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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	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	2,012	30,430	30,430		
	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 (attach schedule) ▶ _____ 14,426 Less allowance for doubtful accounts ▶ _____ 0	26,293	14,426	14,426		
	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)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ 506,817 Less accumulated depreciation (attach schedule) ▶ _____ 63,937	237,380	442,880	440,246		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ 13,941 Less accumulated depreciation (attach schedule) ▶ _____ 13,941					
15	Other assets (describe ▶ _____)	1,045	1,045	1,045			
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	266,730	488,781	486,147			
Liabilities	17	Accounts payable and accrued expenses	2,948	2,948			
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons		3,829			
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	2,948	6,777			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	263,782	482,004			
	30	Total net assets or fund balances (see instructions)	263,782	482,004			
31	Total liabilities and net assets/fund balances (see instructions) .	266,730	488,781				

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	263,782
2	Enter amount from Part I, line 27a	2	220,010
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	483,792
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,788
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	482,004

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			

(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			
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) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
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	
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	

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 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))
2015	39,971	272,901	0 146467
2014	16,725	95,931	0 174344
2013	23,926	105,354	0 227101
2012	39,890	121,844	0 327386
2011	41,580	153,663	0 270592
2 Total of line 1, column (d)			2 1 145890
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 229178
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 262,457
5 Multiply line 4 by line 3			5 60,149
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 47
7 Add lines 5 and 6			7 60,196
8 Enter qualifying distributions from Part XII, line 4			8 27,683

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

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 type="checkbox"/> and enter 1% of Part I, line 27b	1	94
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	94
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	94
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
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	0
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	94
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
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>	2	No
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>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
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>	5	No
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?	6	No
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>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ SC _____		
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? <i>If "No," attach explanation</i>	8b	No
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► CURTIS M LOFTIS JR Telephone no ► (803) 851-3844			

Located at **►** 133 STATE STREET WEST COLUMBIA SC ZIP+4 **►** 29171

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2016, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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)? <input type="checkbox"/> 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 2016? <input type="checkbox"/>	1c		No
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <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). <input type="checkbox"/>	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 2016 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 2016). <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

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 <ul style="list-style-type: none"> (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	Yes	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CURTIS LOFTIS JR 133 STATE STREET WEST COLUMBIA, SC 29169	TRUSTEE 8 00	0	0	0
CURTIS LOFTIS SR 133 STATE STREET WEST COLUMBIA, SC 29169	TRUSTEE 0 25	0	0	0
STEVEN P LEIDINGER 133 STATE STREET WEST COLUMBIA, SC 29169	TRUSTEE 0 25	0	0	0
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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ▶				0

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.		0

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		
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		
2		
All other program-related investments. See instructions.		
3		
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	0
b	Average of monthly cash balances.	1b	7,731
c	Fair market value of all other assets (see instructions).	1c	258,723
d	Total (add lines 1a, b, and c).	1d	266,454
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	266,454
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	3,997
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	262,457
6	Minimum investment return. Enter 5% of line 5.	6	13,123

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	13,123
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	94
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	94
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	13,029
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	13,029
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	13,029

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	27,683
b	Program-related investments—total from Part IX-B.	1b	0
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	27,683
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	27,683

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				13,029
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	33,959			
b From 2012.	33,888			
c From 2013.	18,700			
d From 2014.	11,965			
e From 2015.	26,333			
f Total of lines 3a through e.	124,845			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 27,683				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2016 distributable amount.				13,029
e Remaining amount distributed out of corpus	14,654			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	139,499			
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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
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).	0			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	33,959			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	105,540			
10 Analysis of line 9				
a Excess from 2012.	33,888			
b Excess from 2013.	18,700			
c Excess from 2014.	11,965			
d Excess from 2015.	26,333			
e Excess from 2016.	14,654			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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))
CURTIS LOFTIS JR

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

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 email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	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> SALUDA TERNOPIL - UKRAINE MAZEPY STR 3155 TERNOPIL 46009 UP	NONE	FOREIGN	ASSISTANCE TO INDIGENT CHILDREN	13,140
RIK CELIE PO BOX 2000 ANDREWS, NC 28901	NONE		TO ASSIST WITH MEDICAL EXPENSES	11,000
FORREST MCLEAN 245 BRADFORD STREET PROVINCETOWN, MA 02657	NONE		MEDICAL EXPENSES	825
Total ► 3a				24,965
b <i>Approved for future payment</i>				
Total ► 3b				0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
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. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.			16	4,857	
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	2,080	
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		6,937	0
13 Total. Add line 12, columns (b), (d), and (e).			13		6,937

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and the information provided are true, correct, and complete.

