EXTENSION GRANTED TO 5/15/2020

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

Form 990-PF (201

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information Department of the Treasury

		elide Selvice	1 " 06/2	0/10			<u>L::</u>
		dar year 2018 or tax year beginning $01/21/19$,	and ending 06/3	0/19	A Emple	oyer identification number	***************************************
N	ame of fou	indation			A Limpi	byer identification number	
Ţ	JTCU	CHARITABLE TRUST			83.	-3271708	
_		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		none number (see instruction	s)
		WILLIAM PENN WAY				7-293-4443	
		, state or province, country, and ZIP or foreign postal code			C If exer	mption application is pending.	check here
1	ANC	ASTER PA 17601-6	5713		C II exe	inplication is pending.	Cleck liefe - [
G	Check a	all that apply $oxed{X}$ Initial return $oxed{\Box}$ Initial retu	rn of a former public cl	narity	D 1 Fo	reign organizations, check he	ere 🕨 🔛
		Final return Amended	return		2 Fo	reign organizations meeting t	the
		Address change Name cha	inge	ì	85	% test, check here and attack	n computation
Н	Check t	ype of organization X Section 501(c)(3) exempt private	e foundation	{	E If priva	ate foundation status was terr	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	le private foundation		section	n 507(b)(1)(A), check here	▶ ∐
I F	air mar	ket value of all assets at J Accounting method	X Cash Acc	rual	F If the f	oundation is in a 60-month te	ermination
e	end of ye	ear (from Part II, col (c),	_		under	section 507(b)(1)(B), check h	nere 🕨 📘
l	ne 16) l	▶ \$ 1,000 (Part I, column (d) must	be on cash basis)			,- -	
P	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	restment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes (cash basis only)
	1	Contributions, giffs, grants, etc , received (attach schedule)	1,000				(Cash Dasis Only)
X	2	Check ► X if the foundation is not required to attach Sch B					
7	3	Interest on savings and temporary cash investments					
7	4	Dividends and interest from securities					
X1707	5a	Gross rents					
	b	Net rental income or (loss)	PMA			·····	
Ž,	6a	Net gain or (loss) from sale of assets not on line 10	RECEIVE	n			
AUb 7.4 Revenue	b	Gross sales price for all assets on line 6a		<u></u>			
_ 	7	Capital gain net income (from Part IV, line 2)	1115 6 5 25	S	0		
	8	Net short-term capital gain		Q Q		0	
H	9	Income modifications	homeonic	Š.			
Ž	10a	Gross sales less returns and allowances	OGDEN	TT			
CANNED	b	Less Cost of goods sold		AT THE WAY			
3	С	Gross profit or (loss) (attach schedule)					
ゟ	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,000		0	0	
S	13	Compensation of officers, directors, trustees, etc	0				
enses	14	Other employee salaries and wages				<u></u>	
	15	Pension plans, employee benefits	······································				
X	16a	Legal fees (attach schedule)					
ē	þ	Accounting fees (attach schedule)					
aţį	C 47	Other professional fees (attach schedule)					
štr	17	Interest Tayon (attach schodule) (see instructions)					
iz.	18	Taxes (attach schedule) (see instructions)				<u></u>	
Ξ	19 20	Depreciation (attach schedule) and depletion Occupancy			-		
Ac	20	Travel, conferences, and meetings					
Operating and Administrative Exp	21	Printing and publications					
<u>a</u>	22	Other expenses (att sch)					
Ë.	24	Total operating and administrative expenses.					
rat	~~	Add lines 13 through 23	o		0	0	0
De	. 25	Contributions, gifts, grants paid	0				0
0	26	Total expenses and disbursements. Add lines 24 and 25	0		0	0	
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	1,000				
	b	Net investment income (if negative, enter -0-)			0		
	c_	Adjusted net income (if negative, enter -0-)				0	

