Not Automatic) 3-Month Ex				
	, identification (vice) identification (vice		<u> </u>	Enter filer's identifying number, see	instructions
<del></del>	Name of exempt organization or other filer, see in	structions.		Employer identification number (EIN) or	
Type o	MUSSELMAN EASTER SEAL SOCIETY FUND			23-6760890	
•	Number, street, and room or suite no. If a P.O. bo	x, see instru	uctions	Social security number (SSN)	
File by th due date	ne [				
filing you	City, town or post office, state, and ZIP code. For	a foreign a	ddress, see instruction	is.	
return Sonstruction	• • • • • • • • • • • • • • • • • • •				
Enter t	he Return code for the return that this application is	s for (file a	separate application	n for each return)	0 4
Appli	cation	Return	Application		Return
Is For		Code	ls For		Code
Form	990 or Form 990-EZ	01		是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	Production of
	990-BL	02	Form 1041-A		08
Form	4720 (individual)	03	Form 4720		09
Form	990-PF	04	Form 5227		
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					12
STOP!	Do not complete Part II if you were not already gra	anted an a	utomatic 3-month e	xtension on a previously filed Form	8868.
• The l	books are in the care of ► ACNB BANK TRUST DEP.	ARTMENT			···
	phone No. ► 717-339-5060		No. ▶		
	e organization does not have an office or place of b	usiness in		check this box	▶□
• If the	s is for a Group Return, enter the organization's for	ır diait Gra	up Exemption Num	ber (GEN) . If th	is is
for the	whole group, check this box	it is for pai	rt of the group, chec	k this box Dand at	tach a
	th the names and EINs of all members the extension		3 ,,	_	
4	I request an additional 3-month extension of time For calendar year 2012, or other tax year beginni	untıl	NOVEMBER 1	15 , 20 13 .	
5	For calendar year 2012, or other tax year beginni	ng	, 20	, and ending	, 20 .
6	If the tax year entered in line 5 is for less than 12 i	months, ch	neck reason: 🔲 In	itial return	
	☐ Change in accounting period				
7	State in detail why you need the extension ADD	TIONAL TI	ME IS NEEDED IN OR	DER TO GATHER INFORMATION TO (	COMPLETE
	AN ACCURATE AND COMPLETE RETURN.				
	Maria and Production for Form 2000 DI 2000 DE 200	O T 4700	or 6060	tentatura tay loog amid	<del></del>
8a	• •	0-1, 4720,	or 6069, enter the t		
_	nonrefundable credits. See instructions.	4700	0000	8a \$	<del></del>
b	If this application is for Form 990-PF, 990-T,				
	estimated tax payments made. Include any price	or year ov	erpayment allowed	<del></del> 1 <b></b>	
	amount paid previously with Form 8868.		at with this fame if	8b \$	
С	Balance due. Subtract line 8b from line 8a. Include y	our payme	nt with this form, if re	quired, by using Eriro	

### Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form	n, including accompanying	schedules and	statements, and	to the be	est of my
knowledge and belief, it is true, correct, and complete, and that I am a	uthorized to prepare this fo	rm.			

Signature ►	My C	Rp	CIA

(Electronic Federal Tax Payment System). See instructions.

Title ► CPA

Date ► 8/15/13

8c \$

Form 8868 (Poy 1 2012)