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

OMB No 1545-0052

		nue Service Social security number Social security number Service Social security number So					to Public Inspection			
_		dar year 2017 or tax year beginning			and ending , 20					
		undation		Try arra	A Employer identification number					
_NO	THSTE	IN-CERASA FOUNDATION				81-0916334				
		d street (or P O. box number if mail is not delivered to street address)	Ro	om/suite	<b>B</b> Telephon	e number (see instructi	ons)			
3328 COTTONFIELD DRIVE						843-388-2475	1			
Cit	y or town	n, state or province, country, and ZiP or foreign postal code	-	C If exempt	ion application is pend	ing, check here ▶ □				
МТ	PLEAS	SANT, SC 29466								
G	Check	all that apply: 🔲 Initial return 🔲 Initial return	of a former pub	lic charity	D 1. Foreign	organizations, check	here ▶ 🗌			
		☐ Final return ☐ Amended r	•	•		_	_			
		Address change  Name char	nge	,		n organizations meeting here and attach compu				
Н	Check	type of organization:  Section 501(c)(3) exempt pi		foundation status was 07(b)(1)(A), check here						
	Sectio	n 4947(a)(1) nonexempt charitable trust   Other tax	able private fou	ndation	Section 5	U/(D)(T)(A), Check here	▶[_]			
ŧ	Fair m	narket value of all assets at   J   Accounting method:	: 🗹 Cash 🗌	Accrual	Fifthe four	ndation is in a 60-mont	h termination			
		f year (from Part II, col. (c), \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ction 507(b)(1)(B), chec				
	line 16		on cash basis.)		<u> </u>					
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) No	t investment	(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		ncome	income	purposes			
				_	,,		(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	40000	)0						
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B					<u> </u>			
	3	Interest on savings and temporary cash investments	4540		4540.04					
	4	Dividends and interest from securities	1518	31	1518 31					
	5a	Gross rents					<u> </u>			
a)	b	Net rental income or (loss)	482	10						
ž	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 3000 00	462	10						
Ş	b	Gross sales price for all assets on line 6a 3000 00 Capital gain net income (from Part IV, line 2)	···		482 10					
Revenue	8	Net short-term capital gain			402 10	482 10				
_	9					402 10				
	10a	Income modifications	<del></del>	-						
	ь	Less: Cost of goods sold		-	,					
		Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)	<del></del>							
	12	Total. Add lines 1 through 11	42000	11	2000 41	482 10				
"	13	Compensation of officers, directors, trustees, etc.	··	0	0		0			
Şë	14	Other employee salaries and wages	-	0	0	0	0			
ē	15	Pension plans, employee benefits		0	0	0	0			
Expenses	16a	Legal fees (attach schedule) D.CELVED.  Accounting fees (attach schedule) CELVED.	າ	0	0	0	0			
'	b	Accounting fees (attach schedule)		0	0	0	0			
<b>≟</b> :	С			0	0	0	0			
tra	17	Other professional fees attach schedule)	<u> </u>	0	0	0	0			
nis	18	Taxes (attach schedule) (see instructions)	7		0	0	0			
Operating and Administrative	19		<u> </u>	0	0	0				
A	20	Occupancy OGDEN, .UT.	<del> </del>	0	0	0	0			
ָבֻ פַ	21	Travel, conferences, and meetings	<u></u>	0	0	0	0			
ā	22	Printing and publications		0	0	0	0			
ji.	23 24	Other expenses (attach schedule)		0	0	0	0			
at	27	Add lines 13 through 23		0	ام	^	,			
e l	25		3500.		0	0	3500 00			
ō		- · · · · · · · · · · · · · · · · · · ·	3500.				3500 00			
	_	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:	3507	) <u></u>			3500 00			
		Excess of revenue over expenses and disbursements	38492	50						
		Net investment income (if negative, enter -0-)	30492	,,,	2000 41		<del></del>			
		Adjusted net income (if negative, enter -0-)	<u> </u>	+	2000 41	482 10	<del> </del> '			
		rejusted het moonie (ii negative, enter -0-)				402 10	l			

For Paperwork Reduction Act Notice, see instructions.