	David II	Ralance Sheets Attached schedules and amounts in the description column	nn	Beginning of year	End o	f year
	Part I	Balance Sheets Attached schedules and amounts in the description colum 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			1,000	1,000
	2	Savings and temporary cash investments				
	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 (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
٩S٤	10a	Investments – U.S. and state government obligations (attach schedule)				
`	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)		***		
	l	Investments – land, buildings, and equipment basis	-			······································
	''	Less accumulated depreciation (attach sch.)	İ	ĺ		
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
		Land, buildings, and equipment basis				······································
		Less accumulated depreciation (attach sch)		İ	ĺ	
	l	Other assets (describe	١			······································
		Total assets (to be completed by all filers – see the	,			·
i	'	instructions. Also, see page 1, item I)		o	1,000	1,000
	17	Accounts payable and accrued expenses				
	1	Grants payable				
es		Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ab.	21	Mortgages and other notes payable (attach schedule)			•	
Ĕ	22	Other liabilities (describe)			
		Total liabilities (add lines 17 through 22)	,	0	0	
-		Foundations that follow SFAS 117, check here	P			
es		and complete lines 24 through 26, and lines 30 and 31.	اسا			
Ce	24	Unrestricted				
lar	25	Temporarily restricted				
Ba	26	Permanently restricted				
pu	20	Foundations that do not follow SFAS 117, check here	► X			
Fu		and complete lines 27 through 31.	, (==)			
Assets or Fund Balanc	27	Capital stock, trust principal, or current funds			1,000	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
SS	2ka	Retained earnings, accumulated income, endowment, or other funds				
₹,	1435	Total net assets or fund balances (see instructions)		0	1,000	
S	กัน	Total liabilities and net assets/fund balances (see				
£	USU	Instructions)		o	1,000	
_	Part II		ces			***************
_		net assets or fund balances at beginning of year – Part II, column (a), lin		st agree with		
·		f-year figure reported on prior year's return)		9	1	0
2		amount from Part I, line 27a			2	1,000
		increases not included in line 2 (itemize) ▶			3	
		nes 1, 2, and 3			4	1,000
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II,	column (b), line 30	6	1,000
_	·					Form 990-PF (2018)

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
	the kind(s) of property sold (for example, real estate arehouse, or common stock, 200 shs MLC Co)),	(b) How acquired P – Purchase D – Donation	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo , day, yr)	
1a N/A						
b						
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) plus (f) minus (g))	
a	 					
b						
С		<u>.</u>				
d		<u> </u>				
e		<u> </u>				
Complete only for assets showing	g gain in column (h) and owned by the	foundation on 12/31/6	59		(Col (h) gain minus	
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ut not less than -0-) or es (from col (h))	
_a	<u></u>					
b				-		
С						
d						
e						
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in			2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (<u> </u>				
If gain, also enter in Part I, line 8,	column (c) See instructions If (loss),	enter -0- ın				
Part I, line 8				3		
	nder Section 4940(e) for Redu			ome		
(For optional use by domestic private	foundations subject to the section 494	0(a) tax on net investi	ment income)			
If section 4940(d)(2) applies, leave th	is part blank				N/A	
Man the foundation liable for the cost	tion 4942 tax on the distributable amou	nt of any year in the h	ann pariod?		Yes No	
	y under section 4940(e). Do not comple		ase periou?		res No	
	<u> </u>	•				
1 Enter the appropriate amount in (a)	each column for each year, see the inst	ructions before makir			(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use asse	its (col	Distribution ratio (b) divided by col (c))	
2017	, , , , , , , , , , , , , , , , , , , ,			- (66)	(b) divided by cor (c))	
2016						
2015				-		
2014						
2013						
2010	<u> </u>					
2 Total of line 1, column (d)				2		
	5-year base period – divide the total on	line 2 by 5 0, or by				
_	on has been in existence if less than 5			3		
		,				
4 Enter the net value of noncharital	ble-use assets for 2018 from Part X, lin	e 5		4		
	,					
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		
8 Enter qualifying distributions from						
	n Part XII, line 4			8		
If line 8 is equal to or greater that	n Part XII, line 4 n line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax			

