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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 to Public Inspection

For	calend	ar year 2012 or tax year beginning , a	and ending				
	ne of fou				A Emplo	yer identification number	
		H MUMMERT RESIDUARY ESTATE					
	RUS!	V-1-1	<u></u>			-6915061	
		street (or P O box number if mail is not delivered to street address)  X 4566	Ro	om/suite		none number (see instruction: 7–339–5060	s)
		state, and ZIP code	·		/ 1	7-339-3060	
		YSBURG PA 17325			C If exen	nption application is pending,	check here
			rn of a former public ch	arity	D 1. Fo	reign organizations, check he	re 🕨 🗍
		Final return Amended	•		l .	reign organizations meeting t	
		Address change Name cha				% test, check here and attach	
				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		ype of organization Section 501(c)(3) exempt private  4947(a)(1) nonexempt charitable trust Other taxable	e private foundation			ite foundation status was terri n 507(b)(1)(A), check here	ninated under
		ket value of all assets at J Accounting method	X Cash Acc	ruat	1	oundation is in a 60-month te	rmination
		ear (from Part II, col (c),  Other (specify)	Casii Acci	iuai		section 507(b)(1)(B), check h	.
	ie 16) I		ha on cash hasis )			, , , , ,	
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
٠,	** • •	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
₩	· · · · ·	the amounts in column (a) (see instructions) )	books		-		(cash basis only)
贸	1	Contributions, gifts, grants, etc , received (attach schedule)				···········	
00	2	Check ► X if the foundation is <b>not</b> required to attach Sch. B					
0	3	Interest on savings and temporary cash investments					
>	4	Dividends and interest from securities	2,304		2,304		***************************************
2	5a	Gross rents					
3	Ь	Net rental income or (loss)	400				
	6a	Net gain or (loss) from sale of assets not on line 10	123				
SCARRYCE DE NOV	b	Gross sales price for all assets on line 6a 123			100		
	7	Capital gain net income (from Part IV, line 2)			123	0	<u></u>
	8	Net short-term capital gain				0	
	"	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold			,		
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	2,427		2,427	0	
	13	Compensation of officers, directors, trustees, etc	841		841		
Se	14	Other employee salaries and wages					
penses	15	Pension plans, employee benefits					
~	16a	Legal fees (attach schedule)					
Ü	b	Accounting fees (attach schedule) STMT 1	85		85		
Ęį	С	Other professional fees (attach-schedule)					
tra	17	Interest				·	
nis	18	Taxes (attach schedule) (see instructions)		<del> </del> -		·- <del>-</del>	
Ē	19	Depreciation (attachischedule)/and depletion3					<u></u>
Ad	20	Occupancy					<u>-</u>
Ď	21	Travel, conferences, and meetings		-			
Operating and Administrative	22	Printing and publications					
ing	23	Other expenses (att sch.)	-	<del>                                     </del>			
rati	24	Total operating and administrative expenses.  Add lines 13 through 23	926		926	o	o
bei	25	Contributions, gifts, grants paid	1,896	<del>t                                      </del>	320		1,896
ō	26	Total expenses and disbursements. Add lines 24 and 25	2,822		926	0	
	27	Subtract line 26 from line 12	-,522				2,050
	a	Excess of revenue over expenses and disbursements	-395	]			
	b	Net investment income (if negative, enter -0-)			1,501		
	С	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2012)