***** 2017-10-17 *****

Signature of officer or trustee Date Title

(see instr.) ☒ Yes ☐ No

Print/Type preparer's name DENISE P HILL CPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00046615
Firm's name ▶ ELLIOTT DAVIS DECOSIMO LLC PLLC				Firm's EIN ▶ 57-0381582
Firm's address ▶ 1901 MAIN STREET SUITE 900 COLUMBIA, SC 29201				Phone no (803) 256-0002

TY 2016 Accounting Fees Schedule**Name:** THE SALUDA CHARITABLE FOUNDATION INC**EIN:** 57-1128637

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,475	2,237	0	2,238

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: THE SALUDA CHARITABLE FOUNDATION INC

EIN: 57-1128637

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
1901 ENGLISH AVENUE BUILDING	2001-12-20	41,850	21,371	SL	27 5000000000000	1,522	1,522	1,522	
LAND - 1901 ENGLISH AVENUE	2001-12-20	4,650		L		0	0	0	
HVAC - 1901 ENGLISH	2003-02-03	1,865	1,199	SL	15 0000000000000	124	124	124	
AUTOMOBILE	2001-11-01	12,563	12,563	SL	5 0000000000000	0	0	0	
COMPUTER	2003-03-31	1,378	965	SL	5 0000000000000	0	0	0	
348 PINENEEDLE ROAD BUILDING	2001-12-20	44,100	22,502	SL	27 5000000000000	1,604	1,604	1,604	
LAND - 348 PINENEEDLE ROAD	2001-12-20	4,900		L		0	0	0	
IMPROVEMENTS - 348 PINENEEDLE ROAD	2001-12-31	577	577	SL	15 0000000000000	0	0	0	
HVAC - 1901 ENGLISH	2014-01-17	3,700	3,700	SL	15 0000000000000	0	0	0	
EARL CT HOUSE	2015-08-08	110,000	1,500	SL	27 5000000000000	4,000	4,000	4,000	
WEST BARLETTE	2015-01-01	40,000	1,394	SL	27 5000000000000	1,455	1,455	1,455	
SHORECREST	2015-01-01	37,500	1,307	SL	27 5000000000000	1,364	1,364	1,364	
4716 MUIR STREET	2016-12-31	32,300		SL	27 5000000000000	49	49	49	
LAND - 4716 MUIR STREET	2016-12-31	5,700		NC	0 %	0	0	0	
NX MUIR STREET	2016-12-21	34,000		SL	27 5000000000000	52	52	52	
LAND - NX MUIR STREET	2016-12-21	6,000		NC	0 %	0	0	0	
R/R MUIR STREET	2016-12-21	22,100		SL	27 5000000000000	33	33	33	
LAND - R/R MUIR STREET	2016-12-21	3,900		NC	0 %	0	0	0	
5718 COLONIAL DRIVE	2016-12-21	55,250		SL	27 5000000000000	84	84	84	
LAND - 5718 COLONIAL DRIVE	2016-12-21	9,750		NC	0 %	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
5720 COLONIAL DRIVE	2016-12-21	39,100		SL	27 50000000000000	59	59	59	
LAND - 5720 COLONIAL DRIVE	2016-12-21	6,900		NC	0 %	0	0	0	
FURNACE	2016-08-02	2,675		SL	27 50000000000000	41	41	41	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Expenditure Responsibility Statement

Name: THE SALUDA CHARITABLE FOUNDATION INC

EIN: 57-1128637

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-02-29	3,110	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	3,110		DECEMBER - FEBRUARY REPORT RECEIVED IN MARCH	2016-03-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-05-31	530	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	530		MARCH - MAY REPORT RECEIVED IN JUNE	2016-06-30	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-06-10	250	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	250		JUNE - AUGUST REPORT RECEIVED IN SEPTEMBER	2016-09-30	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-09-01	3,680	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	3,680		SEPTEMBER - NOVEMBER REPORT RECEIVED IN DECEMBER	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-12-02	440	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	440		DECEMBER - FEBRUARY REPORT RECEIVED IN MARCH	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-12-12	2,400	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	2,400		DECEMBER - FEBRUARY REPORT RECEIVED IN MARCH	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-12-13	480	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	480		DECEMBER - FEBRUARY REPORT RECEIVED IN MARCH	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
SALUDA TERNOPIL - UKRAINE	MAZEPLY STR 3155 TERNOPIL 46009 UP	2016-12-28	2,250	DONATED TO AFFILIATE CHARITIES IN THE UKRAINE, TO SUPPORT PROJECTS SUCH AS BUILDING CHURCHES, OPERATING SOUP KITCHENS AND SUPPORTING ORPHANAGES	2,250		DECEMBER - FEBRUARY REPORT RECEIVED IN MARCH	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
RIK CELIE	PO BOX 2000 ANDREWS, NC 28901	2016-03-14	5,000	PERSONAL MEDICAL EXPENSE, MISSIONARY TRAVEL(HAITI)AND MEDICAL SUPPLIES	5,000		3/14/16	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
RIK CELIE	PO BOX 2000 ANDREWS, NC 28901	2016-05-24	2,000	PERSONAL MEDICAL EXPENSE, MISSIONARY TRAVEL(HAITI)AND MEDICAL SUPPLIES	2,000		05/24/16	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
RIK CELIE	PO BOX 2000 ANDREWS, NC 28901	2016-07-19	2,000	PERSONAL MEDICAL EXPENSE, MISSIONARY TRAVEL(HAITI)AND MEDICAL SUPPLIES	2,000		07/19/16	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT
RIK CELIE	PO BOX 2000 ANDREWS, NC 28901	2016-09-14	2,000	PERSONAL MEDICAL EXPENSE, MISSIONARY TRAVEL(HAITI)AND MEDICAL SUPPLIES	2,000		09/14/16	2016-12-31	GRANTOR REVIEWED REPORTS PROVIDED BY GRANTEE AND FOUND THAT ALL FUNDS WERE USED AS STIPULATED UNDER THE TERMS OF THE GRANT

