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

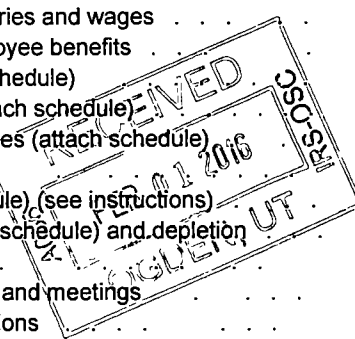
Department of the Treasury
Internal Revenue Service

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2015 or tax year beginning , and ending

Name of foundation Kershner Sisters Foundation			A Employer identification number 52-1238390	
Number and street (or PO box number if mail is not delivered to street address) 9735 Lock Tender Lane		Room/suite	B Telephone number (see instructions) (301) 582-2920	
City or town Williamsport	State MD	ZIP code 21795-4066		
Foreign country name	Foreign province/state/country	Foreign postal code	C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply.			D 1. Foreign organizations, check here <input type="checkbox"/>	
<input type="checkbox"/> Initial return			2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<input type="checkbox"/> Final return			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<input type="checkbox"/> Address change			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<input type="checkbox"/> Initial return of a former public charity				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Name change				
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) ▶ \$ 513,354		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part 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 investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	16,326	16,326		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-78			
b	Gross sales price for all assets on line 6a	104,750			
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	16,248	16,326	0	
13	Compensation of officers, directors, trustees, etc	2,916	2,187		729
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	2,035	2,035		
c	Other professional fees (attach schedule)	5,413	5,413		
17	Interest				
18	Taxes (attach schedule) (see instructions)	220	220		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	1,070	1,070		
24	Total operating and administrative expenses. Add lines 13 through 23	11,654	10,925	0	729
25	Contributions, gifts, grants paid	27,130			27,130
26	Total expenses and disbursements. Add lines 24 and 25	38,784	10,925	0	27,859
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-22,536			
b	Net investment income (if negative, enter -0-)		5,401		
c	Adjusted net income (if negative, enter -0-)			0	



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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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	13,065	9,687	9,687
	2	Savings and temporary cash investments	75,974	77,643	77,643
	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 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)	401,874	391,299	392,137
	c	Investments—corporate bonds (attach schedule)	45,057	34,803	33,887
	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 I)	535,970	513,432	513,354	
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)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	574,751	573,195	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	-38,781	-59,763		
30	Total net assets or fund balances (see instructions)	535,970	513,432		
31	Total liabilities and net assets/fund balances (see instructions)	535,970	513,432		

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)	1 535,970
2	Enter amount from Part I, line 27a	2 -22,536
3	Other increases not included in line 2 (itemize) ▶	3
4	Add lines 1, 2, and 3	4 513,434
5	Decreases not included in line 2 (itemize) ▶ Rounding	5 2
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 513,432

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)
1a Publicly-Traded Securities		P	12/31/2015	
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 104,750		104,828	-78	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				-78
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 -78
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 instructions) If (loss), enter -0- in Part I, line 8		{ }		3 0

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 the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	24,327	558,833	0.043532
2013	26,158	552,373	0.047356
2012	24,057	499,874	0.048126
2011	24,481	495,254	0.049431
2010	12,637	497,700	0.025391
2 Total of line 1, column (d)			2 0.213836
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 0.042767
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5			4 543,876
5 Multiply line 4 by line 3			5 23,260
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 54
7 Add lines 5 and 6			7 23,314
8 Enter qualifying distributions from Part XII, line 4 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			8 27,859

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	54	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0	
3	Add lines 1 and 2	3	54	
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	54	
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	891	
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	891	
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	0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	837	
11	Enter the amount of line 10 to be Credited to 2016 estimated tax 837 Refunded	11	0	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MD		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ None	13	X	
14	The books are in care of ▶ Kevin E Anders Telephone no ▶ (301) 582-2920 Located at ▶ 9735 Lock Tender Lane Williamsport MD ZIP+4 ▶ 21795			
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			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	
c	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____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 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 2015)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	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 4945(d)(4)(A)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If "Yes" to 6b, file Form 8870