1	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	1	8	8
	2	Savings and temporary cash investments	3,926	3,524	3,524
	3	Accounts receivable ▶			
ł		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
1	5	Grants receivable			
١	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see		1	
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
İ		Less allowance for doubtful accounts ▶ 0			
္တ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
BS	10a	Investments – U S and state government obligations (attach schedule) STMT 2	36,044	36,044	39,501
-	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule) SEE STMT 3	23,354	23,354	25,085
-	11	Investments – land, buildings, and equipment basis			
-		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
Ì	13	Investments – other (attach schedule)			
ĺ	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
	16	Total assets (to be completed by all filers – see the			
ı		instructions. Also, see page 1, item I)	63,325	62,930	68,118
٦	17	Accounts payable and accrued expenses			
ı	18	Grants payable			
es	19	Deferred revenue			
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
읪	21	Mortgages and other notes payable (attach schedule)			
ᄀ	22	Other liabilities (describe ▶ )			
	23	Total liabilities (add lines 17 through 22)	0	0	
П		Foundations that follow SFAS 117, check here			•
S		and complete lines 24 through 26 and lines 30 and 31.			
Sez	24	Unrestricted			
흥	25	Temporarily restricted			
Ö	26	Permanently restricted			
틱		Foundations that do not follow SFAS 117, check here			
딘		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds		-	
ë	28	Paid-in or capital surplus, or land, bldg, and equipment fund		·	
S	29	Retained earnings, accumulated income, endowment, or other funds	63,325	62,930	
Net Assets or Fund Balan	30	Total net assets or fund balances (see instructions)	63,325	62,930	
Z	31	Total liabilities and net assets/fund balances (see			
ا		instructions)	63,325	62,930	<u></u>
	Part	······ · · · · · · · · · · · · · · · ·		1	r
1		net assets or fund balances at beginning of year Part II, column (a), line 30 (mu	ist agree with		
		of-year figure reported on prior year's return)		1	63,325
		r amount from Part I, line 27a		2	-395
		r increases not included in line 2 (itemize)		3	60 030
		lines 1, 2, and 3		4_	62,930
		eases not included in line 2 (itemize)	(h) l 20	5	62,930
_6	Lota	I net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (	D), line 30	6	50m 990-PF (2012)

Part IV. Capital Gains a	ind Losses for Tax on Investi	ment income	··-	r	<del></del>	<del></del>
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acc (mo , day,		(d) Date sold (mo , day, yr )
1a ACNB TRUST			1			
b					$\longrightarrow$	
С					<del></del>	
d						<del>-</del>
<u>e</u>	<u> </u>		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain o (e) plus (f) i	minus (g)
a 123				<del>  </del>		123
<u>b</u>				<del></del>		
<u>c</u>						
d						
Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/31/6	<u> </u>			
Complete only for assets showin	i i i i i i i i i i i i i i i i i i i		ss of col (i)			h) gain minus ess than -0-) <b>or</b>
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		of (i), if any		Losses (from	
а						123
b						· · · · · · · · · · · · · · · · · · ·
c						
d						· · · · · · · · · · · · · · · · · · ·
e						-
2 Capital gain net income or (net c	apital loss) If gain, also enter		•	2	-	123
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	_				· -
	, column (c) (see instructions) If (loss)					
Part I, line 8		` _ <b>_</b>		3		
	nder Section 4940(e) for Red	uced Tax on Net	Investment Inco	ome		
(For optional use by domestic private	foundations subject to the section 494	10(a) tax on net investi	ment income )		_	
If section 4940(d)(2) applies, leave the						N/A
	tion 4942 tax on the distributable amou		pase period?			☐ Yes ☐ No
	lify under section 4940(e) Do not com					
	each column for each year, see the ins	tructions before making	ng any entries			(A)
(a) Base period years	(b) Adjusted qualifying distributi	one Not valu	(c) Le of noncharitable-use asse	ste		(d) bution ratio
Calendar year (or tax year beginning ii	n) Adjusted qualifying distributi	UIIS INGL VAIL	10 Of Horicalat Rabio-036 8336	,,,,	(col (b) di	vided by col (c))
2011		<del></del>				
2010						
2009						
2008			- * * * *			··· · · · · · · · · · · · · · · · · ·
2007		<u>.</u>				
2 Total of line 1, column (d)				2	1	
	5-year base period – divide the total or	n line 2 by 5, or by the				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
_	has been in existence if less than 5 year			3		
namber of yours the formation.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	
4 Enter the net value of noncharita	ible-use assets for 2012 from Part X, III	ne 5		4		
	,					<del></del>
5 Multiply line 4 by line 3				5		
,,,,,,						
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7	ļ	
8 Enter qualifying distributions from				8	<u> </u>	
If line 8 is equal to or greater tha	in line 7, check the box in Part VI, line	1b, and complete that	part using a 1% tax ra	ite See the		
Part VI instructions						