names and addresses

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_Pa	art VII-A Statements Regarding Activities (continued)			······		
					Yes	No
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 applications and exemption applications are supplied to the foundation comply with the public inspection requirements for its annual returns and exemption applied to the foundation comply with the public inspection requirements for its annual returns and exemption applied to the foundation comply with the public inspection requirements for its annual returns and exemption applied to the foundation comply with the public inspection requirements for its annual returns and exemption applied to the foundation comply with the public inspection requirements for its annual returns and exemption applied to the foundation of the f	cation?		13_	X	
	Website address ► N/A					_
14		phone no 🕨	717-2	93-	444	3
	1861 WILLIAM PENN WAY					
	Located at ► LANCASTER PA	ZIP+4 ▶	17601	•		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	. 1	ı			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year	_	15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	!			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					ĺ
	the foreign country ▶					<u> </u>
Pa	art 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)	<u> </u>	₩			
	(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	п.,	₩			İ
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			ĺ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	□ v ₂₂	X No			
	the benefit or use of a disqualified person)?	Yes	X 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	Yes	X No			
h.	termination of government service, if terminating within 90 days.)	لسسا	22 110			ĺ
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regul section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	ations	N/A	1b		İ
	Organizations relying on a current notice regarding disaster assistance, check here		▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
C	were not corrected before the first day of the tax year beginning in 2018?		N/A	1c		ĺ
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))					İ
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2018?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		_			ĺ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					ĺ
	(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)		N/A	2b		Ĺ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					ĺ
	▶ 20 , 20 , 20 , 20					ĺ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2018 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	f				
	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 2018)		N/A	3b		-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize					•
	charitable purpose that had not been removed from jeonardy before the first day of the tay year beginning in	20187		l 4b	1	X

P	art VII-B Statements Regarding Activities for W	hich Form 4720 May	Be Required (c	<u>ontınu </u>	ed)	·	, -	
5a	During the year did the foundation pay or incur any amount to		_	_		ļ	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legisl	ation (section 4945(e))?		Yes	X No			
	(2) Influence the outcome of any specific public election (see sec	ction 4955), or to carry on,	_					
	directly or indirectly, any voter registration drive?			Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other simi	ar purposes?		Yes	X No			
	(4) Provide a grant to an organization other than a charitable, etc.	, organization described in	_	_	_			
	section 4945(d)(4)(A)? See instructions			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scien	tific, literary, or educational	_	_				
	purposes, or for the prevention of cruelty to children or anima	ls?		Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail	I to qualify under the except	ions described in					
	Regulations section 53 4945 or in a current notice regarding disas	ster assistance? See instruc	ctions		N/A	5b		
	Organizations relying on a current notice regarding disaster assis	tance, check here			▶ 📗			
С	If the answer is "Yes" to question 5a(4), does the foundation claim	n exemption from the tax		_				
	because it maintained expenditure responsibility for the grant?		N/A	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	X No			
b	Did the foundation, during the year, pay premiums, directly or ind	rectly, on a personal benefi	t contract?			6b		X
	If "Yes" to 6b, file Form 8870		_	7				
7a			_	_ Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have any net		ransaction?		N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) or	more than \$1,000,000 in	Г	7	₹			
	remuneration or excess parachute payment(s) during the year?			Yes	X No	<u> </u>	L	
Pa	art VIII Information About Officers, Directors, T	rustees, Foundation	Managers, Higi	nly Pai	d Employ	ees,		
	and Contractors							
	lict all officers, directors, trustons, and foundation managers :	and their companeation S	aa instructions					
1 !	List all officers, directors, trustees, and foundation managers a	ind their compensation. o	Total deliging.			1		
1 1		(b) Title, and a	verage (c) Compensati		Contributions to molovee benefit	(e) E)	oense ac	count.
1 1	(a) Name and address		verage (c) Compensati eek (If not paid,	e pla	mployee benefit ans and deferred		opense ac er allowar	
	(a) Name and address	(b) Title, and a hours per w devoted to p	verage (c) Compensati eek (If not paid,	e pla	mployee benefit			
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to po	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s	(a) Name and address	(b) Title, and a hours per w devoted to po	verage (c) Compensati eek (If not paid,	e pla	mployee benefit ans and deferred compensation			
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to po	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to po	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to po	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to portable. TRUSTEE 0.00	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to portable. TRUSTEE 0.00	verage (c) Compensati eek (If not paid,	pla	mployee benefit ans and deferred compensation	oth		
s 16	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67:	(b) Title, and a hours per w devoted to possible. TRUSTEE 0.00	verage (c) Compensative (if not paid, enter -0-)	O O	mployee benefit ans and deferred compensation	oth		
s 16	(a) Name and address DALE HIGH LANCASTER	(b) Title, and a hours per w devoted to possible. TRUSTEE 0.00	verage (c) Compensative (if not paid, enter -0-)	O O	mployee benefit ans and deferred compensation	oth		
s 16	(a) Name and address DALE HIGH LANCASTER 861 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the	(b) Title, and a hours per w devoted to put the second sec	verage (c) Compensate (If not paid, enter -0-)	o o	mployee benefit ans and deferred compensation	oth		
s 16	(a) Name and address DALE HIGH LANCASTER 861 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the	(b) Title, and a hours per w devoted to possible. TRUSTEE 0.00	verage (c) Compensate (If not paid, enter -0-) ee instructions) If	o o o o o o o o o o o o o o o o o o o	mployee benefit ans and deferred compensation nter Contributions to mployee benefit	(e) E	er allowar	occount,
s 16	(a) Name and address DALE HIGH LANCASTER 361 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	TRUSTEE O . 00 Ose included on line 1 – se	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation nter Contributions to	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER 361 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	occount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	occount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	occount,
s 18	(a) Name and address DALE HIGH LANCASTER B61 WILLIAM PENN WAY PA 17601-67: Compensation of five highest-paid employees (other than the "NONE."	(b) Title, and a hours per w devoted to pose. TRUSTEE 0.00 Ose included on line 1 – see hours per w hours per w hours per w	verage eek (c) Compensate (If not paid, enter -0-) ee instructions) If verage eek (c) Compensate	O O O O O O O O O O O O O O O O O O O	mployee benefit ans and deferred compensation Ther Contributions to mployee benefit ans and deferred	(e) E	er allowar	ccount,

