

35 T. S.

Form 990-PF

Return of Private Foundation

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

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

<u> </u>

OMB No 1545-0052

			gov/Form990PFtor instru	uctions and the latest inf		Open to Public Inspection	
Fo	or cal	endar year 2017 or tax year beginning	06/	02 , 2017, and endi	ng	12/31, 20 17	
_		of foundation WILLIAM & ALICE CRO			A Employerident	tification number	
	-1352664						
47F112016 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see instr							
	PO	BOX 3215	7	17-672-2026			
		town, state or province, country, and ZIP or foreign pos	tal code				
					C If exemption appli pending, check he	cation is	
	LAN	CASTER, PA 17604-3215					
G	Che	ck all that apply X Initial return	Initial return	of a former public char	ity D 1 Foreign organia	rations, check here	
		Final return	Amended ret	turn		zations meeting the	
_		Address change	Name change			there and attach	
H	Che	ck type of organization X Section 501(c)(3) exempt private fo	oundation $\hat{\mathcal{D}}$	E If private foundati	on status was terminated	
1	<u> </u> s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri			(b)(1)(A), check here . >	
ı			unting method X Ca			s in a 60-month termination	
			ther (specify)		under section 507	(b)(1)(B), check here . >	
_			column (d) must be on ca	sh basis)		(d) Disbursements	
Li	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(2) 1101011111111111111111111111111111111	(b) Net investment	(c) Adjusted net	for charitable	
		may not necessarily equal the amounts in	expenses per books	income	ıncome	purposes (cash basis only)	
_		column (a) (see instructions))	060 200			(CBSIT DBSIS OTHY)	
	ן ו	Contributions, gifts, grants, etc., received (attach schedule) .	962,389.			<u> </u>	
	2	attach Sch B					
	3	Interest on savings and temporary cash investments.	17,598.	17,598.		STMT 1	
	4	Dividends and interest from securities	11,300.	17,350.		<u> </u>	
	5a					-	
a)	62	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	5,319		······································	1	
Ž	b	Gross sales price for all 262 607		d			
Revenue	7	Capital gain net income (from Part IV, line 2) .		5,319		1	
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold .				1	
	С	Gross profit or (loss) (attach schedule)	<u></u>				
	11	Other income (attach schedule)		12.		STMT 2	
_	12	Total Add lines 1 through 11	985,318.	22,929.			
ιn	13	Compensation of officers, directors, trustees, etc	5,104.	5,104.			
ses	14	Other employee salaries and wages			DEC	EIVED	
nec	15	Pension plans, employee benefits			T TEC	10	
and Administrative Expens	16a	Legal fees (attach schedule)			<u> </u>	1 4 2018 SO	
o V	b	Accounting fees (attach schedule) Other professional fees (attach schedule)			2 NOA :	l 4 2018 웃 	
ati	17	Interest					
istr	18	Taxes (attach schedule) (see instructions 3.	419.	419.	OGD	EN. UT	
Ē	19	Depreciation (attach schedule) and depletion.		***			
Ę	20	Occupancy					
ΥF	21	Travel, conferences, and meetings					
auc	22	Printing and publications					
9	23	Other expenses (attach schedule)					
atir	23 24 25	Total operating and administrative expenses					
Jeri		Add lines 13 through 23	5,523.	5,523.			
Ö	25	Contributions, gifts, grants paid			<u></u> .	 	
_	26	Total expenses and disbursements Add lines 24 and 25	5,523.	5,523.		<u> </u>	
	27	Subtract line 26 from line 12	- 050 505				
	d .	Excess of revenue over expenses and disbursements	979,795	10 400	·	 	
	j b	Net investment income (if negative, enter -0-)		17,406.			

c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2017)