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Pa	rt VI, Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			<del></del>	30
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	- 1				
	Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	_2				0
3	Add lines 1 and 2	3				30
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				30
6	Credits/Payments					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations – tax withheld at source	-				
C	Tax paid with application for extension of time to file (Form 8868)  6c  30					
d	Backup withholding erroneously withheld 6d 6d	_				20
7	Total credits and payments Add lines 6a through 6d	7				30
8	Enter any penalty for underpayment of estimated tax. Check here 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				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2013 estimated tax   Refunded	11				
	rt VII-A Statements Regarding Activities				· ·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			4 -	Yes	No_X
	participate or intervene in any political campaign?			1a	-	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			ا ا		v
	Instructions for the definition)?			1b		<u>X</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	x
С	Did the foundation file Form 1120-POL for this year?			1c		
d-						
	(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					
2	on foundation managers  \$			2	1	x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?  If "Yes," attach a detailed description of the activities			-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	1	x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		$\frac{\mathbf{x}}{\mathbf{x}}$
4a	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-17.22	5		x
•	If "Yes," attach the statement required by General Instruction T.			<b> </b>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		į			
	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 X	(V		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 4			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,"				İ	
	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
			F	orm <b>99</b>	0-PF	(2012)

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		ng Activities for Which Form	4720 May Be R	tequired (conti	nued)	ľ		
	During the year did the foundation pay or			<u></u>	. <del>दिश</del> े			
	(1) Carry on propaganda, or otherwise at			∐ <b>Y</b>	es X No			
	(2) Influence the outcome of any specific		o carry on,		FFF			
	directly or indirectly, any voter registra			<b>—</b>	es X No			
	(3) Provide a grant to an individual for tra	,		<u> </u>	es 🗓 No			
	(4) Provide a grant to an organization oth		described in					
	section 509(a)(1), (2), or (3), or section	n 4940(d)(2)? (see instructions)		Y	es X No			
	(5) Provide for any purpose other than re	ligious, charitable, scientific, literary, or	educational					
	purposes, or for the prevention of crue	elty to children or animals?		Y	'es 🛚 X No			
b	If any answer is "Yes" to 5a(1)–(5), did an	y of the transactions fail to qualify unde	er the exceptions de	scribed in	_			
	Regulations section 53 4945 or in a curre	nt notice regarding disaster assistance	(see instructions)?		N/A	5b		
	Organizations relying on a current notice i	regarding disaster assistance check he	re		▶ 🔲			
С	If the answer is "Yes" to question 5a(4), de	oes the foundation claim exemption fro	m the tax					
	because it maintained expenditure respor	nsibility for the grant?		N/A 🗌 Y	es No			
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)					- 1	
6a	Did the foundation, during the year, receiv	ve any funds, directly or indirectly, to pa	y premiums					
	on a personal benefit contract?		• •	☐ Y	es X No			
	Did the foundation, during the year, pay p	remiums, directly or indirectly, on a per	sonal benefit contra	ct?		6ь	- 1	х
	If "Yes" to 6b, file Form 8870	,,,,					$\neg$	
	At any time during the tax year, was the fo	oundation a party to a prohibited tax she	elter transaction?		es X No			l
	If "Yes," did the foundation receive any pr				N/A	7b	İ	ĺ
		ficers, Directors, Trustees, Fo						
1 141	and Contractors	, 2,,		-g,g,	p07	,		
1 Li	st all officers, directors, trustees, foun	dation managers and their compens	sation (see instruc	tions).				
	, , , , , , , , , , , , , , , , , , , ,				(d) Contributions to			
	(a) Name and a	ddress	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		oense ac	
	(4)		devoted to position	enter -0-)	plans and deferred compensation	othe	r allowar	nces
ACN	B BANK TRUST DEPARTMENT	GETTYSBURG	TRUSTEE			<u> </u>		
	BOX 4566	PA 17325	2.00	841	0	,[		0
			† <i>*</i>			<b></b>	-	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
						ł		
	Compensation of five highest-paid em	unloyees (other than these included	on line 1 – see ins	tructions) If non	o enter	<u> </u>		
2	"NONE."	proyees (other than those included	Oli lille 1 – see ills	a acaons <i>j</i> . Ii non	e, enter			
	NONE.		T	T	(d) Contributions to			
	(-) bloom and address of analysis and and	and more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Exp	pense ac	ccount,
	(a) Name and address of each employee p	aio more than \$50,000	devoted to position	(c) Compensation	plans and deferred	othe	r allowar	nces
				<del></del>	compensation	┼		
NON	Œ							
			<del>- </del>					
			<del> </del>	<del> </del>		-		
				i				
				ļ		<del>                                     </del>		
						1		
						1		
				i			<del></del>	
Total	number of other employees paid over \$50	0,000				<u> </u>		0
			<del></del>		F	om 99	0-PF	 (2012)