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	lation Managers, Highly Paid Emp	loyees,
3 Five highest-paid independent contractors for professional services. See instru	uctions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		_
		<u> </u>
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 s	such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A		
2		
		· · · · · · · · · · · · · · · · · · ·
3	:	
A	· · · · · · · · · · · · · · · · · · ·	· ·
Part IX-B Summary of Program-Related Investments (see instru	ctions)	
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 '		
-		
All other program-related investments. See instructions		
3		
Fotal. Add lines 1 through 3	>	

P	art X Minimum Investment Return (All domestic foundations must complete this part Forei	gn foun	dations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		_
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	846
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	846
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	1	_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	846
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	13
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	833
6	Minimum investment return. Enter 5% of line 5	6	18
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	j founda	ations
	and certain foreign organizations, check here ▶ and do not complete this part)	,	
1	Minimum investment return from Part X, line 6	1	18
2a	Tax on investment income for 2018 from Part VI, line 5]	
b	Income tax for 2018 (This does not include the tax from Part VI)]	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	18
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	18
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	18
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	0
a 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.	- 12 	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
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	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	iation	
	qualifies for the section 4940(e) reduction of tax in those years		

P	art XIII Undistributed Incom	<u>e (see instructions</u>	}	ү -		,
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part	XI,	Corpus	Years prior to 2017	2017	2018
	line 7					18
2	Undistributed income, if any, as of the e	nd of 2018				
а	•					
b	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to	2018				
а	From 2013					
b	From 2014					
C	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
4	Qualifying distributions for 2018 from Pa	art XII,				
	line 4 ▶ \$					
а	Applied to 2017, but not more than line	2a				
b	Applied to undistributed income of prior	years			}	
	(Election required – see instructions)					
С	Treated as distributions out of corpus (E	Election				
	required – see instructions)					
d	Applied to 2018 distributable amount					<u></u>
е	Remaining amount distributed out of cor	rpus				
5	Excess distributions carryover applied to	2018				
	(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 Subtra	ict line 5				
b	Prior years' undistributed income Subtra	act				
	line 4b from line 2b				<u> </u>	
C	Enter the amount of prior years' undistril	buted				
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 49-	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2017 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2018 Subtract	lines				
	4d and 5 from line 1 This amount must	be				
	distributed in 2019					18
7	Amounts treated as distributions out of o					
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (Election may	be be				
	required—see instructions)					
8	Excess distributions carryover from 2013					
	applied on line 5 or line 7 (see instruction	•				
9	Excess distributions carryover to 201	9.				
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9	1				
а	Excess from 2014					
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					
е	Excess from 2018				1	

83-3271708

Form 990-PF (2018) HIGH CHARITABLE TRUST

Part XV Supplementary Information (Co. 3 Grants and Contributions Paid During	ontinued)			
3 Grants and Contributions Paid During		Future Payment	· · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
N/A				
		,		
]	
				
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	
b Approved for future payment				
N/A				
] 1	
] [
Total	1		▶ 3b	