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

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

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 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 209 W Irvin Avenue Hagerstown, MD 21742	Trustee 50	972		
Eleanor V Lakin 121 Lakin Avenue Boonsboro, MD 21713	Trustee 50	972		
Stuart L Mullendore 3 Maple Avenue Boonsboro, MD 21713	Trustee 50	972		

2 Compensation of five highest-paid employees (other than those included on line 1—see 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

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 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 ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
3 All other program-related investments. See instructions	

Total. Add lines 1 through 3 ▶ **0**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	463,973
b	Average of monthly cash balances	1b	88,185
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	552,158
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	
3	Subtract line 2 from line 1d	3	552,158
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	8,282
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	543,876
6	Minimum investment return. Enter 5% of line 5	6	27,194

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1	Minimum investment return from Part X, line 6	1	27,194
2a	Tax on investment income for 2015 from Part VI, line 5	2a	54
b	Income tax for 2015. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	54
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,140
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,140
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	27,140

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	27,859
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		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,859
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	54
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,805

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2013	(d) 2014
1 Distributable amount for 2015 from Part XI, line 7				27,140
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			27,110	
b Total for prior years. 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>27,859</u>				
a Applied to 2014, but not more than line 2a			27,110	
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)	749			
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	749			
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				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				27,140
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	749			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015	749			

Part XIV Private Operating Foundations (see 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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

None

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Stuart L Mullendore 952 Frederick Street Hagerstown, MD 21740 (301) 733-2000

- 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 IRC 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
a <i>Paid during the year</i>				
Maryland Theater Association Inc 21 South Potomac Street Hagerstown, MD 21740	N/A	NC	Backstage safety enhancement project	5,000
Washington County Museum of Fine Arts 401 Museum Avenue Hagerstown, MD 21740	N/A	NC	Replace 1994 roof	6,250
Discovery Station at Hagerstown Inc 101 West Washington Street Hagerstown, MD 21740	N/A	NC	Exhibit panels	880
Boonsboro Ambulance & Rescue Service 7619 Old National Pike Boonsboro, MD 21713	N/A	NC	ALS equipment upgrades	15,000
Total			▶ 3a	27,130
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Part I, Line 16b (990-PF) - Accounting Fees

		2,035	2,035	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Kevin E Anders	2,035	2,035		0

Part I, Line 16c (990-PF) - Other Professional Fees

		5,413	5,413	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	RBC Wealth Management	5,413	5,413		0

Part I, Line 18 (990-PF) - Taxes

		220	220	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Foreign withholdings	220	220		

Part I, Line 23 (990-PF) - Other Expenses

		1,070	1,070	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Insurance	1,070	1,070		

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

		45,057		34,803		48,417		33,887	
		Book Value	Book Value	Book Value	Book Value	FMV	FMV	FMV	FMV
		End of Year	End of Year	End of Year	End of Year	Beg. of Year	Beg. of Year	End of Year	End of Year
1	Deutsche Bank Cap FDG TR VIII	10,254	10,254			12,800			
2	Goldman Sachs Group Inc. Med - Term Notes	9,803	9,803	9,803	9,803	11,560		11,301	
3	Hartford Floating Rate Fund - CL 1	25,000	25,000	25,000	25,000	24,057		22,586	

Part XIII, Line 4c (990-PF) - Qualifying Distribution Made Out of Corpus

If the private foundation is electing to treat a qualifying distribution as made out of corpus, please provide an explanation

Election made to treat qualifying distributions for 2015 as made from corpus (reg sect 53 4942(a)-3(d)(2) \$749

2015

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:

2015

52-1238390

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	
EXHIBIT A	<i>Labeled Index Divider</i> "EXEMPTION"	
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.
EXHIBIT B	<i>Labeled Index Divider</i> "BUDGET"	
4	Budgets, Estimates, and Any Other Documentation Related to the Request	
EXHIBIT C	<i>Labeled Index Divider</i> "FUNDING"	
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
EXHIBIT D	<i>Labeled Index Divider</i> "FINANCIAL"	
6	Financial Information	Annual or most recent financial statements, current budget and any other statements prepared by internal or external sources.
EXHIBIT E	<i>Labeled Index Divider</i> "MANAGEMENT"	
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

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