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Part II		Attached schedules and amounts in the description column	Beginning of year	End o	of year		
		Balance Sheets Attached schedules and amounts in the description column 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					
	2	Savings and temporary cash investments	1000 62	3510 65	3510 65		
	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) ▶			<u></u>		
		Less. allowance for doubtful accounts ▶					
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ą	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment: basis ▶					
		Less, accumulated depreciation (attach schedule) ▶					
	12	Investments mortgage loans					
	13	Investments—other (attach schedule)	59390 48	95373 04	110152 80		
	14	Land, buildings, and equipment: basis ▶					
		Less accumulated depreciation (attach schedule) ▶					
	15						
	16	Total assets (to be completed by all filers—see the					
		ınstructions. Also, see page 1, item l)	60391 10	98883 69	113663 45		
	17	Accounts payable and accrued expenses		0	1		
G	18	Grants payable	0	0			
Liabilities	19	Deferred revenue	0	0	,		
jij	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	1		
ie	21	Mortgages and other notes payable (attach schedule)	0	0	1		
_	22	Other liabilities (describe ▶ 0 )	0	0	,		
	23	Total liabilities (add lines 17 through 22)	0	0	,		
ω.		Foundations that follow SFAS 117, check here ▶ □			Ì		
Balances		and complete lines 24 through 26, and lines 30 and 31.					
a	24	Unrestricted					
3al	25	Temporarily restricted			}		
nd E	26	Permanently restricted					
Ē		Foundations that do not follow SFAS 117, check here ▶ □					
r Fu		and complete lines 27 through 31.			,		
s or	27	Capital stock, trust principal, or current funds	60391.10	98883 69			
Net Assets	28	Paid-ın or capital surplus, or land, bldg., and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
ţ.	30	Total net assets or fund balances (see instructions)	60391 10	98883 69	]		
ž	31	Total liabilities and net assets/fund balances (see					
		instructions)	60391 10	98883 69	<u> </u>		
	rt III	Analysis of Changes in Net Assets or Fund Balances					
1		I net assets or fund balances at beginning of year—Part II, colu					
		of-year figure reported on prior year's return)		<del></del>	60391 10		
2		r amount from Part I, line 27a			38492 59		
3	Othe	er increases not included in line 2 (itemize)		3	0		
4	Add	lines 1, 2, and 3		4	98883 69		
5	Decr	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5) —	K:-	5	0		
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) —	Part II, column (b), li	ne 30   <b>6</b> _	98883 69		
					Form <b>990-PF</b> (2017)		

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) Ho P — D—				(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr)	
1a	12 74 units Vanguard Standa	rd & Poor's 500 Index Fund		Р	10/27/2016	10/06/17	
<u>b</u>							
<u>c</u>						<u> </u>	
<u>d</u>					<del></del>	<del> </del>	
<u>      e                              </u>	(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale				ain or (loss) s (f) minus (g))	
a	3000 00			2517 90	<del></del>	482 10	
b							
с							
<u>d</u>							
<u>е</u>							
_	Complete only for assets show	wing gain in column (h) and owned by the				ol (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) <b>or</b> (from col. (h))	
a				0,, 2,			
<u>b</u>							
					······································		
d							
е							
2	Capital gain net income or	(net capital loss) { If gain, also If (loss), enter			2	482 10	
3	If gain, also enter in Part	or (loss) as defined in sections 122 I, line 8, column (c). See instruction	s. If (loss)	: , enter -0- ın }			
Part		er Section 4940(e) for Reduced			3	482 10	
Was t	tion 4940(d)(2) applies, leave he foundation liable for the s s," the foundation doesn't qi	section 4942 tax on the distributable ualify under section 4940(e). Do not	amount of	fany year in the t his part.	pase period?	☐ Yes ☑ No	
1	Enter the appropriate amo	unt in each column for each year; se	e the instru	uctions before ma	aking any entries	<b>.</b>	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use a		(d) Distribution ratio (col (b) divided by col (c))	
	2016	0		631	96 36	0	
	2015	n/a			n/a	n/a	
<u> </u>	2014	n/a			n/a	n/a	
	2013	n/a			n/a	n/a	
	2012	n/a			n/a	n/a	
2	Total of line 1, column (d)				. 2	0	
3		or the 5-year base period—divide tundation has been in existence if les			· <b>3</b>		
4	Enter the net value of nonc	haritable-use assets for 2017 from I	Part X, line	5	. 4	75188 57	
5	Multiply line 4 by line 3 .				. 5	0	
6	Enter 1% of net investmen	t income (1% of Part I, line 27b) .			. 6	20 00	
7	Add lines 5 and 6				. 7	20 00	
8		ns from Part XII, line 4			. 8 that part using a	3500 00 1% tax rate. See the	