Fo	rm 990	P-PF (2017)	82	-1352664	Page 2
	art l	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		f year
_	ent II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		77,473.	
	3				المراجعة العاملة مستحدث
ssets	1	Less allowance for doubtful accounts ▶			
	4	Pledges receivable -			
		Less allowance for doubtful accounts ▶		<u>.</u>	
	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			
155	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
Ì	11 ^C	Investments - corporate bonds (attach schedule)			
	l ' '	and equipment basis			
		Less accumulated depreciation (attach schedule)			·
	12	Investments - mortgage loans		000 070	010 010
	13 14	Investments - other (attach schedule) STMT .4 Land, buildings, and		900,978.	910,912
	'				
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the		000 451	222 225
_		Instructions Also, see page 1, item I)		978,451.	988,385
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ĕ.	19	Deferred revenue			
፭	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe >)			1
		T		NONE	
-	23	Total liabilities (add lines 17 through 22)		NONE	
S		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26, and lines 30 and 31.			ı
a	24	Unrestricted			
Ba	25	Temporarily restricted			
힑	26	Permanently restricted			
اق		Foundations that do not follow SFAS 117, check here			ı
히		and complete lines 27 through 31		070 451	
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds		978,451.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			,
As	29	Retained earnings, accumulated income, endowment, or other funds		050 451	;
e	30	Total net assets or fund balances (see instructions)		978,451.	,
낌	31	Total liabilities and net assets/fund balances (see		070 451	>
	~~4 III	Instructions)		978,451.	·····
		Analysis of Changes in Net Assets or Fund Balan		oust agree with	
ı		I net assets or fund balances at beginning of year - Part I			
_		of-year figure reported on prior year's return)			979,795.
		er amount from Part I, line 27a			
		er increases not included in line 2 (itemize)		f i	070 705
		lines 1, 2, and 3			979,795. 1,344.
		reases not included in line 2 (itemize) PBASIS ADJUST MUI		5	978 451

_			•
D-	a	•	

Par	t IV Capital Gains	and Losses for Tax on Inv	restment Income					
		example, real estate, 0 shs. MLC Co)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)			
1 a	PUBLICLY TRADED	SECURITIES						
b								
c								
d								
e			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	(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	262,697.		257,378.	5,319.				
<u>b</u>								
c				ļ <u>.</u>				
d			 					
<u> </u>		and an and an and	buths foundation on 12/21/60					
_	Complete only for assets sn	owing gain in column (h) and owned	1		Gains (Col. (h) ga (k), but not less ti			
	(i) FMV as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any			COI	Losses (from col	(h))		
a					5,319.			
b	·							
c								
<u>d</u>			<u> </u>					
e			Port line 7	 				
2	Capital gain net income	or (net capital loss) {	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		5,319.		
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)					
			nstructions. If (loss), enter -0- in }					
				3	N7 /	7		
Par			duced Tax on Net Investment In e section 4940(a) tax on net investr		N/	A		
Was			butable amount of any year in the b Oo not complete this part.	ase perio	d?	Yes No		
1			ar, see the instructions before making	ng any en	tries.			
	(a)	(b)	(c)		(d)			
Cele	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ration (col. (b) divided by			
	2016							
	2015							
	2014							
	2013							
	2012		<u> </u>					
				_				
2				2				
3			de the total on line 2 by 5 0, or by					
	the number of years the	foundation has been in existence	If less than 5 years	3				
4	Enter the net value of no	oncharitable-use assets for 2017 f	from Part X, line 5	4				
5	5 Multiply line 4 by line 3			5		_		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)	6				
7	Add lines 5 and 6			7				
8	Enter qualifying distributed in the second s	tions from Part XII, line 4 greater than line 7, check the bo	x in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate. See the		

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	<i>7</i> _	-	. 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		3	48.
	here and enter 1% of Part I, line 27b	7		.
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b) Tax under section 511 (demestic section 4947(a)(1) trusts and taxable foundations only others enter -0-) 2		N	ONE
2	Tax under Section 311 (domestic section 4347/a), trasts and taxable following only, others, clieb,			48.
3	Add lines I allo 2			ONE
4	Subtitle A (income) tax (domestic section 4347/a)(1) trasts and taxable roundations only, others, others,			48.
5	Tax based on investment income Subtract line 4 from line 3 if zero of less, enter -0			1
6	Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017 6a **			. [
a	Exempt foreign organizations - tax withheld at source	_		
b	Tax paid with application for extension of time to file (Form 8868) 6c 800 .			
C	Backup withholding erroneously withheld			1
d	Total credits and payments. Add lines 6a through 6d		8	00.
7 8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		4	52.
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 452. Refunded ▶ 11			-
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	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			لن
c	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			·
	(1) On the foundation ▶ \$			- 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		٠.	
	on foundation managers \$			پ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	if "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		- 17
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
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?	7	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		- ^	
8 a	Enter the states to which the foundation reports or with which it is registered. See instructions PA			
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	8b	Х	
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
		اما		X
	complete Part XIV	9		
10		9	Х	- : -

