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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
Probate Court

Amy W. McCullough, Probate Judge

Case No. 2020GC4000072
Appellate Case No. 2022-001328 and 2022-001226

Jane E. Baskin.....Respondent,

v.

William B. Walkup.....Appellant.

RECORD ON APPEAL – VOLUME IV

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BY MR. DETWILER:

Q. Mr. Moses, I just want to be clear, is it your opinion that Ms. Baskin's needs were being met by Mr. Walkup prior to January 6, 2021?

A. What is the date's significance?

Q. That was the date the Temporary Settlement Agreement was entered into.

A. Okay. If you don't mind repeating the question again.

Q. Sure. I'll be glad to. Is it your opinion that Ms. Baskin's needs were being met by Mr. Walkup, as the trustee, prior to January 6, 2021, when the Temporary Settlement Agreement was entered into it?

A. I'm not aware that they were inadequate at that time, no.

MR. DETWILER: No more questions.

THE COURT: Thank you, Mr. Moses. Take care. Good to see you, sir.

Break?

MR. SOWELL: Sure.

- - -

(A recess transpired.)

- - -

THE COURT: All right. Back on the record.

MR. SOWELL: The defendant calls Jane

Baskin.

THE COURT: All right.

- - -

(Off the record.)

- - -

JANE BASKIN, being first duly sworn, testified as follows:

- - -

THE COURT: Thank you. Ms. Baskin, let me know if you can hear Mr. Sowell.

Mr. Sowell, start with your first question and we'll see how it goes.

- - -

EXAMINATION

- - -

BY MR. SOWELL:

Q. Ms. Baskin, can you hear me?

A. Yes.

Q. Thank you.

I wanted to ask you a few questions about some things you have said to Mr. Weatherly and some things that you have said to the Court that have been, we'll say, contested today.

One of the things that Mr. Weatherly told Mr. William -- we'll call him William because I know

you like to call him William Baskin -- was that you believe that Mr. William Baskin had removed some things from your apartment.

So my question to you -- my first question to you is: Did you tell that to Mr. Weatherly?

A. Yeah, I did.

Q. Did you say yes?

A. Yeah.

MR. DETWILER: Yes, she said.

BY MR. SOWELL:

Q. Okay. Now, is that true?

A. Yeah, it's the truth.

Q. What is it that he removed from your apartment?

A. I don't know what, but they were files ...

THE COURT REPORTER: I'm not getting this.

THE COURT: All right. The court reporter is having difficulty.

THE WITNESS: They were files.

MR. DETWILER: Files, did you say, Jane?

THE WITNESS: Yeah.

MR. DETWILER: Files. I'm sorry to interrupt.

THE COURT: I'm just going to stand up so I can hear. I hear better when I can see better.

Go ahead. Next question.

BY MR. SOWELL:

Q. So what kind of files?

A. I don't remember that. That was five years ago.

THE COURT: "I don't remember. That was five years ago."

MR. SOWELL: Right.

THE WITNESS: Yeah.

BY MR. SOWELL:

Q. So what I understand is, is you say that Mr. Walkup removed files from your apartment over five years ago?

A. Yeah, he did.

Q. Now, you also told Mr. Weatherly that Mr. Walkup made you walk and caused you to hurt your toe; is that correct?

A. Uh-huh.

Q. So you did tell Mr. Weatherly that?

A. I hurt my toe in the laundry room.

Q. The laundry room?

A. Yeah. I come out to the kitchen.

Q. So if Mr. Weatherly --

MR. DETWILER: Excuse me, let her finish.

MR. SOWELL: I'm sorry.

MR. DETWILER: This is a story.

MR. SOWELL: That's fine.

THE WITNESS: I come out to the kitchen, and I couldn't move my toe. It was crooked. I couldn't walk good. He made me -- got me up and on the couch. And he left. He didn't pull on me. He made me get up and walk.

MR. SOWELL: I don't know what that was.

THE COURT: I got parts of it.

MR. WEATHERLY: Can he repeat and let her affirm whether he said it right?

MR. SOWELL: No, I don't want them to translate.

MR. WEATHERLY: I was going to repeat what she said.

MR. SOWELL: Did the court reporter get it?

THE COURT REPORTER: I got most of it, but I can't say that I got all of it.

THE COURT: Let the court reporter read what she heard, and if it needs to be corrected by Ms. Baskin, we'll let Ms. Baskin correct her.

- - -

(The Court Reporter read the record as requested.)

- - -

THE COURT: Ms. Baskin, can you try again?

THE WITNESS: Yeah. I went to -- got me up and on the couch. And I was on the couch and came and pull me to come sit on the walker. He grabbed my arm and pulled me to the walker. And Sheilah told him not to because I might fall and then he would have to pick me up. And that was it.

BY MR. SOWELL:

Q. Okay. Let me ask this follow-up question.

Am I correct that you initially hurt your toe in the laundry room or the utility room?

A. Uh-huh.

Q. Yes?

A. Yes.

Q. Okay. I believe you also told -- and let me ask you this. Did you tell Mr. Weatherly that there was a water leak in your apartment that caused two inches of standing water on the floor of your apartment?

A. Yes.

Q. Was that true?

A. Yes.

Q. So the part about the water coming from the light fixture above that Ann Webster alluded to is

not true?

A. It came from the light fixture. It dropped down.

Q. How long did it stay there? Did it stand there?

A. They came at 11:00 that night.

Q. So they came and mopped it up that night?

A. Yeah.

Q. That's the maintenance people?

A. Yes.

Q. Okay. So it did leak through a light fixture in the utility room, but the maintenance people came that night and mopped it up; is that correct?

A. It came from the lamp in the living room.

THE COURT: "The lamp in the living room."

MR. SOWELL: Right.

THE COURT: Okay.

THE WITNESS: That was -- I had to wait for them to come and vacuum it out.

BY MR. SOWELL:

Q. Which they did that night?

A. Yeah.

Q. Okay. Did you hear Dr. Henderson's testimony today that he never received any

threatening letter from Bill Walkup that he be sued if you were allowed to drive?

A. Just what he told me.

Q. Who did?

A. Henderson.

THE COURT: "Henderson."

BY MR. SOWELL:

Q. I see. And when was that?

A. I don't know the date. He read the letter to me. I saw it in '09. I couldn't -- (inaudible.)

Q. Have you ever seen any such letter?

A. Yeah. He read it to me.

THE COURT: Are you saying he read it to you?

THE WITNESS: Yeah, he read it to me.

THE COURT: Is the "he" Henderson?

THE WITNESS: Yeah.

BY MR. SOWELL:

Q. So where is the letter?

A. I don't know what he did with it.

Q. Where was the letter when he read it to you?

A. In his hand.

Q. I see. Was that in his office?

A. Yeah. It was in his office. (inaudible)

And I could look at the paper and seen it. He told me what it had in it.

Q. Jane, have you ever -- when these documents were requested from Bill Walkup, let's say going back to Rita Cullum -- Rita Bragg Cullum and then Alex Weatherly, then Judge McCulloch, when these documents, accounting documents or reports were requested from Bill Walkup, did you ever review any of them?

A. Yeah, I did. I took them and he gave me one every three months. He gave me accounting. (Inaudible) But after that, he stopped, and he told me I didn't need to know.

Q. All right. And I'm talking about something a little different now. You're talking about in the beginning, but I'm talking about -- we are having to start with Rita Bragg Cullum, I guess, but after that, when Alex Weatherly was requesting documents and then Judge McCulloch wanted some documents at some point, I think the first status conference in this case, did you ever review any of those documents that were provided?

A. No.

Q. No?

A. No.

Q. Have you ever reviewed the fiduciary -- the trust fiduciary income tax returns that were provided to you?

A. No, I didn't get that. He just give them me. He gave them to me.

Q. When Bill Walkup wanted you to go to Jenni-Lynn, did you go along with him and pretend to be excited?

A. I did then to keep him -- (Inaudible.)

Q. So is it correct that he thought -- that he thought because you pretended to be excited, that you wanted to go to Jenni-Lynn?

A. Maybe I -- (Inaudible.)

Q. Was that what you intended was to make him think you were excited about going to Jenni-Lynn by pretending that you wanted to go to Jenni-Lynn?

A. Yeah. I didn't want to go.

Q. Have you, in your will, when it was changed, did you leave the Summerlea house to Michele Moseley?

MR. SOWELL: Your Honor, relevance.

THE COURT: Objection to relevance. Response?

THE WITNESS: Yeah.

MR. SOWELL: Well, I mean, we amended our

answer to allude to undue influence.

THE COURT: About her estate plan or the attack on the trust and Mr. Walkup?

MR. SOWELL: The estate plan is relevant to Michele Moseley's intentions with respect to what she's doing. I mean, she is the one who talked Ms. Baskin --

THE COURT: I think this becomes very irrelevant in the sense that I ordered it turned over, and it is everybody's knowledge and testimony that Ms. Baskin's current will or the will we have in our file leaves what you're describing to Ms. Moseley.