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Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	
3 Five high	est-paid independent contractors for professional services (see ins	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			<del> </del>
	- 1- 1		
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informat other beneficiaries served, conferences convened, research papers produced, etc.	ion such as the number of	Expenses
1 N/A			
		<u> </u>	
2			
3			
-			
4			
Part IX-B	Summary of Program-Related Investments (see ins	structions)	I
•	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-r	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. Foreign	n fou	ndations,
1	see instructions.)  Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
ı			
_	purposes Average monthly few market value of pocurities	1a	64,202
a	Average monthly fair market value of securities	1b	3,726
b	Average of monthly cash balances		3,720
C	Fair market value of all other assets (see instructions)	1c 1d	67,928
d	Total (add lines 1a, b, and c)	10	07,920
е	Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  1 te   0		
_	,		0
2	Acquisition indebtedness applicable to line 1 assets	2	67.000
3	Subtract line 2 from line 1d	3	67,928
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		1 010
	instructions)	4	1,019
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	66,909
6	Minimum investment return. Enter 5% of line 5	6	3,345
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here	<del></del> 1	
1	Minimum investment return from Part X, line 6	1	3,345
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	30
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,315
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	_5	3,315
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	3,315
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		1 000
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	1,896
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	<del></del>
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	1,896
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	1,896
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat	ion	

Pa	art XIII Undistributed Income (see instruction	ns)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				3,315
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2012				
а	From 2007				
b	From 2008				
С	From 2009				
	From 2010				
е	From 2011				
f	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 1,896				
а	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2012 distributable amount				1,896
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
đ	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2012 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2013				1,419
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		}		
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009				
С	Excess from 2010				
d	Excess from 2011				
e					

3 Grants and Contributions Paid During the	Year or Approved for F	uture Pavment		
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	CO.MIDGUOT	·
a Paid during the year ST JOHN'S LUTHERAN CHURCH 665 ST JOHNS ROAD LITTLESTOWN PA 17340	CHARITABLE PU	RPOSE OF ORG	NIZATION	1,896
				2,555
			[	
Total		T	▶ 3a	1,896
<ul><li>b Approved for future payment</li><li>N/A</li></ul>				
,				
			]	
			1	
Total				

		. · Analysis of Income-Producing Ac			1		
Ent	er gross amo	unts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program ser			·	-		
	a		-		-		<del></del>
			-		-		
			-		<del>-</del>		<del></del>
		<del></del>	-		<del></del>		
					<del>                                     </del>		
	f	d	-		<del>-</del>		
2	_	d contracts from government agencies					
		dues and assessments avings and temporary cash investments			+		
4		nd interest from securities			14	2,304	
		come or (loss) from real estate			+	2,001	
٠		anced property			1		121,112,122.00
		t-financed property					A - 14.
6		come or (loss) from personal property					
	Other investi						
		s) from sales of assets other than inventory			18	123	
		or (loss) from special events					
		or (loss) from sales of inventory					, ,
		ue a					
							·
			_				
	е		_				
12	Subtotal Ad	d columns (b), (d), and (e)			0	2,427	
13	Total. Add I	ne 12, columns (b), (d), and (e)				13	2,427
		in line 13 instructions to verify calculations )					
	Part XVI-B	· · · · · · · · · · · · · · · · · · ·					
	Line No.	Explain below how each activity for which incom-	•			· · · · · · · · · · · · · · · · · · ·	1
	<b>▼</b>	accomplishment of the foundation's exempt purp	oses (other than	by providing tunds to	r such pu	rposes) (See instruction	ns )
	N/A			<del></del>			
					<del></del>	··· <u>·</u>	<del></del>
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_				<del></del>			
							<del> </del>
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		12					
			<del></del>			· · · · · · · · · · · · · · · · ·	<del></del>
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_							
_							