Pai	T VIFA Statements Regarding Activities (continued)	1	V	l at:
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	l		١.
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	-	<u> </u>
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?	13	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► FULTON BANK, N.A. Telephone no ► (717) 672	-202	6	
	Located at ► ONE PENN SQUARE, LANCASTER, PA ZIP+4 ► 17602			1 1
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •	•	لـــا
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		162	.
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			: [
Par	the foreign country ► t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 4		- 1
r au	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
1.	·	<u>'</u>		1
14	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? Yes X No	}		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ŀ		
	disqualified person?	Ī		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			١, ا
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Į.		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ľ		
	the benefit or use of a disqualified person)?	ŀ		
	(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	ŀ		ľ
	termination of government service, if terminating within 90 days)			
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	1b_		X
	Organizations relying on a current notice regarding disaster assistance, check here	ŀ		٠. 🗢
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u> </u>		1
	were not corrected before the first day of the tax year beginning in 2017?	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))	[, ,		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?	i -	•	
	If "Yes," list the years	: !-		. 1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	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_		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	· · · · · · · · · · · · · · · · · · ·	ii		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	i.		
		!	· .	1
b	If "Yes," did it have excess business holdings in 2017 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	ļ.		' ¶
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b		
4.	foundation had excess business holdings in 2017.)	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		
О	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
			0-PF	_

JSA

NONE Form **990-PF** (2017)

NONE

NONE

NONE

NONE

9

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, en	
(a) Name and address of each person paid more than \$50,000 (b) Type of servi	ce (c) Compensation
VOUR	NONE
NONE	NONE
Total number of others receiving over \$50,000 for professional services	▶ NONE
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of Expenses
1NONE	
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 NONE	
2	
2	
	 -
All other program-related investments. See instructions	
3NONE	
V 1 0 2 1 M	
Total. Add lines 1 through 3	>
	Form 990-PF (2017

Pa	rt X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fou	ndations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	pur	poses.		
a		erage monthly fair market value of securities	1a	702,618.
Ь	Ave	grage of monthly cash balances	1b	188,637.
¢		market value of all other assets (see instructions), , , , , , , , , , , , , , , , , , ,		NONE
d	Tota	al (add lines 1a, b, and c)	1d	891,255.
6		luction claimed for blockage or other factors reported on lines 1a and		
	1c ((attach detailed explanation)		
2		uisition indebtedness applicable to line 1 assets	2	NONE
3		stract line 2 from line 1d	3	891,255.
4		h deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınst	ructions)	4	13,369.
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	877,886.
6	Min	imum investment return. Enter 5% of line 5	6	25,615.
Pai	rt XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Mın	imum investment return from Part X, line 6	1	25,615.
2 a		on investment income for 2017 from Part VI, line 5 2a 348.		<u></u>
b		ome tax for 2017 (This does not include the tax from Part VI) 2b	1	
c		l lines 2a and 2b	2c	348.
3		ributable amount before adjustments. Subtract line 2c from line 1	3	25,267.
4		overies of amounts treated as qualifying distributions	4	NONE
5		l lines 3 and 4	5	25,267.
6		uction from distributable amount (see instructions)	6	NONE
7		ributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
		1	7	25,267.
Par		Qualifying Distributions (see instructions)		
1	Amo	punts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Exp	enses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Prog	gram-related investments - total from Part IX-B	1b	
2	Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	ooses	2	NONE
3	Amo	ounts set aside for specific charitable projects that satisfy the:		
a	Suit	ability test (prior IRS approval required)	3a	NONE
b	Cast	h distribution test (attach the required schedule)	3b	NONE
4	Qual	lifying distributions. Add lines 1a through 3b, Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5	Four	ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
		er 1% of Part I, line 27b. See instructions	5	
6	Adju	usted qualifying distributions. Subtract line 5 from line 4	6	NONE
		e: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating	
		qualifies for the section 4940(e) reduction of tax in those years.	_	