TY 2016 Explanation of Non-Filing with Attorney General Statement

Name: THE SALUDA CHARITABLE FOUNDATION INC

EIN: 57-1128637

Statement:

SOUTH CAROLINA NO LONGER REQUIRES A COPY OF FORM 990-PF TO BE FILED WITH THE STATE ATTORNEY GENERAL'S OFFICE.

TY 2016 Investments - Land Schedule**Name:** THE SALUDA CHARITABLE FOUNDATION INC**EIN:** 57-1128637

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
1901 ENGLISH AVENUE BUILDING	41,850	22,893	18,957	
LAND - 1901 ENGLISH AVENUE	4,650	0	4,650	
HVAC - 1901 ENGLISH	1,865	1,323	542	
348 PINENEEDLE ROAD BUILDING	44,100	24,106	19,994	
LAND - 348 PINENEEDLE ROAD	4,900	0	4,900	
IMPROVEMENTS - 348 PINENEEDLE ROAD	577	577	0	
HVAC - 1901 ENGLISH	3,700	3,700	0	
EARL CT. HOUSE	110,000	5,500	104,500	
WEST BARLETTE	40,000	2,849	37,151	
SHORECREST	37,500	2,671	34,829	
4716 MUIR STREET	32,300	49	32,251	
LAND - 4716 MUIR STREET	5,700	0	5,700	
NX MUIR STREET	34,000	52	33,948	
LAND - NX MUIR STREET	6,000	0	6,000	
R/R MUIR STREET	22,100	33	22,067	
LAND - R/R MUIR STREET	3,900	0	3,900	
5718 COLONIAL DRIVE	55,250	84	55,166	
LAND - 5718 COLONIAL DRIVE	9,750	0	9,750	
5720 COLONIAL DRIVE	39,100	59	39,041	
LAND - 5720 COLONIAL DRIVE	6,900	0	6,900	
FURNACE	2,675	41	2,634	

TY 2016 Other Assets Schedule

Name: THE SALUDA CHARITABLE FOUNDATION INC

EIN: 57-1128637

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	1,045	1,045	1,045

TY 2016 Other Decreases Schedule

Name: THE SALUDA CHARITABLE FOUNDATION INC
EIN: 57-1128637

Description	Amount
PRIOR PERIOD ADJUSTMENT	1,788

TY 2016 Other Expenses Schedule**Name:** THE SALUDA CHARITABLE FOUNDATION INC**EIN:** 57-1128637**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	480	0	0	480
INSURANCE	827	827		0
REPAIRS	1,513	1,513		0
TAXES	921	921		0
REPAIRS	4,298	4,298		0
TAXES	601	601		0
INSURANCE	486	486		0
REPAIRS	175	175		0
TAXES	825	825		0
INSURANCE	337	337		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	727	727		0
REPAIRS	850	850		0
REPAIRS	810	810		0
TAXES	1,643	1,643		0
INSURANCE	1,013	1,013		0
UTILITIES	622	622		0

TY 2016 Other Income Schedule

Name: THE SALUDA CHARITABLE FOUNDATION INC

EIN: 57-1128637

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INTEREST INCOME	2,080	2,080	

TY 2016 Taxes Schedule**Name:** THE SALUDA CHARITABLE FOUNDATION INC**EIN:** 57-1128637

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	7	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2016
	Name of the organization THE SALUDA CHARITABLE FOUNDATION INC	Employer identification number 57-1128637

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

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 other 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 33¹/₃% 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE SALUDA CHARITABLE FOUNDATION INC	Employer identification number 57-1128637
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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	CURTIS M LOFTIS JR	\$ 215,000	Person <input type="checkbox"/>
	133 STATE STREET		Payroll <input type="checkbox"/>
	WEST COLUMBIA, SC29169		Noncash <input checked="" type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CURTIS M LOFTIS JR	\$ 28,000	Person <input checked="" type="checkbox"/>
	133 STATE STREET		Payroll <input type="checkbox"/>
	WEST COLUMBIA, SC29169		Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
(Complete Part II for noncash contributions)			

Name of organization THE SALUDA CHARITABLE FOUNDATION INC	Employer identification number 57-1128637
---	---

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	4716 MUIR STREET, NX MUIR STREET, RR MUIR STREET, 5718 COLONIAL DRIVE, 5720 COLONIAL DRIVE	\$ 215 000	2016-12-21
(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
		\$	

Name of organization THE SALUDA CHARITABLE FOUNDATION INC	Employer identification number 57-1128637
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	