Pa	rt XVII	Information Regardation Regardation		insfers To and	d Transactio	ns and Relations	hips With	n Noncharitab	le		-
1	Did the orga	anization directly or indi		e in any of the follo	wing with any of	her organization descr	ribed			Yes	No
•		01(c) of the Code (othe									
	organization			05 .(5)(0) 0.9		g to po					
а	•	om the reporting found	ation to a nor	ncharitable exemp	t organization of	•					
_	(1) Cash	om me reporting round		ionamasio exemp	. o.gam.au.o o.				1a(1)		x
	(2) Other a	ecate							1a(2)		<u> </u>
h	Other transa								10(2/	-	
b			blo ovomnt a	rannization					1b(1)		x
		f assets to a noncharita		•	_				-		X
		ses of assets from a no		· -	п				1b(2)		X
		of facilities, equipment,		ets					1b(3)		
		rsement arrangements							1b(4)		X
		or loan guarantees							1b(5)		X
		nance of services or me	-	=					1b(6)		X
	_	acılıtıes, equipment, ma	-						1c		X
d		er to any of the above is		-							
		goods, other assets, o									
		transaction or sharing									
	a) Line no	(b) Amount involved	(c) Name	of noncharitable exemp	ot organization	(d) Description of	of transfers, tran	sactions, and sharing an	angeme	nts	
N/I	<u> </u>										
	<del></del>										
		ļ									
			ļ <u> </u>								
			l								
								<del></del>			
										_	
					<del></del>						
								<del></del>		_	
				·						_	
	described in If "Yes," con	lation directly or indirect section 501(c) of the one of the one of organization	Code (other t		)(3)) or in section	=	(c) Description	on of relationship	Y6	es X	No .
<u> </u>	A/k	-, v. organization		(5) 1998 010	- 6		(5) Bosonptit				
	,		V								
	<del></del>						<del></del>				
			···							_	
				· · · · · · · · · · · · · · · · · · ·							
	Under per	naities of penjury, I declare that	it I have examine	ed this return, including	accompanying sched	ules and statements, and to t	he best of my ki	nowledge and belief, it is	true,		
	correct, a	nd complete Declaration of p	reparer (other tha	an taxpayer) is based or	n all information of w	hich preparer has any knowle	dge	May the IRS disc.	ss this re	etum	$\neg$
Sigr	,	1	<b>,</b>	_				with the preparer	show <u>n b</u> e	low _	_
Here		///		n 1.		/ /		(see instructions)	, X	Yes	No
		(' ///	Ista. 1	1 VIIII,	1/1/	122/13	TRUST	-9.91			
	Sign	ature of officer or trustee	W/K	/ Nima	Date	<i>—</i>	Title				
	<del></del>				Bronssada sissati	· · · · · · · · · · · · · · · · · · ·	-				
	Printry	pe preparer's name			Preparer's signatu	re		Date		Check	
Paid	DURL	C Dinentanana	ירם משי		1	C.M. CA	<b>)</b>	10/16	/12	self-em	ployed
Prepa	arer RYAN		<del></del>		N & FZNI	EMBINER, LI	· <u>·</u>	10/18	311	210	
Use (		24 77	NSPERG			ENDTINEK, LI	<u> </u>				
	Firm's a		MIDDLE				F		381		
		GETTY	SBURG,	PA 1732	.5						
								F	orm 95	ソリーピト	(2012)