MR. SOWELL: As long as that's understood.

THE COURT: I think it's been understood from the beginning. But if you're wanting her to answer the question, I will allow it.

MR. SOWELL: Okay. Well, she said yes.

Is that what the reporter got? Yes?

THE COURT REPORTER: Yes.

MR. SOWELL: She said yes, and that's fine. Thank you.

BY MR. SOWELL:

Q. Jane, Dr. Henderson has alluded to today in his testimony these hallucinations that you've

reported to him in January and February of 2021. Are you continuing to have those?

A. No.

Q. Were you treated for them, or did they just go away?

A. They went away.

Q. Okay. Now, this woman, I guess her name is Ms. Spires -- there's a Ms. Spires who lives with you?

A. Yeah.

Q. Is she Michele Moseley's daughter?

A. No.

Q. Does she have any relationship to Michele?

A. No.

Q. Has Michele Moseley's daughter ever lived there with you?

A. No.

Q. Who's the boyfriend who all of a sudden --

A. There was no boyfriend.

THE COURT: "There was no boyfriend."

BY MR. SOWELL:

Q. So it's just Ms. Spires and her 80-pound dog then?

A. Yeah. The 80-pound dog, he help me get up. He come over and get right next to me and

(inaudible), and I can put my hand on top of him and get up. I have an 80-pound dog (inaudible).

Q. Has Dr. Henderson, Frampton Henderson, has he ever changed your catheter?

A. No.

Q. That's the urologist who did that?

A. Yes.

MR. SOWELL: That's all. Thank you.

THE COURT: Would you like to question your client?

MR. DETWILER: Your Honor, there was a little confusion about this catheter thing. I think I would like to go ahead and clear that up so Your Honor will understand it, if that's okay.

THE COURT: Sure.

MR. DETWILER: Jane, I'm going to come around and see you again.

Do you mind if I sit right here?

THE COURT: Not at all. I'm just standing because I hear better this way.

- - -

EXAMINATION

- - -

BY MR. DETWILER:

Q. We're almost done, Jane.
A. Okay.
Q. All right. You heard all this conversation back and forth earlier about changing the catheter, right?
A. Yes.
Q. That got kind of confusing, didn't it?
A. It was confusing.
Q. Okay. So let's talk about what really happened. You have a catheter, right?
A. Yes.
Q. Okay. And there was discussion about putting in the catheter in a different way; is that right?
A. Yeah.
Q. Okay. And did you go see a doctor for that?
A. Yes.
Q. Was it Dr. O'Conner?
A. Yes.
Q. Okay. And when you went to see Dr. O'Conner, did he try to insert a catheter, I guess, externally?
A. Yes.
Q. Okay. And it was -- was it very painful?

A. I screamed.
Q. You screamed. Okay. And he kept --
A. It was terrible.
Q. It was terrible?
A. Yeah.
Q. And he kept doing it?
A. Kept doing it six times.
Q. Six different times. And ultimately was he able to insert the catheter?
A. No.
Q. No. Okay.
And so did that have to be -- did you have to go back to the old way?
A. Yes.
Q. Okay. Now, I think there's some testimony that Ms. Spires had to change your catheter once?
A. Once. They asked me -- told me at the doctor's office they couldn't do it.
Q. Okay.
A. They didn't have time.
Q. The doctor's office didn't have time to do it?
A. Uh-huh.
Q. Okay. And so Jessie did it?
A. One time, yeah.

Q. One time. Okay.
A. They told me I would have to come to the emergency room.
Q. Okay. That you would have to go to the --
A. Told me the emergency room.
Q. You didn't want to go to the emergency room?
A. No, not for that.
Q. Not for that. Okay.
Has SC House Calls come to see you a number of times?
A. Uh-huh. They come every two weeks.
Q. SC House Calls comes every two weeks. And do they change your catheter?
A. No.
Q. No. Who does?
A. Jessie could.
Q. Jessie could, but who actually does now? You said Jessie did it one time. Do you get it done by SC House Calls or by a doctor?
A. No. House Calls just done it once. We go once a month to the doctor.
Q. You go once a month now. You went to see Dr. Chapman; is that right?
A. Yes.

Q. Are you now seeing another doctor in that same group?
A. No, I see him.
Q. You're seeing Dr. Chapman. And you're scheduled to go back -- are you scheduled to go back to see him soon, right?
A. Yeah.
Q. Okay. And that's when you get your catheter changed?
A. Uh-huh.
Q. Is that correct?
A. Yes.
Q. Okay. Has Jessie been a benefit to you being in the house?
A. Oh yeah.
Q. Okay. And did she help you when you had all this problem with the catheter?
A. Yeah. She took a course. She became certified to do it.
THE COURT REPORTER: Can you have her repeat what she said.
BY MR. SOWELL:
Q. Did you say -- you said --
MS. DuRANT: I think she said Jessie is certified to do it.

BY MR. DETWILER:

Q. You said that she's certified to do it?

A. Yeah.

Q. She's taking classes to do it.

A. Yeah. Her certificate.

Q. Okay. And -- now, there was this -- the incident you described, you were asked about by Mr. Sowell about this confusion about your hurt toe. Okay? Remember that?

A. Uh-huh.

Q. Okay. So it's my understanding that there was maybe a misunderstanding. You hurt your toe in the laundry room?

A. Uh-huh.

Q. Is that a fact?

A. Yeah.

Q. Okay. And then I think you said Mr. Walkup came over?

A. He came and told me to go to a 1:00 appointment at Jenni-Lynn.

Q. He came over and told you you had a 1:00 appointment at Jenni-Lynn?

A. I stubbed my toe and didn't want to go. And he said, "You're going now."

Q. Okay.

A. And that's when he grabbed my arm.
Q. He said, "You're going now," and he grabbed your arm?
A. Yeah.
Q. Okay. And you testified about this before when you testified. I'm not going to go over that again, but I just want to make sure that's the same day that you're talking about where he got you up and there was a concern about your hurt toe?
A. Uh-huh.
Q. Is that right?
A. Yeah.
Q. Okay. This letter that you mentioned that Dr. Henderson read to you, that was back when you were driving or --
A. Yeah.
Q. Okay.
A. That was for me to drive. I started driving the car. I was driving the car to -- from July until October.
Q. From July to October. What year was that?
A. It was '17 or '18.
Q. Okay.
A. I think.
Q. Okay. 2017 or '18? It was back when

you -- you haven't driven that recently, have you?

A. No.

Q. When was the last time you drove?

A. It's been 30 years.

Q. It's been 30 years, right?

A. It was in 1990.

Q. 1990?

A. Uh-huh.

Q. Was that when -- was your father still alive then?

A. No. He died September.

Q. So it was right after your father died?

A. Yeah.

MR. DETWILER: Okay. All right. Thank you. That's all I have, Your Honor.

MR. SOWELL: None. Thank you.

THE COURT: Thank you, Ms. Baskin.

If you would, grab that mic. She may want to be turned to where she's able to see.

Next witness.

MR. SOWELL: No more from us.

MS. DuRANT: No more witnesses, Your Honor.

THE COURT: All right. Do you want a few minutes before you final argue, or do you to ride right into it? You want to have a moment

to collect your thoughts, or do you want final argument right now?

MR. SOWELL: I've got a written motion for dismissal and judgment under Rule 41(b) --

THE COURT: You want to hand it to me?

MR. SOWELL: -- South Carolina Rules of Civil Procedure and a motion for directed verdict.

Yes, I have several copies of it. I will hand it up to you with copies to Mr. Detwiler.

THE COURT: Sure. If you can hand that up. You have anything else you want me to see, and then we'll take a break and come back and final argument and I'll rule?

MR. SOWELL: Okay.

THE COURT: How long do you want to take?

MR. DETWILER: Quite frankly, I didn't think you would ask us to argue. I figured you'd heard from us enough. I don't think it will take long.

THE COURT: Are you giving me two separate things?

MR. SOWELL: It's got to be filed. Who do you want me to give it to?

THE COURT: I'll clock it.

MR. SOWELL: You don't want another one?
THE COURT: No, thank you.
Five minutes? Just a moment to collect your thoughts?
MR. DETWILER: Sure.
THE COURT: Standing down.

- - -

(A recess transpired.)

- - -

THE COURT: All right. Back on the record.
Final argument from the petitioner, please.
MR. DETWILER: Your Honor, may I continue to sit?
THE COURT: Yes, please.
MR. DETWILER: Okay. Your Honor, I really don't have any prepared remarks to make because, frankly, I thought that after all this time you really wouldn't want to hear from us anymore. But I'll try to summarize where we are and where we think we are in this case.
I want to start by saying that we do not dispute that Mr. Walkup has made a lot of money for the trust. That's obvious. The trust has been maybe not appropriately invested, but it's certainly been successfully invested. And we're

not going to dispute that.