•							
					4		
	00-PF (2017)  VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	o ins	tru		age 4		
ant 10		E 1113	, ci u		15)		
1a	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			İ			
<b>L</b>				20			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ✓ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of						
	Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0	00		
<u>.</u> 3				20	00		
,  -	Add lines 1 and 2						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0 20	0		
, 3	Credits/Payments:						
a	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   0			1			
b	Exempt foreign organizations—tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d			0	00		
3	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0	00		
)	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			20	00		
)	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			0	0		
ı	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11			0	0		
art	VII-A Statements Regarding Activities						
a	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		✓		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See th	ie 🗍		Ţ			
	instructions for the definition	Ŀ	1b		✓		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	ls			ı		
	published or distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?	Ŀ	1c		<b>✓</b>		
d			- 1		ļ		
	(1) On the foundation. ► \$ N/A (2) On foundation managers. ► \$ N/A	— I	- 1		ĺ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ı				
	on foundation managers. ► \$ N/A	-					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	$\vdash$	2		<b></b>		
	If "Yes," attach a detailed description of the activities.	ا ۽	l		i		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	ין זכ					
_	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3		<del></del>		
la	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	<u>4a</u>		<b>√</b>		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_ ⊢	4b		1		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u> </u>	5		✓		
	If "Yes," attach the statement required by General Instruction T.						
5	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		- 1				
	By language in the governing instrument, or  By language in the governing instrument in the governing in the	_			l		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions the conflict with the state law remain in the governing instrument?	ai					
		. <i>,</i>	6		<del></del>		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	<b>^</b>	7	<u> </u>	-		
la	Enter the states to which the foundation reports or with which it is registered. See instructions.						
<b>.</b>	SOUTH CAROLINA	 			1		
b	or designate) of each state as required by General Instruction G2 If "No " attach explanation	ا ا	Oĥ.				
		_	00	<u> </u>	$\vdash$		
)	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		8ĥ	<b>V</b>			
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of	ur	, ,		1		

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Par	t 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		<b>/</b>
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		<b>'</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>~</b>	
4.4	Website address ► N/A			
14	Totophone in	3-388-		
46		9466-8		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
.0	over a bank, securities, or other financial account in a foreign country?	16		<i>-</i>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Par	t 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.	i i	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	ļ		
	(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)?			
	(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.)			1 1
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		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
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 2017?	1c		<b>✓</b>
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?			ĺ '
	If "Yes," list the years ► 20 , 20 , 20 , 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			i
_	(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		'
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			i i
	▶ 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub> , 20 <sub></sub>			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		1
	at any time during the year?			
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			!
	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 2017.)			<u> </u> 1
4a		3b		<del>  ,</del>
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	<u> </u>	<b>-</b>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u>-</u>

employee benefit plans and deferred (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (c) Compensation hours per week devoted to position compensation

N/A Total number of other employees paid over \$50,000 . . . .