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Pa	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				25,267.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only,			NONE NONE	
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2017				1
а	From 2012 NONE				
b	From 2013 NONE	, w ₁		.	i i
c	From 2014 NONE		,		
d	From 2015				,
_	From 2016 NONE				,
	Total of lines 3a through e	NONE			··
4	Qualifying distributions for 2017 from Part XII,				,
	line 4 ▶ \$ NONE			NONE	
а	Applied to 2016, but not more than line 2a			NONE	1
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		INQINE		
С	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NONE	·		NONE
	Applied to 2017 distributable amount	NONE			1,01,2
	Excess distributions carryover applied to 2017	NONE			NONE
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).) Enter the net total of each column as				
О	indicated below:				j
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			(
ь	Prior years' undistributed income Subtract				
_	line 4b from line 2b		NONE		
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)		17017		j
	tax has been previously assessed		NONE		<u> </u>
d	Subtract line 6c from line 6b Taxable		NONE		ì
	amount - see instructions		NONE		<u> </u>
е	Undistributed income for 2016 Subtract line 4a from line 2a. Taxable amount - see			NONE	
	instructions			NOME	
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018				25,267.
_	ſ				
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)	NONE	<u>.</u>		
8	Excess distributions carryover from 2012 not				
•	applied on line 5 or line 7 (see instructions)	NONE NONE			
9	Excess distributions carryover to 2018.				ļ
	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9				
а	Excess from 2013 NONE				
	Excess from 2014 NONE				,
	Lxcess from 2015 NONE		· '	*	
	Excess from 2016 NONE				;
е	Excess from 2017 NONE			<u></u>	5 000 DE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Page **11**

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment					
Recipient	If recipient is an individual	Foundation	Purpose of grant or	A				
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	OT GESSIANIST SERVINGS							
		ĺ						
		Í						
			1	1				
		}						
	j							
	<u> </u>	<u> </u>						
Total	<u> </u>		▶ 3a					
b Approved for future payment								
		,						
	J	j						
Total			▶ 3b					

Part XVI-A Analysis of Income-Produ	ucing Acti	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(Occ manachons.)
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments •					
4 Dividends and interest from securities			14	17,598.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate					!
a Debt-financed property				——————————————————————————————————————	
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			+	5 310	
8 Gain or (loss) from sales of assets other than inventory			18	5,319.	
9 Net income or (loss) from special events · · ·			-		
10 Gross profit or (loss) from sales of inventory	-				
11 Other revenue a			111	12	
ь <u>REFUNDED MUTUAL</u> FD			14	12.	
c			-		
d					
e		-	-	22,929.	
13 Total Add line 12, columns (b), (d), and (e)					22,929.
(See worksheet in line 13 instructions to verify calcu	ilations)		· • · · · · · ·		22,323.
Part XVI-B Relationship of Activities		complishment of E	xempt Purp	oses	
Explain below how each activity accomplishment of the foundation					
		NOT APPLICABL	Æ		

Form 990)-PF (2	017)				82-1352664			Pa	ge 1
Part >	(VII	Information R Exempt Orga	Regarding Tra	ansfers to and Transact	ions and	l Relationship	s With Nonc	harit	able	:
in Oi	sec rganiz	ion 501(c) (other ations?	than section	engage in any of the followi 501(c)(3) organizations) o a noncharitable exempt orga	r in sectio	on 527, relating			Yes	No
			_					1a(1)		X
										Х
		ransactions.								
(1) Sal	es of assets to a non	charitable exem	pt organization				16(1)		X
				le exempt organization						X
				assets						X
										X
										X
				or fundraising solicitations						X
				s, other assets, or paid emplo s," complete the following s					air r	
va	alue c	f the goods, other	assets, or servi	ces given by the reporting fement, show in column (d)	oundation.	If the foundation	received less	than f	fair m	narke
(a) Line	no	(b) Amount involved	(c) Name of n	oncharitable exempt organization	(d) Desc	cription of transfers, tra	ansactions, and shar	ıng arrai	ngeme	nts
		· · · · · · · · · · · · · · · · · · ·		···	_					
					 					