We also do not dispute that Mr. Walkup is -- and I believe this in my heart -- is genuinely a good person. That's not in dispute.

Jane has some reasons maybe not to feel that way, but I know that he's taken this terribly personally, and I understand that.

But here's where we are. When we first brought this suit, we had been trying to work with Mr. Walkup and his lawyer at the time, Ben Bruner, for a couple of years trying to understand what the -- what was in the trust, how the trust was invested, how the trust was being spent, what kind of principal was being encroached upon, how much income was actually been -- had actually been spent for Jane, how much income was actually been made by the trust, and honestly, to this day, we don't know.

We've gotten document dumps of information, we admit that, we concede that, on three or four different occasions that include tax returns and things like that. But I defy even Mr. Walkup to tell us exactly how much income was made and how much of that income was spent and how it was spent and how much principal was encroached

upon. The so-called accountings are not discernible.

Now, I heard in some amazement today that Al Moses thinks that trustees don't have to account to beneficiaries unless they're asked to. I think Your Honor has already found the opposite in one of her orders previously in this case.

The common law requires a regular reporting or accounting, and certainly the Trust Code, since whatever year the Trust Code was enacted and became effective, requires annual accountings. Mr. Wingate testified about that.

Now, Mr. Wingate's testimony, and it's in the trial transcript, Your Honor, which I assume you have access to if you need refreshing, but he hit on sort of four key points, as I recall.

Did we lose you, Your Honor?

THE COURT: I'm pulling it out.

MR. DETWILER: Okay. Mr. Wingate hit on four key points. One was the quality and the sufficiency of the accounting, and he found that that was inadequate. That Mr. Walkup's accountings and reporting was inadequate.

If you'll bear with me.

At any rate, I think I can recollect. He said that the trustee, in his opinion, and we agree, is required to provide regular accountings, at least annually. The accounting should reflect growth and principal and income earned. That the reporting should show the amount of each principal and interest that was spent and how it was spent, and that it should be in a form -- in a format that the beneficiary can understand.

Now, Mr. Walkup has testified, more than once, I think, but certainly in his deposition, and you have that as an excerpt that was submitted and is a part of this record, Mr. Walkup testified that not only did he not give her accountings, but he didn't give her accountings because she was not smart enough to understand them. That's what he said.

And so we think for that reason alone, the trustee should be removed.

Now, Ken Wingate also pointed out the numerous instances of self-dealing, which I know Your Honor is keyed on. Are we saying that Mr. Walkup stole money from the trust and put it in his pocket? No, we're not saying that.

But what we are saying is that he double-dipped on the fees. He did not report adequately or at all -- there were fees that he was getting from the -- for all of his machinations and managing these funds and then managing the trust and getting fees for managing the funds and the fees for managing the trust that invested in the funds. He didn't report that.

And those are fees on top of fees. That's a pretty obvious point. We don't know how much those are in truth, but they certainly were not reported with any clarity by Mr. Walkup.

And, you know, certainly a trustee should not be engaged in self-dealing. Now, we'll concede the point that the will allows for self-dealing, but it is our position that if you're going to be engaged in some self-dealing, it needs to be in good faith, and it needs to be fully disclosed. Those are reasonable and are required by common law and required by the code, we believe.

Mr. Walkup, forced by the checkbook, by use of the checkbook, forced Ms. Baskin out of the home that she loved so much, that she grew up

in, that reminded her of her parents, forced her to move out of that house and into an apartment. Guess where? In a complex that he owned. That is classic self-dealing.

So he wound up taking $930 a month out of the trust and giving it to one of his companies when he didn't have to do that.

Now, what he could have done is given that money to Ms. Baskin to help her improve her home, to make it handicap accessible. But the realty is, that wasn't convenient to him. He wanted her closer to where he was.

We don't know whether the money that he paid himself in rent was out of income or principal. And, of course, he's also invested heavily in investment vehicles that are growth-oriented versus income-oriented. And the obvious effect of that, whether it's intentional or not, the obvious affect of that was that the remainder beneficiaries are the winners there, not Ms. Baskin. Because he had to give her all the income, but if he didn't produce much income, he doesn't have to give her that.

And our point is, as I've said, if there's any hint of self-dealing, it needs to be fully

disclosed and transparent. That was another big -- a big issue that was brought up by Mr. Wingate, and that was the investment vehicles that the -- how the money was invested.

And, finally, to wrap up and summarize the points that Mr. Wingate made and that we have made repeatedly, we think, we hope, is that this completely broken relationship between the trustee and Ms. Baskin, the beneficiary.

Mr. Walkup, for 30 years, we would submit, and the evidence shows, essentially ran over Ms. Baskin in the sense that he made her do what he wanted her to do, where she wanted to live -- made her live where he wanted her to live by withholding funds that he could have allowed her to have.

And you may recall, Your Honor, when we came before you last -- a year and half ago, in 2021, we wound up fashioning a settlement agreement, a Temporary Settlement Agreement that was essentially what we had proposed a year or two prior to that to Mr. Ben Bruner.

And that is a letter that is in the file, and we proposed a budget. And we actually wound up, with your help, with a budget that exceeded

what we had offered to do. But that budget is not a spendthrift budget. It's not a budget that was intended to or does give her a bunch of discretionary money to spend. She's not running up credit cards.

You may recall, Your Honor, that the testimony in the trial was that Ms. Baskin has a credit score of 800 -- that exceeds 800. So the idea -- this whole notion that they hang their hat on, that Mr. Walkup hangs his hat on that Jane Baskin can't handle money is belied by the fact that she handles the money very well.

She has credit cards -- you may recall the testimony is that she has credit cards that are paid every month, religiously. She has borrowed money from a friend so she could improve the house because Mr. Walkup won't give her the money out of the trust to improve the house. And that's being paid very slowly, interest only, I think, at this point, because of the friendship that she has with Pat Watson. The dear friendship.

But this relationship is -- can't go forward. We can't go back to where we were. Something has to change. And it changed

monumentally for the better with Your Honor's help on January 6, 2021. The Temporary Settlement Agreement has been modified slightly, but it has worked. Jane is living comfortably in her home where she wants to live. She has 24/7 care. It's not a perfect situation.

Michelle Nunn pointed out some things that she needs, and we're, you know -- and she will be perfectly happy to -- we want to meet those recommendations that Michelle Nunn has suggested.

But we met virtually all of them before, the ones that we were given money to meet. We got her a wheelchair. We got her in her house. It's handicap accessible. She's out of the unsafe place where Mr. Walkup placed her, and now she's in a safe place. Could it be made safer with a porch on the back? Yes, it can be. We want that. Michelle Nunn recommends it. There's money in the trust to fund it. We request that the Court order it.

But beyond that, we're satisfied with -- maybe a little bit of tweaking, we're satisfied with the budget that Your Honor helped us to fashion. Keep in mind that some of that money,

that budget includes some money that is Jane's outright.

One other point I would make, Your Honor, just as a reminder, the trust fund includes money that Jane gave Mr. Walkup to invest for her years ago from property that she sold. You may recall Mr. Stevenson testifying that he handled some property sales over at the old farm in Bishopville and gave Jane a series of checks. One was a big one for $13,000.

Jane gave it to Mr. Walkup to invest for her, and he just threw it in the trust and just started using that to care for Jane. It wasn't his money to do that with. She trusted him. She trusted him to invest this money. And he wouldn't give it back.

So, Your Honor, here we are. This is a court of equity. We are here at your mercy, frankly. Jane is desperate to stay where she is. She -- who knows how much longer she has in this life. Who knows how much longer any of us has in this life. But as long as she's in this life, she deserves better than living in a two-bit apartment with one way in and one way out and a bathroom that she can't even get into.

And so, Your Honor, we would just respectfully ask that you leave the status quo. You make it a permanent order of this court. You remove Mr. Baskin [sic] as the day-to-day trustee. You know, Mr. Weatherly will have to get with the Court about whether he is willing to continue as the special trustee or a trustee in some fashion, but of, course, he has been doing this for -- now for a year and a half, you know, without any sort of remuneration. And that's -- you know, I don't think that's fair to him.

And finally, Your Honor, there's one other thing I want to bring to the Court's attention or to remind the court of and that is this: You know, how this matter has been handled, and maybe I'm sure that there's plenty of criticism that can be directed toward me, but today, putting Jane's cousin on the stand to say the horrible things that she said about Jane, bringing her to tears, to add zero to this case, nothing of relevance to this case, is indicative of some of the other things that we've seen in this case.

And by that, I mean, as you know now, with

a motion before you, that I'm not going to argue the motion right now, but Your Honor's aware that Mr. Baskin -- Mr. Walkup, excuse me, has now filed a lawsuit against Alex Weatherly, your court-appointed trustee, and Michele Moseley for alleging the exact same things that he alleged in his amended complaint here. The exact same thing.