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Part \	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em 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						
Fotol n	number of others receiving ever \$50,000 for preferenced consists					
otain	number of others receiving over \$50,000 for professional services					
Part l	X-A Summary of Direct Charitable Activities					
organ	he foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of dizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses				
1 <u>N</u>	ONE					
2						
3						
4 -		!				
Part I	X-B Summary of Program-Related Investments (see instructions)	L				
Descr	nbe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount				
1 N	ONE					
2						

All other program-related investments. See instructions

Total. Add lines 1 through 3

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn found	ations,
	see instructions.)	<del></del>	
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	71584.53
b	Average of monthly cash balances	1b	4749 05
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	76333 58
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	76333 58
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
_	instructions)	4	1145 00
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	75188 58
6	Minimum investment return. Enter 5% of line 5	6	3759 43
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	oundatioi	าร
1	Minimum investment return from Part X, line 6	1	3759.43
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	20.00
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3739 43
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	3739 43
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3739 43
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	3500 00
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	3500 00
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	20 00
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3480 00
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ــــــــــــــــــــــــــــــــــــــ	the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	3 MINOCI 101	ioanaatoi
			- QQO-DF (2017

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years pnor to 2016	(c) 2016	<b>(d)</b> 2017
	line 7				3739 43
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only	<del></del>		533 02	
ь	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2017:	İ			
a	From 2012				
b	From 2013				
C	From 2014				
d e	From 2015				
f	From 2016				
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 3500.00				
а	Applied to 2016, but not more than line 2a .			533.02	!
	Applied to undistributed income of prior years				
	(Election required—see instructions)		N/A		
C	Treated as distributions out of corpus (Election				
	required see instructions)	N/A			1
d	Applied to 2017 distributable amount				2966.98
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017	N/A			N/A
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				!
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				i i
	income for which a notice of deficiency has				1
	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		
е	Undistributed income for 2016. Subtract line				į
	4a from line 2a. Taxable amount—see			_	1
_	instructions			0	
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2018				770 46
7					772 45
•	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				l
	required—see instructions)	0			
8	Excess distributions carryover from 2012 not		·		1
_	applied on line 5 or line 7 (see instructions) .	o			į
9	Excess distributions carryover to 2018.  Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:	<u> </u>			
а	Excess from 2013 0				ſ
b	Excess from 2014 0				ļ
C	Excess from 2015 0				1
d	Excess from 2016 0				
е	Excess from 2017 0				

Form 9	90-PF (2017)					Page 10
Part	XIV Private Operating Founda	tions (see instru	ctions and Par	VII-A, question 9	9)	
1a	If the foundation has received a ruling			private operating		
_	foundation, and the ruling is effective fo		•		NOT APP	
b	Check box to indicate whether the four		operating found		ection 4942(j)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	I (n 2044	(e) Total
	investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
c	85% of line 2a					
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.					
а	"Assets" alternative test—enter:  (1) Value of all assets					
ь	section 4942(j)(3)(B)(i)					
c	of minimum investment return shown in Part X, line 6 for each year listed			/		
·	(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	<u> </u>	<u> </u>	<u></u>		
Part		•		the foundation I	nad \$5,000 or mo	ore in assets at
	any time during the year-		18.)			
1 a	Information Regarding Foundation List any managers of the foundation before the close of any tax year (but of	who have contribu				by the foundation
KEITH	B NOTHSTEIN, PAMELA C NOTHSTEIN					
b	List any managers of the foundation ownership of a partnership or other e					rge portion of the
NONE				_		
2	Information Regarding Contribution	n, Grant, Gift, Loa	n, Scholarship,	etc., Programs:		
	Check here $\blacktriangleright$ $\checkmark$ if the foundation	only makes conti	ributions to pres	elected charitable	organizations and	does not accept
	unsolicited requests for funds. If the f		gifts, grants, etc	., to individuals or o	organizations under	other conditions,
	complete items 2a, b, c, and d. See in		<del></del>		<del></del>	<del> </del>
а	The name, address, and telephone nu	amber or email ad	aress of the pers	on to whom applica	ations should be ac	aressed:
b	The form in which applications should	d be submitted and	d information and	d materials they sho	ould include:	
	Any submission deadlines:					<del></del>