	-	**			 -		 -			
		······································			 					
					 					
					<u> </u>					
					 	<u> </u>				
					 					
					-					
			·		 -					
de	escrib		(other than sec	iliated with, or related to, o tion 501(c)(3)) or in section !				Ye	s 🔼	
		(a) Name of organization	n	(b) Type of organization		(c) Des	scription of relations	hip		
		····								
						·	·			
	_					· -				
				ed this return, including accompanying			best of my knowledge	e and be	alief, it	ıs trui
Sign	correct	and complete Declaration of	preparer (other than ta	xpayer) is based on all information of which	preparer has a	ny knowleage	May the IRS	dicarea	• • • • •	****
-		Welly 8.	Rim	10/30/2018	TAX	FFICER	May the IRS with the pre			return (below
Here	Sign	ature of officer or trustee		Date	Title		See instructions	s	Yes	N
		Print/Type preparer's nar	me	Preparer's signature		Date	Check If P	TIN		_
Paid				1		1	a alf a malayard			

Form 990-PF (2017)

Firm's EIN

Phone no

Preparer

Firm's name

Use Only Firm's address >

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

WILLIAM & ALICE CROUS	E CHARITABLE TR .	82-1352664			
Organization type (check one).					
Filers of:	Section.				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
Check if your organization is cover	red by the General Rule or a Special Rule.				
Note: Only a section 501(c)(7), (8 instructions	3), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

JSA

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of orga	anız	ation			-		
WILLIAM	&	ALICE	CROUSE	CHARITABLE	TR		

Employer identification number 82-1352664

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed						
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	ALICE M CROUSE IRREV TRUST ONE PENN SQUARE LANCASTER, PA 17602	\$\$ 462,389	Person X Payroll X Noncash X (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	WILLIAM E CROUSE IRREV TRUST ONE PENN SQUARE LANCASTER, PA 17602	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

82-1352664

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

rart II	Noncash Property (see instructions). Use duplicate copies of F	rart if it additional space is nee	:ueu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	3,919.321 SHS DBLTX, 8,266.359 SHS PTTRX 15,430.475 SHS FTRBX, 2,008.769 SHS PFORX 2,154.083 SHS GSZIX, 5,164.837 SHS PIMIX 4,833.298 SHS LLDYX	\$\$	06/02/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

HEA146 L706 10/30/2018 14:14:54

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STATEMENT

(7

STATEMENT

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

REFUNDED MUTUAL FD FEES

TOTALS

12.

47F112016

FORM 990PF, PART I - TAXES

WILLIAM & ALICE CROUSE CHARITABLE TR

	NET	INVESTMENT	INCOME	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1

FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

DESCRIPTION

412. 7. 419.

412. 7.

419.

TOTALS

STATEMENT

STATEMENT

	ENDING ENDING BOOK VALUE FMV			
STMENTS	COST/ FMV C OR F	1 1 1 1	ŭ	TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION		MUTUAL FUNDS - SEE ATTACHED	

82-1352664

WILLIAM & ALICE CROUSE CHARITABLE TR

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

ALICE M CROUSE IRREV TRUST ONE PENN SQUARE LANCASTER, PA 17602

WILLIAM E CROUSE IRREV TRUST ONE PENN SQUARE LANCASTER, PA 17602

AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

	=======================================	===========	============
AVERAGE FMV	702,618.	188,637.	
	==========	=========	===========
TOTAL	4,918,328.	1,320,460.	
DECEMBER	910,912.	77,473.	
NOVEMBER	920,161.	57,497.	
OCTOBER	913,426.	54,953.	
SEPTEMBER	905,771.	54,933.	
AUGUST	424,605.	525,602.	
JULY	422,200.	525,333.	
JUNE	421,253.	24,669.	
		0.4.660	
MONTH	SECURITIES	CASH BALANCES	OTHER ASSETS
	LINE la-FMV	LINE 1b-FMV	LINE 1c-FMV