So now instead of -- instead of us, you know, trying to help Jane and at this point without fee, now we've got to hire lawyers to defend Jane -- excuse me, Michele Moseley and Alex Weatherly because Mr. Baskin -- Mr. Walkup has got his feelings hurt.

And, you know, there's a motion to dismiss pending. We'll argue that over there in the circuit court. You're aware of it because there's a motion pending before you because we think it was a violation of your stay order.

But if you look at that, there are just -- there are bald-faced allegations of some collusion, some conspiracy, some horrible, intentional conspiracy to harm Mr. Walkup. And there has been zero evidence, zero evidence put forth in this Court, where all the evidence has

been put forth before this Court, there has been absolutely no evidence of such a thing.

Mr. Weatherly has conducted himself and the Court has already found at least at one point Mr. Weatherly has conducted himself in an exemplary fashion. He's reported to the Court regularly, unlike Mr. Walkup. He has shown every dime he spent and where it went. And he's reported to the Court as he's been requested to do by the Court.

And for him to be sued over this is, frankly, an outrage. And for Ms. Moseley to be sued is maybe more of an outrage.

One more thing and I'll stop. Michele Moseley, for all her faults, we all have faults, she's not perfect. She's not a certified anything. But there is no one on this earth that cares more for this lady than Michele. Nobody.

I've watched it. You've watched it. These lawyers have watched it. Mr. Walkup has watched it. And it's sincere. It's not about money. It's not about inheritance. It's about nothing but sincere loyalty and love between two women.

And for her to get sued and for her to

be -- for there to be a suggestion by these people that there's some collusive action going on to unduly influence without any evidence whatsoever is just wrong.

Your Honor, we would just ask that you leave the status quo like it is, make it a permanent order. Help us out with -- and I presume that our petition for fees will be heard at another date. We have to bring those up to date, and we would ask that a hearing be set for that. And we would ask that Mr. Walkup be required to pay them. Thank you.

THE COURT: All right. Ms. DuRant.

MS. DuRANT: May it please the Court, Your Honor.

THE COURT: Yes, ma'am.

MS. DuRANT: There's lots to digest, what we just heard. I heard hurt feelings from Mr. Detwiler. I heard hurt feelings from Mr. Weatherly. I heard hurt feelings from Ms. Jane Baskin. I apologize, I keep referring to her as Jane, but just my pure lack of formality, and I apologize for that.

I heard of hurt feelings of Michele Moseley. I heard of hurt feelings of Bill

Walkup. I heard allegations levied against Biff and me. And, again, I'm not saying that I didn't contribute to any of the process of this litigation, but I want to bring us back to what this is all about. And, quite frankly, it's really not about Bill and Jane. It's about Eldridge Baskin and what he wanted for his daughter.

And you know better than anybody, it all comes down to this last will and testament. It's not what Mr. Baskin -- Eldridge Baskin stated in his will, not what Jane believes, not what Bill believes. And I'm sorry hurt feelings are involved, but Mr. Baskins [sic] is following the dictates of what Mr. Eldridge Baskin instructed in his will.

The very first statement of his will, he said, "I, Eldridge Baskin, of the County of Richland, State of South Carolina, do hereby make, publish, and declare this to be my last will and testament."

And he moves on to Article 3 where he talks about the trust. He says -- and this is key, Your Honor -- "The sole purpose of this trust created hereunder being to provide for the

well-being of Jane E. Baskin so long as she shall live."

Our biggest concern, and I'm sure you're tired of hearing about it, I'm sure the other side is hearing about it, but it's not going to go away. This money is not in perpetuity. We only have a limited amount of funds.

I wish Ms. Baskin could have everything she wants. I truly do. But life just isn't that way.

And, again, as you know better than anybody else in this court, a trust benefit -- a trustee/beneficiary relationship has that inherent tension. Mr. Baskin -- Mr. Eldridge Baskin did not give this money to his daughter outright. Plain and simple. He wanted William Walkup to control it for the benefit of his daughter so long as she shall live.

You can take that very unambiguous language to conclude that Mr. Eldridge Baskin did not want his daughter living in any destitute situation. He did not want her living in a Medicaid facility. He does not want her living in any government-run institution.

We have moved on past the apartment. The

apartment is over and done with. She is in her house. I'm happy she's in her house. But this increasing of monthly distributions from the trust, it's just simply going to run out. I don't know how to emphasize that any more.

Bill, how much longer before the funds run out?

MR. WALKUP: 34 months.

MS. DuRANT: She has 34 months left of trust funds for her to live the way she is living. And from what I've heard, nobody's suggesting she is going to pass any time in those 34 years -- 34 months, I'm sorry. Excuse me. 34 months.

Throughout Eldridge's last will and testament, he gives such broad discretion, sole discretion to Mr. -- complete and absolute discretion, absolute discretion, again, throughout the clear and unambiguous terms of his will to William B. Walkup.

I know there's an argument that he, you know, didn't properly report as required under the Trust Code. Well, this will was enacted well before the Trust Code existed. And I know Your Honor cited to the restatement in a

previous order stating that there is a requirement to provide accounting. I believe if you look up that law, it's not the word "accounting"; it's report to the individual. Mr. Walkup did such.

But all that being said, and I keep hearing -- I feel like we're getting in an academic debate over trust law sometimes in this case. I heard a lot about growth. I heard a lot about income. I heard a lot about investment schemes.

But at the end of the day, Mr. Detwiler just conceded that Mr. Walkup has done a superb job in managing the funds for this trust. So the whole growth-versus-income argument to me is a bit of a red herring.

The reporting, as Al Moses has already talked about, we believe that Bill has done an adequate job of doing that.

But I have to come back to, Your Honor, has to consider the words of Mr. Eldridge Baskin. And I understand that there are hurt feelings and desires and wants from both Bill and Jane, but we are constrained by what Mr. Baskin wants.

And then we -- in the sake of time and

brevity, we filed that Rule 41 motion with Your Honor. Those contain much more technical arguments about the statute of limitations. It also goes into detail about how there's been no statutory breach of 62-7-706(b), which is statute about the removal of a trustee. We believe that Ms. Baskin's claims are barred by the statue of limitations. And we also rely on 62-7-1006, that at all times Mr. Walkup has acted with reasonable reliance.

The argument about self-dealing, again, I think that's a lot about nothing. Mr. Walkup owned just a portion of that apartment share, but, quite frankly, Mr. Walkup's wealth was not terribly increased by any rent that Ms. Baskin's trust may have paid for her apartment.

Needless to say, the apartment issue is gone and done. She is in her home. And I am sorry that there is a broken relationship that Mr. Detwiler referred to, but I come back to Ms. Moseley and Ms. Baskin sending those -- and Mr. Weatherly sending those definitive letters to Mr. Walkup to -- essentially to create that intentional wall between he and his beneficiary.

And I conclude with this, Your Honor. We

rest on our motion that we filed with you. But I am sorry for all the hurt feelings to the extent that carries any water here. But obviously, it hits the emotions of everyone here, and I appreciate the Court's patience with dealing with everybody's emotions and arguments.

But at the end of the day, Mr. Walkup pledged his allegiance to Mr. Eldridge Baskin under Exhibit 1, the very first exhibit in this trial. And he promised Mr. Walkup -- I mean, Mr. Baskin to take care of his daughter so long as she shall live. That does not include living in any government-assisted facility.

And for those reasons, Your Honor, we ask that you deny all relief requested by the petitioners, and you award attorney's fees in our favor. And thank you for your time and patience with us.

THE COURT: Thank you all so much. It's been a very emotional journey, as you described, Ms. DuRant, for everybody involved. We can all agree on that part.

Certainly, I'm going to take the time appropriate to render my decision. It will be quick. It will be in writing. So if there's

anything you think I have not received -- I know there's been a lot of paper shuffled at the last few moments. I promise you, I assure you, I have read what has been filed to date, and I intend to read everything. As late as last night.

So I will make sure you have a well-informed decision. And, again, it will be quick because I know it's been long overdue for everyone to have finality. And I wish you the best. I wish you a good weekend most urgently.

MR. SOWELL: Thank you, Your Honor.

MR. DETWILER: Your Honor, one procedural question.

THE COURT: Certainly.

MR. DETWILER: As you know, we've both just been handed that motion under 41(b) for directed verdict. I don't know how appropriate it is since we spent four days trying this case.

Do I need to respond to that? I don't know that I really do.

THE COURT: I'll let you take the weekend and read it. I know it was handed to us both. I tried to read it in the hallway and got to about page 3, and I want to give it more

attention than that.

MR. DETWILER: Okay.

THE COURT: Certainly we'll go back to the references that are made in that document. So if you want me to consider something, you know, let me know Monday if you need 24 hours to respond --

MR. DETWILER: Okay.