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

Form 990-PF (2017)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substaritial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year WAKE (NC) COUNTY GOVERNMENT N/A MUNICIPAL GENERAL OPERATING NEEDS \$1,000 00 WAKE COUNTY ANIMAL ADOPTION CTR 820 BEACON LANE DRIVE RALEIGH, NC 27610 **CHARLESTON ANIMAL SOCIETY** \$1,500 00 N/A PC MEDICAL TREATMENT FOR 2455 REMOUNT ROAD NORTH CHARLESTON, SC 29406 ABUSED/NEGLECTED ANIMALS SPCA OF WAKE COUNTY, NC \$1,000 00 N/A PC TRANSPORT OF ANIMALS 200 PETFINDERS LANE RALEIGH, NC 27603 TO NO-KILL SHELTERS \$3,500.00 Total ٥ За b Approved for future payment Total ٥ 0 00

	rt XVI-A Analysis of Income-Producing er gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)
1	Program service revenue:					
	a N/A					
	b					
	<u> </u>			<del>                                     </del>		
	d					
	e			<u> </u>		
						<del></del>
_	g Fees and contracts from government agend	<del></del>		<del>                                     </del>		·
2	Membership dues and assessments			<del>   </del>		
3	Interest on savings and temporary cash investmen			<u> </u>		
4	Dividends and interest from securities	·		14	1518 31	
5	Net rental income or (loss) from real estate:				<u></u>	<del></del>
	a Debt-financed property					
	<b>b</b> Not debt-financed property					
6	Net rental income or (loss) from personal prope			<u> </u>		<u> </u>
7	Other investment income					
8	Gain or (loss) from sales of assets other than invent	· ————		18	482.10	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory .					
11	Other revenue: a					
	b			<u> </u>		
	c					
	d					
	e					
12	Subtotal. Add columns (b), (d), and (e)				2000.41	
13	Total. Add line 12, columns (b), (d), and (e)				13	2000 41
See	worksheet in line 13 instructions to verify calcul-	ations.)			13	2000 41
See Par	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
See Par Line	worksheet in line 13 instructions to verify calcul-	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
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See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		
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See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		nportantly to the
See Par Line	worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities to the No.  Explain below how each activity for waccomplishment of the foundation's exemptions.	ations.) h <mark>e Accomplishme</mark>	nt of Exemp	ot Purposes		