•	<u> </u>					-
	ا	Fair Market Value 39, 501 \$ 39, 501		Fair Market Value		2-3
	nent Investment	Basis of Valuation	Investments	Basis of Valuation		
ements	US and State Governn	End of Year \$ 36,044	10c - Corporate Bond	Fnd of Year	23,	
Federal Statements	Statement 2 - Form 990-PF, Part II, Line 10a - US and State Government Investments	Beginning of Year \$ 36,044 \$	Statement 3 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	Beginning of Year	\$ 23,354	
	Statement 2 -	Description	Statemer	Description		
23-6915061		ACNB TRUST TOTAL		Hollon dwor		

23-	69	15	50	61	

# **Federal Statements**

## Statement 4 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

#### Description

PENNSYLVANIA ONLY REQUIRES PRIVATE FOUNDATIONS TO FILE. ORGANIZATION IS A NONEXEMPT CHARITABLE TRUST AS DEFINED BY SECTION 4947(A)(1)



(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

nternal Rev	enue Service				
• If you	are filing for an Automatic 3-Month Extensi are filing for an Additional (Not Automatic) complete Part II unless you have already be	3-Month E	Extension, complete only Part II (	on page 2 of this f	orm).
<b>Electron</b> ia corpora 8868 to re Return fo	ic filing (e-file). You can electronically file Fortion required to file Form 990-T), or an addition required to file Form 990-T), or an addition and the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing on the electronic filing filing on the electronic filing on the electronic filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing filing	orm 8868 i onal (not a forms liste Il Benefit C	f you need a 3-month automatic ex automatic) 3-month extension of tim d in Part I or Part II with the except Contracts, which must be sent to the	tension of time to te. You can electro ion of Form 8870, e IRS in paper form	file (6 months for onically file Form Information mat (see
	Automatic 3-Month Extension of 1	ime. Only	y submit original (no copies nee	ded)	
Part I onl <i>All other</i>	ation required to file Form 990-T and request y				🕨 🗀
Type or	Name of exempt organization or other filer, se	e instruction		Employer identification	
print	ADA H MUMMERT RESIDUARY ESTATI			23-6915061	
File by the	Number, street, and room or suite no. If a P.C.		nstructions	Social security nu	mber (SSN)
due date for	ACNB BANK TRUSTEE - PO BOX 4566			·	, ,
filing your return See	City, town or post office, state, and ZIP code.	For a foreig	n address, see instructions	<u> </u>	····
instructions	GETTYSBURG			PA17	325_
Enter the	Return code for the return that this application	on is for (fi	le a separate application for each r	eturn)	04
Applica	tion	Return	Application		Return
ls For		Code	is For		Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)		07
Form 99		02	Form 1041-A	<del></del>	08
	20 (individual)	03	Form 4720	<del></del>	09
Form 99		04	Form 5227	<del></del>	10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	<del></del>	11
	0-T (trust other than above)	06	Form 8870	<del></del>	12
Telep • If the • If this for the w list with t  1 I ro	for the organization's return for:	's four digr If it is for passion is for corporation	t Group Exemption Number (GEN) part of the group, check this box.	nsion of time	
2 If	X calendar year	12 months,	, check reason: Initial return		
	this application is for Form 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the tentative tax, I	ess any	
	onrefundable credits. See instructions. this application is for Form 990-PF, 990-T, 47	720, or 606	69, enter any refundable credits and	3a	\$ 30
	stimated tax payments made. Include any price			3b	\$ (
	alance due. Subtract line 3b from line 3a. Inc	-		· • 1.	
	FTPS (Electronic Federal Tax Payment Syste If you are going to make an electronic fund withdra			3c	
vauuon.	in you are going to make an electronic land withlan	A TY CALL AND IN IN IN INC.	s com 0000, acc roun 0403-EO and r	our oor a-ro tot be	ayment monuctions

	Page 2  ▶ ✓
 8868.	▶ ✓
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	ructions
or	