THE COURT: -- in writing if you want to, and I will certainly give you that time.

MR. DETWILER: Thank you.

MR. SOWELL: Thank you, Your Honor.

THE COURT: Nice to met you young men. You have watched a good trial.

MR. DETWILER: Thank you, Your Honor.

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(The hearing concluded at 5:31 p.m.)

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CERTIFICATE OF REPORTER

I, Sheri L. Byers, Registered Professional Reporter and Notary Public of the State of South Carolina at Large, do hereby certify:

That the foregoing proceedings were taken before me on the date and at the time mentioned on page 1 and the proceedings were recorded stenographically by me and were thereafter transcribed under my direction; that the foregoing transcript as typed is a true, accurate and complete record of the proceedings to the best of my ability.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 21st day of September, 2021, at Lexington, Lexington County, South Carolina.

_____

Sheri L. Byers,
Registered Professional Reporter,
Notary Public
State of South Carolina at Large
My Commission expires:
October 30, 2023

EXHIBIT A

EXHIBIT NO. 44
WITNESS
DATE 11-4-2020
THOMPSON COURT REPORTING INC.

STATE OF SOUTH CAROLINA)
) LAST WILL AND TESTAMENT
COUNTY OF RICHLAND)

I, ELDRIDGE BASKIN, of the County of Richland, State of South Carolina, do hereby make, publish, and declare this to be my Last Will and Testament, hereby revoking any and all other Wills and Codicils heretofore at any time made by me.

I.

I direct that all my just debts and funeral expenses be paid by my Personal Representative hereinafter named, as soon as practicable after my death.

II.

I hereby give, devise, and bequeath unto my daughter, Jane E. Baskin, absolutely and in fee simple, my house and lot located at 316 Summerlea Drive, Columbia, South Carolina, all of my interest in two parcels of land containing 5.79 acres and 6.26 acres in Lee County, South Carolina, all of my interest in that certain tract of land containing 21.62 acres in Lee County, South Carolina, and all my personal and household effects of every kind including, but not limited to, furniture, appliances, furnishings, pictures, silverware, china, glass, books, jewelry, wearing apparel, any and all automobiles, and all policies of fire, burglary, property damage, and other insurance on or in connection with the use of this property.

III.

All the rest, residue, and remainder of my property, both real and personal, of which I may die seised and possessed, I give, devise, and bequeath unto my trustee, hereinafter named, in trust, to be held, administered and distributed as hereinafter provided for the sole benefit of my daughter, Jane E. Baskin, the sole purpose of the trust created hereunder being to provide for the well being of Jane E. Baskin so long as she shall live. This will and the provisions thereof are to be construed in the light of this purpose and while this shall not have the effect of limiting in any way the power, authority or discretion of the trustee hereunder, it shall at all times be borne in mind by the trustee when considering the matter of any encroachment upon the principal of the trust created hereunder.

The trustee shall receive, take and hold the properties and assets of the trust created hereunder and shall invest and reinvest the same, and collect and receive the income therefrom, and, after payment therefrom of all proper costs, charges and expenses, shall dispose of the net income and principal for the benefit of Jane E. Baskin as follows:

(1) So long as my daughter, Jane E. Baskin, shall live, the trustee shall pay to or apply for the benefit of my said daughter

1

EXHIBIT
1

Walkup 00001

all of the net income of the trust in such manner as my trustee shall deem suitable.

(2) My trustee may, and shall be authorized and empowered, in its complete and absolute discretion, to encroach upon and make disbursements from principal to or for the benefit of Jane E. Baskin, at any time and from time to time, in such amount as my trustee may deem proper, for the medical care, comfortable maintenance, and welfare of my said daughter, taking into consideration to the extent my trustee deems advisable, any other income or resources of my said daughter known to my trustee.

(3) Upon the death of Jane E. Baskin, the remaining property of this trust together with any undistributed or accumulated income shall be divided and paid over and distributed to those persons then living who would then be my heirs, their identities and respective shares to be determined in accordance with the law then in effect in the State of South Carolina, as if I had then died intestate.

IV

My personal representative and my trustee, as hereinafter named, respectively, is authorized in its absolute discretion with respect to any property, real or personal, at any time held under any provision of this Will and without authorization by any court and in addition to any other rights, powers, authority and privilege granted by any other provision of this will or by statute or general rules of law:

(1) To retain in the form received any property or undivided interests in property owned by me at the time of my death, including residential property, regardless of any lack of diversification, risk or nonproductivity, as long as it deems advisable, and to exchange any such security or property for other securities or properties and to retain such items received in exchange, although said property represents a large percentage of the total property of my estate or the trust estate or even the entirety thereof.

(2) To invest and reinvest all or any part of my estate or the trust estate in any property and undivided interests in property, wherever located, including bonds, debentures, notes, partnerships, real estate or any interest in real estate whether or not productive at the time of investment, interests in trusts, investment trusts, whether of the open and/or closed fund types, and participation in common, collective or pooled trust funds, without being limited by any statute or rule of law concerning investments by fiduciaries.

(3) To sell or dispose of or grant options to purchase any property, real or personal, constituting a part of my estate or the trust estate, for cash or upon credit, to exchange any property of my estate or the trust estate for other property, at such times and upon such terms and conditions as it may deem best, and no person dealing with it shall be bound to see to the application of any monies paid.

(4) To hold any securities or other property in its own name as personal representative or trustee, in its own name, in the name

Walkup 00002

of a nominee (with or without disclosure of any fiduciary relationship) or in bearer form.

(5) To keep, at any time and from time to time, all or any portion of my estate or the trust estate in cash and uninvested for such period or periods of time as it may deem advisable, without liability for any loss in income by reason thereof.

(6) To sell or exercise stock subscriptions or conversion rights.

(7) To refrain from voting or to vote shares of stock owned by my estate or the trust estate at shareholders' meetings in person or by special, limited, or general proxy and in general to exercise all the rights, powers and privileges of an owner in respect to any securities constituting a part of my estate or the trust estate.

(8) To participate in any plan of reorganization or consolidation or merger involving any company or companies whose stock or other securities shall be part of my estate or the trust estate, and to deposit such stock or other securities under any plan of reorganization or with any protective committee and to delegate to such committee discretionary power with relation thereto, to pay a proportionate part of the expenses of such committee and any assessments levied under any such plan, to accept and retain new securities received by my personal representative or trustee pursuant to any such plan, to exercise all conversion, subscription, voting and other rights, of whatsoever nature pertaining to such property, and to pay any amount or amounts of money as it may deem advisable in connection therewith.

(9) To borrow money and to encumber, mortgage or pledge any asset of my estate or the trust estate for a term within or extending beyond the term of the trust, in connection with the exercise of any power vested in my personal representative and trustee.

(10) To enter for any purpose into a lease as lessor or lessee with or without option to purchase or renew for a term within or extending beyond the term of the trust.

(11) To subdivide, develop, or dedicate real property to public use or to make or obtain the vacation of plats and adjust boundaries, to adjust differences in valuation on exchange or partition by giving or receiving consideration, and to dedicate easements to public use without consideration.

(12) To make ordinary or extraordinary repairs or alterations in buildings or other structures, to demolish any improvements, to raze existing or erect new party walls or buildings.

(13) To continue and operate any business owned by me at the my death and to do any and all things deemed needful or appropriate by my personal representative and trustee, including the power to incorporate the business and to put additional capital into the business, for such time as it shall deem advisable, without liability for loss resulting from the continuance or operation of the business except for its own negligence; and to close out, liquidate, or sell the business at such time and upon such terms as it shall deem best.

Walkup 00003

(14) To collect, receive, and receipt for rents, issues, profits, and income of my estate or the trust estate.

(15) To insure the assets of my estate or the trust estate against damage or loss and my personal representative and trustee against liability with respect to third persons.

(16) In buying and selling assets, in lending and borrowing money, and in all other transactions, irrespective of the occupancy by the same person of dual positions, to deal with itself in its separate, or any fiduciary, capacity.

(17) To compromise, adjust, arbitrate, sue on or defend, abandon, or otherwise deal with and settle claims in favor of or against my estate or the trust estate as my personal representative and trustee shall deem best.

(18) To employ and compensate agents, accountants, investment advisors, brokers, attorneys-in-fact, attorneys at law, tax specialists, realtors, and other assistants and advisors deemed by my personal representative and trustee needful for the proper administration of my estate and trust estate, and to do so without liability for any neglect, omission, misconduct, or default of any such agent or professional representative provided he was selected and retained with reasonable care.

(19) To determine, irrespective of statute or rule of law, what shall be fairly and equitably charged or credited to income and what to principal notwithstanding any determination by the courts or by any custom or statute, and whether or not to establish depreciation reserves.