Part XVI-A Enter gross amo	Analysis of Income-Producing A unts unless otherwise indicated		business income	Excluded	by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
 Program ser 	vice revenue		 	4 +		(000 motradion)
				 		
b		-		1		
				+++++		·
				_		
		_				
f		_				
•	d contracts from government agencies		-			
	dues and assessments			+		
	avings and temporary cash investments			-	<u>-</u>	
	d interest from securities			-		
	come or (loss) from real estate			- 		
	anced property	<u> </u>				<u> </u>
	-financed property	-	· -	 		
	come or (loss) from personal property	ļ		 		·
7 Other investr				 		
) from sales of assets other than inventory			 		
	or (loss) from special events			 		
	or (loss) from sales of inventory			 		
	e a	-	 			
			<u> </u>			
				+ +		
a		_		-		
				i i	1	
e	d columns (b) (d) and (s)	-				
12 Subtotal Add	d columns (b), (d), and (e)			0	0	0
12 Subtotal Add	ne 12, columns (b), (d), and (e)			0	0	
12 Subtotal Add 13 Total Add Iir (See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations)				13	
12 Subtotal Add	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
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12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
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12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
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12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
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12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0
12 Subtotal Add 13 Total Add In (See worksheet I Part XVI-B Line No	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which incom	Accomplishment is reported in col	nt of Exempt F	Purposes	13s	0

Part 2	XVII	Information Reg Organizations	jarding Ti	ransfers To an	d Transactio	ons and Relationsh	nips With Noncharital	ole Ex		:
1 Dic	the oras		directly enga	ige in any of the fo	llowing with any	other organization descr	nhed		Yes	No
	-	01(c) (other than sec		-		=	ibed		103	
	ganization		1011 301(0)(3	o organizations) or	in section 527, i	elating to political				
_										
	_	om the reporting foun	dation to a n	oncharitable exem	ipt organization o	T				v
	Cash							1a(1)		<u>X</u>
	Other a							1a(2)		<u>X</u>
b Oth	her transa	actions								
		f assets to a noncharr		•				1b(1)		<u>X</u>
(2)	Purchas	ses of assets from a n	oncharitable	exempt organizat	ion			1b(2)		<u>X</u>
(3)	Rental	of facilities, equipment	t, or other as	sets				1b(3)		<u>X</u>
(4)	Reimbu	rsement arrangement	S					1b(4)		<u>X</u>
(5)	Loans o	r loan guarantees						1b(5)		<u>X</u>
(6)	Perform	ance of services or m	embership o	or fundraising solic	itations			1b(6)		X
c Sha	aring of fa	acilities, equipment, m	nailing lists, d	other assets, or pa	id employees			1c		X
d If th	he answe	r to any of the above	ıs "Yes," con	nplete the following	schedule Colu	mn (b) should always sh	now the fair market		•	
						the foundation received				
		-	_	•	_	the goods, other assets				
(a) Lır		(b) Amount involved		ne of noncharitable exem		T	transfers, transactions, and sharing a	rrangeme	nts	
N/A		<u></u>								
-			<u> </u>	·					_	
		_			-					
			· · · -							
			 							
			 							
			ļ				·			
			ļ							
			<u> </u>			<u> </u>				
			·							
des	scribed in Yes," con	section 501(c) (other	than section	n 501(c)(3)) or in se	ection 527?	-exempt organizations		☐ Y€	es X	No
NT / 2	<u>_</u>) Name of organization		(b) Type of o	organization		(c) Description of relationship			
N/2	<u></u>			 		<u> </u>				
			 _			<u> </u>				
		 		-						
1	11-			<u> </u>		<u> </u>		<u> </u>		
Sign Here						edules and statements, and to which preparer has any knowle	the best of my knowledge and believedge May the IRS dissipation with the prepare See instructions TRUSTEE	cuss this re	eturn	No
	Signa	ture of officer or trustee		· W	Date	Tı	itle			
	Print/Ty	pe preparer's name		 	Preparer's signatu	re	Date		Check self-emp	ıf
Paid	ROBER	RT J. BERTZ,	CPA		ROBERT J.	BERTZ, CPA	JAN 27	2020		-
reparer	Firm's n	DEDE		S & CO.,	LLP	· · · · · · · · · · · · · · · · · · ·	PTIN PO	0490	920	
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