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instructions  File by the due date for filing your return See instructions.  ACNB BANK TRUSTEE - PO BOX 4566  City, town or post office, state, and ZIP code For a foreign address, see instructions.  APPlication  Is For  Gode  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Odd  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  PAXNo. ►  Additional (Not Automatic 3-Month Extension, complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  Enter the Return code for the return that this application is for (file a separate application for each return)  Odd  Porm 990-FC  Form 990	Form 8868	(Rev 1-2013)						Page 2
Additional (Not Automatic) 3-Month Extension, complete only Part I (on page 1).  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Enter filer's identifying number, see instruction  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE TRUST  ADA H MUMMERT RESIDUARY ESTATE								
Senter time   Sententifying number, see instructions.   Employer identifying number, see instructions.   Employer identification number (EIN) or   ADA H MUMMENT RESIDUARY ESTATE TRUST   23-8915061						filed I	Form 8	1868.
Name of exempt organization or other filer, see instructions.   Employer identification number (EIN) or 23-8915061		Additional (Not Automatic) 3-Mont	h Extension	of Time. Only fil	e the original (no copie	s ne	eded)	
ADA H MUMMERT RESIDUARY ESTATE TRUST   23-6915061								
Print by the due date for due and the control of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the print of the pri	Type or	Name of exempt organization or other filer, s	see instructions.		Employer identification r	numbe	er (EIN)	or
ACNB BANK TRUSTEE - PO BOX 4566 City, lown or post office, state, and ZIP code For a foreign address, see instructions.  Betturn code for the return that this application is for (file a separate application for each return)  Betturn Code for the return that this application is for (file a separate application for each return)  Betturn Application Server Code is For Code Is For Code Is For Code Is For Code Is For Code Is For Code Is For Code Is For Code Is Form 990 or Form 990-EZ  Form 990-BL 02 Form 1041-A 088 Form 4720 (individual) 03 Form 4720 09 Form 990-F 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  STOPI Do not complete Part IJ if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ACNB BANK TRUST DEPARTMENT Telephone No. 717-339-5660 FAX No. For Move II if it is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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  For calendar year 2012, or other tax year beginning 20 and ending 20 and 2		ADA H MUMMERT RESIDUARY ESTATE T					1	
due date for Intermy See Tester 1. ACNB BANK TRUSTEE .PO BOX 4566  CITY, town or post office, state, and ZIP code For a foreign address, see instructions.  GETTYSBURG PA 17325  Enter the Return code for the return that this application is for (file a separate application for each return)  SFOR  Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   Return   Application   R	File by the	Number, street, and room or suite no. If a P	O. box, see instru	uctions.	Social security number (	(SSN)		
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Return   S For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Code   Is For   Code   due date f	or ACNB BANK TRUSTEE - PO BOX 4566							
Application Is For Code Form 990 or Form 990-EZ 01 1		City, town or post office, state, and ZIP code	e For a foreign a	ddress, see instructi	ons.			
Application Is For Code Is For Code Is For Code Is For Code Is For Code Is For Ser Ser Ser Ser Ser Ser Ser Ser Ser Se	instruction	OS GETTYSBURG PA 17325	<del></del>					
Is For	Enter th	e Return code for the return that this applicat	tion is for (file a	separate applicat	ion for each return) .			. 0 4
S For   Code   Is For   Code   S For   Code   S For   Code   S For	Applic	ation	Return	Application	·····			Return
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6089 11 Form 990-T (trust other than above) 06 Form 8870 12  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of ▶ ACNB BANK TRUST DEPARTMENT Telephone No. ▶ 717-339-5060 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box . ▶ ☐ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . ▶ ☐ If it is for part of the group, check this box . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.  4 I request an additional 3-month extension of time until NOVEMBER 15 ,20 13 . 5 For calendar year 2012, or other tax year beginning ,20 , and ending ,20  . 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION TO COMPLETE ANA ACCURATE AND COMPLETE RETURN.  8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  8b If this application is for Form 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 and any amount paid previously with Form 88688			Code					Code
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Under penalties of p	erjury, I declare th	at I have examin	ed this form	, including	accompanying	schedules	and	statements,	and	to the	best	of my
knowledge and belief	i, it is true, correct, a	and complete, and	that I am au	thorized to	prepare this for	m.						

Signature ►	hy	c	RA	4	PA
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Title ► CPA

Date ►