(20) To make payment in cash or in kind, or partly in cash and partly in kind upon any division or distribution of my estate or the trust estate without regard to the income tax basis of any specific property and to value and appraise any asset and to distribute such asset in kind at its appraised value.

(21) To exercise any power herein granted with reference to the control, management, investment, or disposition of my estate or the trust estate either as personal representative or trustee without having to declare in which capacity it is acting.

(22) In general, to exercise all powers in the management of my estate or the trust estate which any individual could exercise in his or her own right, upon such terms and conditions as it may deem best, and to do all acts which it may deem necessary or proper to carry out the purposes of this will.

V

Except as otherwise provided herein, all payments of principal and income payable, or to become payable, to the beneficiary of the trust created hereunder shall not be subject to anticipation, assignment, pledge, sale or transfer in any manner, nor shall any said beneficiary have the power to anticipate or encumber such interest, nor shall such interest, while in the possession of the trustee, be liable for, or subject to, the debts, contracts, obligations, liabilities or torts of the beneficiary.

Walkup 00004

VI

I hereby nominate, constitute and appoint as personal representative and trustee of this my Last Will and Testament William B. Walkup and direct that he shall serve without bond.

IN WITNESS WHEREOF, I, Eldridge Baskin, testator, sign my name to this instrument this 10th day of September, 1990, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Eldridge Baskin (L. S.)
Eldridge Baskin

We, Aisha Afana, and Benjamin B. Boyd, the witnesses, sign our names to this instrument, and at least one of us, being first duly sworn, does hereby declare, generally and to the undersigned authority, that the testator signs and executes this instrument as his last Will and that he signs it willingly, and that each of us in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Witness

Witness

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

Subscribed, sworn to, and acknowledged before me by Eldridge Baskin, the testator, and subscribed and sworn to before me by Aisha Afana, witness, this 10th day of September, 1990.

Notary Public for South Carolina
My commission expires: 6/26/98

Walkup 00005

F-up 4/18

ELLIS LAWHORNE

RITA BRAGG CULLUM
rcullum@ellislawhorne.com

April 7, 2008

PERSONAL & CONFIDENTIAL
Mr. William B. Walkup
William B. Walkup and Associates, Inc.
142 Atrium Way
Columbia, South Carolina 29223

Re: Jane E. Baskin
Trust under Will of Eldridge Baskin FBO Jane E. Baskin
Our File No.: 4933EP

Dear Bill:

Thank you for taking the time to talk to me last week. As you know, I represent Jane Baskin with regard to her personal estate plan as well as to the above-referenced trust. As I indicated to you, South Carolina enacted a version of the Uniform Trust Code, same which became the law in our state as of January 1, 2006. This new body of law that pertains to trusts, confirms existing duties of Trustees and creates additional duties for Trustees to perform. Specifically, Section 62-7-813, Code of Laws of South Carolina (1976) as amended addresses the duty to inform and report to trust beneficiaries. Subparagraph (c) specifically provides that financial information should be provided at least annually to beneficiaries. Accordingly, this letter will serve to request that you provide me with a current accounting of the trust. This should include a listing of all of the current assets along with their values ad well as details as to the expenses during 2008. Once we review that information, we will determine whether we need additional information.

As to funds that you manage for Jane that are her assets we would like to have a current statement of account. It is my understanding that both an automobile as well as some real property have been sold which should have been invested.

I have enclosed an Authorization that has been signed by my client allowing you to forward this information to me.

I would appreciate hearing from you on or before April 30, 2008.

Very Truly Yours,

ELLIS, LAWHORNE & SIMS, P.A.

Rita Bragg Cullum

RBC/amm
Enclosures

EXHIBIT
2

March 17, 2008

Authorization

This will serve to authorize William B. Walkup and his staff to release any and all information to Rita Bragg Cullum, Esq. and her staff at Ellis, Lawhorne & Sims, PA as may be requested by Rita Bragg Cullum, Esq. and her staff at Ellis, Lawhorne & Sims, PA. This will further serve to authorize William B. Walkup and his staff to engage in discussions with Rita Bragg Cullum, Esq. and her staff at Ellis, Lawhorne & Sims, PA as may be requested by Rita Bragg Cullum, Esq. and her staff at Ellis, Lawhorne & Sims, PA.

Jane E Baskin

Jane E. Baskin

Witnesses:

Ann M. Metre

Gail Swayne

WILLIAM B. WALKUP & ASSOCIATES, INC.
FINANCIAL ADVISORY AND INVESTMENT MANAGEMENT SERVICES
142 ATRIUM WAY
COLUMBIA, SOUTH CAROLINA 29223

PHONE (803) 462-9395
FAX (803) 462-9396

COPY

Ms. Rita Cullum
Ellis, Lawhorne & Sims
PO Box 2285
Columbia, SC 29202

Dear Rita,

See attached a list of assets and 2008 expenses you requested.

Investment Assets of the Eldridge Baskin Trust as of 12/31/2007

TD Ameritrade Brokerage Account	$183,339.79
Wachovia Checking	$2,551.84
Columbia Cash Reserves Investment Partnership	$36,835.64
Equity 95 Investment Partnership	$88,240.00
	$310,967.27

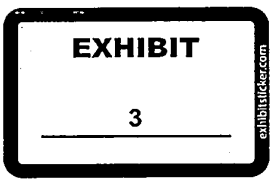
Rental House	
1307 Ashley St.	$43,000.00

The final distribution from the Baskin Heirs property in Lee County ($3978.39) was made 8 years ago and the portion that Jane did not receive directly was invested in the Columbia Cash Reserves account above. Without a lot of tracing, I can tell you that expenses on Jane's personal home, such as a new roof, heating & air, plumbing and many other expenses used up those funds. Also the purchase of an automobile in 2001 for approximately $13,000.00 came mostly from the trust. When the car was sold in April 2007 for $5,600.00, the funds were reinvested in the Trust account.

In spite of the many expenses of the Trust, these funds have grown since 1990. When Jane has to move to assisted living it is clear that her assets will be depleted long before her life expectancy.

Yours truly,

William B. Walkup



Baskin Trust 2008 Expenses

SCE&G	$ 1,226.52
Hawthorne Pharmacy	$ 485.40
Cash Advances to Jane	$ 500.00
Doctor Bills	$ 54.00
US Treasury (Taxes)	$ 173.00
Trustee Fees, Accounting fees, tax preparation fees for Trust and Jane All for 2008	$ 4,600.00
Total -	$ 7,038.92

#1

EXHIBIT NO.
WITNESS
DATE
THOMPSON COURT REPORTING INC.

Instrument Number: 2008028688 Book/Page: R 1420/646 Date Time: 04/15/2008 11:26:44:357

Book 1420-646
2008028688 04/15/2008 11:26:44:357 Power of Attorney
Fee:$17.00 County Tax:$0.00 State Tax:$0.00

2008028688 Richard W. Rodden Richland County ROD

STATE OF SOUTH CAROLINA)
) DURABLE POWER OF ATTORNEY
COUNTY OF RICHLAND)

KNOW ALL MEN BY THESE PRESENTS that I, **Jane E. Baskin**, do hereby constitute and appoint **Katherine A. Parr** to serve as my true and lawful Agent to set in, manage, and conduct all my estate and all my affairs for me and in my name, place and stead, for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing and executing, with the full power to have and to exercise the following powers in a fiduciary capacity, without authorization of any court and in addition to any other rights, powers, or authority granted by statute or general rule of law. In the event my named Agent should die, resign or become incapacitated, then I hereby constitute and appoint **Karl P. Parr** as successor or standby Agent, with all rights and obligations as if he were originally appointed.

REVOCATION OF PRIOR POWERS

I hereby revoke all powers of attorney, general and/or limited, heretofore granted by me as principal and terminate all agency relationships created thereunder, including those of all successor Agents named therein, if any, except that powers granted by me on forms provided by financial institutions granting the right to write checks or deposit funds to and withdraw funds from accounts to which I am a signatory or granting access to a safe deposit box and any health care power of attorney that I may have executed shall not be revoked, but shall continue in full force and effect.

SPRINGING POWER LIMITATION

This Power of Attorney shall not be affected by the physical disability or mental incompetence of the principal, which renders the principal incapable of managing her own estate. Notwithstanding any provision herein to the contrary, my Agent shall take no action under this instrument unless (a) I am deemed to be incapacitated as defined herein or (b) I have executed a certificate that from and after the date of execution thereof my Agent is fully authorized to act under this instrument, provided, however, that such certificate shall be attached to the original of this instrument (and photocopies thereof shall be attached to photocopies of this instrument) and if this instrument is filed or recorded among public records, then such certificate shall also be similarly filed or recorded if permitted by applicable law.