		Organizati	ons							_							
1	ın se	he organization of ection 501(c) (onizations?														Yes	No
а	Trans	sfers from the rep	porting found	dation to	a nonch	aritable e	xempt or	rganiz	ation o	of:							1
		ash										_			1a(1	)	1
		ther assets .						•			• •	•	•	•	1a(2		1
<b>.</b>		r transactions:						•		• •	• •	•			1012	<del>/</del>	<u> </u>
D															Î		ļ
		ales of assets to										•			1b(1	<del></del>	\ <u>`</u>
		urchases of asse										•			1b(2		<b>/</b>
		ental of facilities										•			1b(3		<u> </u>
	(4) R	eimbursement a	rrangements												1b(4	)	1
	(5) L	oans or loan gua	ırantees .												1b(5	)	<b>✓</b>
	(6) P	erformance of se	ervices or me	embersh	nip or fund	draising s	olicitatio	ns							1b(6	<u> </u>	✓
C	Shar	ng of facilities, e	quipment, m	nailing lis	sts, other	assets, o	r paid en	nploy	ees .						10		1
d	if the value value	answer to any of the goods, of the goods, of the any transaction	of the above other assets,	e is "Yes or servi	s," compl ces giver	lete the fo	ollowing eporting	sched found the v	dule. C dation. alue of	olumn If the t the go	(b) s found oods,	hould ation other	recei asse	ved I ts, o	ess than	fair n s rece	narket ived.
(a) Line	e no (	(b) Amount involved	(c) Nam	e of nonch	narıtable exe	empt organiz	zation	(0	l) Descri	otion of t	transfer	s, trans	saction	s, and	l sharing a	rangem	ents
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2a b	desci	e foundation direction 5 formula for the foundation 5 formula for the formula formula for the formula formula for the formula formula for the	501(c) (other	than se	ction 501	(c)(3)) or ı	n section	1 527								es 🔽	No
		(a) Name of organ	ızatıon			(b) Type of	organizatio	n			(	(c) Des	cnptio	of re	lationship		
						/ / /						_	_				
					20/	1/											
						/						,					
Sign	Unde	r penalties of perjury, I ct, and complete. Declar	declare that I have	ve examina	rd/thus resum	, including ac	companying	sched	ules and	statemer	nts, and iny knov	to the b	est of	my kno	owledge an	belief, i	t is true
	$\perp$ $\sim$ $L$	A) Va	1 1	1. H	1/14	1	/				-	-		May	the IRS dis the prepare	cuss this	return
Here		leto Class	w //	W (V	XV I	2/13/			JSTEE						nstructions.		
	Sign	ature of officer or trus			<u> </u>	Dayle /	Trt	I <del>0</del>								==	==
Paid		Print/Type preparer	's name		Preparer	's signature				Date			Check	· 🗆	PTIN		
Prepa	arer	N/A								L			self-e		ed		
Use (		Firm's name										Firm's	EIN ▶				
-3E (	July	Firm's address >										Phone					

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **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

Name of the organization Employer identification number									
NOTHSTEIN-CE	RASA FOUNDATION	81-0916334							
Organization t	Organization type (check one):								
Filers of:	Section:								
Form 990 or 99	0-EZ								
	☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization								
Form 000 BE	[7] 504(5)(9) suspend sounds foundation								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private found	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation							
=	ganization is covered by the General Rule or a Special Rule.								
Note: Only a se instructions.	ction 501(c)(7), (8), or (10) organization can check boxes for both the General Ru	ile and a Special Rule. See							
mistractions.									
General Rule									
or mo	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, e (in money or property) from any one contributor. Complete Parts I and II. See butor's total contributions.								
Special Rules									
regula 13, 16	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the ions under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Forma, or 16b, and that received from any one contributor, during the year, total cont; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, I	n 990 or 990-EZ), Part II, line ributions of the greater of (1)							
contrib	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ utor, during the year, total contributions of more than \$1,000 exclusively for relig, or educational purposes, or for the prevention of cruelty to children or animals.	ous, charitable, scientific,							
contril contril during <b>Gene</b> i	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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization **Employer identification number** NOTHSTEIN-CERASA FOUNDATION 81-0916334 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.  $\square$ Person 1 KEITH B NOTHSTEIN Payroll Noncash 20000 00 3328 COTTONFIELD DRIVE (Complete Part II for noncash contributions.) MT PLEASANT, SC 29466 (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution  $\boxed{ }$ Person 2 PAMELA C NOTHSTEIN Payroll 20000 00 Noncash 3328 COTTONFIELD DRIVE (Complete Part II for noncash contributions.) MT PLEASANT, SC 29466 (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash  $\Box$ (Complete Part II for noncash contributions) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash 

(Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(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		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization

**Employer identification number** 

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.					
(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, a	and ZIP + 4	Relation	nship of transferor to transferee		
İ						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
İ						
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
		••••••				
(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			nship of transferor to transferee		
(a) No						
(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			
<u> </u>						
	***************************************					