My incapacity shall be deemed to exist when my incapacity has been declared by a court of competent jurisdiction or upon presentation to my Agent of a certificate executed by two licensed physicians which opinion of such physicians states that I am incapable of caring for myself and that I am physically or mentally incapable of managing my financial affairs. The effective date of such incapacity shall be the date of the order or decree adjudicating the incapacity, or the date of the certificate of the two physicians described above, whichever first occurs. A certified copy of the order or decree declaring incapacity or the certificate of the physicians described above shall be attached to the original of this instrument (and photocopies thereof shall be attached to photocopies of this instrument) and if this instrument is filed or

EXHIBIT
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exhibitsticker.com

Walkup 00025

recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

I will be deemed under this instrument to have regained capacity if there is a finding to that effect by a court of competent jurisdiction or upon presentation to my Agent of a certificate executed by two licensed physicians which states the opinion of such physicians that I am capable of caring for myself or that I am physically and mentally capable of managing my financial affairs. A certified copy of the order or decree declaring my capacity or the certificate of the physicians described above shall be attached to the original of this instrument (and photocopies thereof shall be attached to photocopies of this instrument) and if this instrument is filed or recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

If this power of attorney becomes effective because of my disability or incapacity and subsequently I am no longer disabled or incapacitated, as evidenced in the manner provided above, this power of attorney shall not be revoked but shall become effective again upon my subsequent disability or incapacity as provided above or upon my subsequent certification that such power shall be or has become effective.

I hereby waive voluntarily any physician-patient privilege or psychiatrist-patient privilege that may exist in my favor and I authorize physicians and psychiatrists to examine me and disclose my physical or mental condition in order to determine my incapacity or capacity, for purposes of this instrument.

POWERS IN GENERAL

1. To sell or exchange, mortgage, convey, lease, contract with respect to, or option any property of mine, whether real, personal or mixed, which I may now own or hereafter acquire, specifically including, but not limited to real estate, stocks, bonds or other securities, upon such terms and conditions (including credit) as my Agent shall deem best in the Agent's absolute discretion;

2. To sign checks withdrawing or transferring funds or money from any financial institutions, including banks or savings and loan associations, in which money may be deposited in my name alone or in joint name with someone else, and to accept, sign, seal, negotiate, acknowledge, collect and endorse any checks, drafts or other instruments for the payment of money, including Social Security and other United States Government checks and any state government checks;

3. To borrow money and execute notes or other instruments securing the repayment and to pledge as security therefor any stocks, bonds securities, or property which I may own, and/or to mortgage any real or personal property which I may own, in order to secure said loan;

4. To receive, take, hold, possess, invest, manage and/or collect any monies or other property which may become due me and to give receipts therefor;

5. To maintain, protect, preserve, remove, store, transport, repair, build on, rebuild, alter, modify or improve any property of mine or any part thereof;

6. To be my lawful proxy and to vote any stock or security I may own or hereafter acquire, and to exercise all rights, privileges and options to said stocks and securities, including participation in plan(s) of reorganization, consolidation and/or merger;

7. To invest and reinvest from time to time any funds, money or property which I may own, in the Agent's absolute discretion in any property of any type;

8. To prepare, file and sign on my behalf such tax and other returns as may be required by any State of the Union and the United States of America, and claims for refund thereto;

9. To initiate or engage in legal proceedings of any nature, including but not limited to legal, equitable or administrative proceedings, on my behalf as either plaintiff, defendant, petitioner, respondent or in any other capacity;

10. To acquire and continue insurance on any of my property or for my benefit and to exercise all options and elections permitted by said contracts of insurance on my behalf;

11. To establish trust funds, revocable or irrevocable, funded or unfunded, for the benefit of me;

12. To transfer at any time to the trustee of any revocable trust agreement created by me before or after the execution of this Durable Power of Attorney, as to which I am, during my lifetime, a primary income and principal beneficiary, any or all of my cash, property or interests in property;

13. To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled and to exercise any right to claim an elective share of any estate;

14. And, generally, to do and perform all and every act, deed, matter, and thing to manage and control my property and affairs and to execute any and all instruments necessary or expedient for that purpose as I might do, if personally present.

SAFE DEPOSIT BOX AUTHORIZATION

My Agent is hereby authorized to have access at any time or times to any safe deposit box rented by me or by me with another, wherever located, in order to remove my original durable power of attorney or to withdraw anything from said safe deposit box; and any institution in which any such safe deposit box may be located is not required to make any inquiry, and shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power. The power is exercisable without (i) any contact with or notice to me or any persons interested in my estate; (ii)

any prior court order or authorization; (iii) any knowledge of or any prior determination of my mental or physical capacity or incapacity (unless this Power of Attorney is specifically subject to a "springing power" limitation); (iv) any knowledge as to my whereabouts regardless of whether my whereabouts are known or unknown or (v) any inquiry.

GENERAL PROVISIONS

1. AND I, the said Jane E. Baskin do hereby ratify and confirm all acts of my Agent, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person, and this instrument shall be effective until revoked in writing and filed in the public records of the county first set out above or shall cease by operation of law and shall be binding upon myself, my heirs, devisees, legatees, beneficiaries, legal representatives, and assigns.

2. This instrument is to be construed and interpreted as a general Power of Attorney without limitation or reservation. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my said Agent.

3. No person who may act in reliance upon the representations of my Agent for the scope of authority granted to the Agent shall incur any liability to me or to my estate as a result of permitting the Agent to exercise this authority; nor is any such person who deals with my Agent responsible to determine or ensure the proper application of funds or property.

4. This Power of Attorney shall not be affected by the physical disability or mental incompetence of the principal, which renders the principal incapable of managing her own estate.

5. My Agent may resign at any time by giving a written resignation to me and filing a copy of said resignation in the public records of the county first set out above.

6. My Agent is authorized and empowered to appoint a substitute Agent to act and serve as my Agent in the event that: (a) my Agent shall die or become mentally incapacitated or resign prior to my death, and (b) at any of such times there is no successor Agent named in this instrument who is willing and able to serve as my Agent. Such appointment shall be made in a written instrument that shall: (a) specify the event or events upon which such substitution shall become effective, (b) be signed by my Agent, and (c) be attached to this instrument.

7. My Agent may be removed by me or this Power of Attorney may be amended or revoked by me by my filing a written instrument in the public records of the county first set out above.

8. My Agent and my Agent's heirs and assigns are hereby released by me and my heirs and assigns from any liability whatsoever on account of any failure of my Agent to act pursuant to this Power of Attorney.

Durable Power of Attorney
Jane E. Baskin

9. Notwithstanding any other provision to the contrary, my Agent's legal obligations shall not be satisfied out of any of the property subject to this Power of Attorney, nor may it be exercised in favor of my Agent's estate, my Agent's creditors, or the creditors of my Agent's estate.

10. My Agent shall not be required to file an accounting or inventory with any Probate Court, but shall maintain accurate records and/or books of account in order to account to me or my heirs or my personal representatives. I direct that no surety bond or security shall be required of my Agent, even after my mental disability.

11. Notwithstanding any other provision herein to the contrary, my Agent shall not have any power with respect (a) to any life insurance policy that I may own on the life of my Agent, or (b) any trust created by my Agent as to which I am a trustee.

12. An Agent acting hereunder shall be deemed "incapacitated" under any one or more of the following circumstances: (i) during any period that the individual is legally incompetent as determined by a court of competent jurisdiction; (ii) during any period beginning when two physicians licensed to practice medicine certify in writing that, in their opinion, the individual, as a result of illness, age or other cause, no longer has the capacity to act prudently or effectively in financial affairs and continuing until two such physicians (whether or not those making the initial determination) certify in writing that, in their opinion, the individual's capacity is restored; or (iii) during any period that a Co-Agent or successor Agent has evidence that the individual is absent without explanation or is being detained against his will under circumstances in which he does not have the capacity to act prudently or effectively in financial affairs.

13. Any Agent acting hereunder shall be entitled to reasonable compensation for services rendered.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 14th day of April, 2008.

Jane E. Baskin

Jane E. Baskin, Principal

SIGNED, SEALED, PUBLISHED AND DECLARED by the principal, Jane E. Baskin, as and for her Power of Attorney in the presence of us, who at the principal's request, in the presence of the principal and in the presence of each other, have hereto subscribed our names as witnesses hereto.

_____ of Columbia, South Carolina

Ami M. Meetze of Lexington, South Carolina

STATE OF SOUTH CAROLINA)
) ACKNOWLEDGEMENT
COUNTY OF RICHLAND)

I, Ami M. Meetze, do hereby certify that **Jane E. Baskin** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this 14th day of April, 2008.

Ami M. Meetze (Seal)
Notary Public for South Carolina
My Commission Expires: July 3, 2012

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

INSTALLMENT CONTRACT FOR SALE OF REAL ESTATE

THIS AGREEMENT is made by William B. Walkup, Joanna S. Walkup and Arthur D. Suggs and assigns, hereinafter referred to as "Seller," and Sheila D. Wolfe, hereinafter referred to as "Purchaser," for the sale and purchase of the property hereinafter described.

For and in consideration of the sum of Forty-Two Thousand and no/100 ($42,000.00) Dollars, each to the other in hand paid and of the mutual covenants and agreements herein, it is agreed by the parties:

1. Seller is the owner of the real property located in County of Richland, State of South Carolina, known as 4409 Ryan Avenue, Columbia, South Carolina 29203, TMS # R09208-12-06, together with all improvements thereon. Seller shall sell and convey, and Purchaser shall purchase said real property, hereinafter referred to as property for the total purchase price of Forty-Two Thousand and no/100 ($42,000.00) Dollars.
2. The Purchase price will be paid as follows: Two Thousand Five Hundred and no/100 ($2,500.00) Dollars as down payment and further payment of Thirty-Nine Thousand Five Hundred and no/100 ($39,5000.00) Dollars, together with interest thereon, payable in monthly installments of principal and interest of $490.00, beginning on May 1, 2016, with a final payment of the entire outstanding principal balance, together with any interest thereon, due on April 1st, 2018. The interest rate for this financing is 6.5%. Above and beyond principal and interest payments, purchaser agrees to pay $110.00 per month to Seller as escrow for payments of property taxes and insurance. The amount of escrow payments will be adjusted by the Seller based upon the actual costs of insurance and property taxes. If Seller does not receive Purchaser's monthly payment within five (5) days after the due date, Purchaser agrees to pay Seller a three percent (3%) late charge which will be due before the next payment date.
3. All payments to be made by Purchaser under this Contract shall be made to Seller at 142 Atrium Way, Columbia, SC 29223, or at such other place as Seller may designate in writing.
4. By June 1, 2016, Purchaser shall make a payment to Seller of the total amount of proceeds from a lawsuit settlement, to be a minimum of $30,000.00.
5. In a reasonable period of time, Seller agrees to purchase and install carpet, vinyl and a central air conditioning unit.

EXHIBIT
5
exhibitsticker.com

Book 2100-3406
2016020140 04/04/2016 14:39:02.277 Contract of Sale
Fee:$11.00 County Tax: $0.00 State Tax: $0.00
2016020140 John T. Hopkins II Richland County R O D

Walkup 01972

6. Title in said property shall be and is reserved to Seller, and Seller's heirs, representatives, successors and assigns, until the purchase price herein is fully paid. Seller shall not cause or permit any act to be done during the life of this Contract that would burden or cloud title to said property or interfere with Purchaser's full use and enjoyment thereof.
7. Seller will obtain adequate homeowner's insurance before giving possession to the Purchaser with the insurer listing the Seller as "Lost Payee".
8. Purchaser has examined Seller's title to said property, and the title is satisfactory to Purchaser. This Contract shall be placed on record in the official records of Richland County immediately after execution thereof. During the life of this Contract, Seller shall pay when due all taxes and assessments against property accruing after the date of closing. This tax and insurance shall be escrowed.
9. During the life of this Contract, Purchaser shall maintain said property, including the improvements, in a state of good repair and condition. Seller shall have the right to inspect property at reasonable times, until final performance by Purchaser.
10. During the life of this Contract, Seller shall insure and keep insurance against fire and other casualty, on all improvements now on property and hereafter built thereon. Such insurance shall be in an amount not less than the existing mortgage balance. All such insurance shall insure all Mortgages, Seller and Purchaser, and their interests may appear. All premiums on such policies shall be paid by Seller from escrow. Unless Purchaser is in default under the terms of this contract, Purchaser shall be entitled to all insurance proceeds less any amount paid Mortgagee and Seller, to the extent of Seller's interest hereunder. Purchaser shall also be responsible for maintaining insurance on his contents. Purchaser shall not make any improvements to the property without the written consent of W. B. Walkup or assigns.
11. Delivery to and acceptance of this Contract by Purchaser shall constitute delivery to and acceptance by Purchaser of possession of the property described herein and shall constitute an acknowledgment by the Purchaser that Purchaser has inspected and examined the property, is satisfied with its conditions, and Purchaser acknowledges that the property is being purchased "as is". The Purchaser assumes responsibility for injury or death on or arising out of the property and also assumes the risk of loss or damage to the buildings now situate or hereafter constructed in or upon said property by fire, casualty or other happening.
12. Time is of the essence of this agreement and if default be made and continue for a period of thirty (30) days in the payment of any of the installments of principal, interest,

or any other items hereinbefore stipulated, when the same become severally due hereunder, or in the payment of any other sum herein agreed to be paid by purchaser, or if default be made in the performance by Purchaser of any other agreement, covenant or obligation of Purchaser hereunder, then in either, or any of said events, the whole unpaid balance due under the terms of this agreement shall; at the option of the Seller, immediately became due and payable and Seller may, at his option; (a) terminate by simple declaration of an election to do so, with or without notice; all of Purchaser's rights under this agreement and all of Purchaser's right, title, and interest in the property; or (b) terminate all of Purchaser's rights under this agreement and all of Purchaser's right, title and interest in the property; or (c) enforce Purchaser's obligations hereunder in any appropriate proceeding, legal or equitable. Purchaser agrees to pay all costs and expenses, including a reasonable sum for attorney's fees incurred by Seller in terminating Purchaser's rights under this agreement or claims to the property or in enforcing any or all of the terms of this agreement, and in appropriate judicial proceedings, if any are initiated to establish or maintain Seller's right or title to and possession of said property after breach by Purchaser, free of any title or claims of Purchaser.

13. (a) Upon Seller exercising the right of termination as provided in paragraph 7, all rights and interest hereby created and then existing in Purchaser shall cease. Purchaser shall thereupon quit and surrender to Seller, without demand, peaceful possession of said property in as good condition as it is now, reasonable wear and tear alone excepted. In the event Purchaser neglects or refuses to surrender such possession, it shall be lawful for Seller to enter upon and take possession of said property without notice and remove all persons and their property.

(b) Seller may, at his option, cause a written declaration to be recorded in the office of the Register of Deeds of the county in which the property is situated, to evidence the exercise of an election to terminate all rights hereunder in accordance herewith. Such declaration when recorded, shall be, as to all subsequent purchasers and encumbrances of the property or any part thereof, conclusive proof of default by Purchaser and of Seller's election to terminate all rights in the property existing by reason of this Contract

(c) All monies paid by Purchaser and all improvements constructed in or upon the property shall be retained by Seller as compensation for the use and occupancy thereof by Purchaser; consideration for the execution of this Contract; and liquidated damages to Seller for such default and not as penalty therefore. .

14. This Installment Contract shall not be assignable by Purchaser without the approval of the Seller.

15. In case any action is brought by either party to enforce this contract or any provision thereof, the successful party in such action shall be entitled to attorney's fees in addition to ordinary taxable costs of suit.

16. Any notice or demand on either party hereunder may be mailed or personally delivered to such party at the following address:

Seller: William B. Walkup (for Joanna S. Walkup and Arthur D. Suggs)
142 Atrium Way
Columbia, South Carolina 29223

Purchaser: Sheila D. Wolfe
4409 Ryan Avenue
Columbia, South Carolina, 29203

17. This Contract constitutes the entire agreement between the Seller and Purchaser, and no change, addition, modification or extension shall be binding on Seller or Purchaser unless reduced to writing and executed by Seller and Purchaser.

Executed the 1st day of April, 2016

Witnesses:

Witness #1 (As to Seller)

Witness # 2 (As to Seller)

W B Walkup
William B. Walkup (for Joanna S. Walkup and Arthur D. Suggs)

Witnesses:

Witness # 1 (As to Buyer)

Witness # 2 (As to Buyer)

Sheila D. Wolfe

Walkup 01975

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

PROBATE AS TO SELLER

Personally before me the undersigned witness, who first being duly sworn, deposes and says that he/she saw the within named Seller sign, seal and as its act and deed, deliver the within written instrument and that he/she with the other person whose signature appears above witnessed the execution thereof.

Witness #1 (As to Seller)

SWORN to before me this
1st day of April, 2016

Celeste H. Ziegler (Seal)
Notary Public for South Carolina

My commission expires: 9/25/22

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND)

PROBATE AS TO PURCHASER

Personally before me the undersigned witness, who first being duly sworn, deposes and says that he/she saw the within named Purchaser sign, seal and as its act and deed, deliver the within written instrument and that he/she with the other person whose signature appears above witnessed the execution thereof.

Witness #1 (As to Buyer)

SWORN to before me this
1st day of April, 2016

Celeste H. Ziegler (Seal)
Notary Public for South Carolina

My commission expires: 9/25/22

Walkup 01976

JENNI-LYNN
ASSISTED LIVING
PREMIER SENIOR LIVING

915 Hook Avenue West Columbia, SC 29169
Phone: 803-926-8600
Fax: 803-926-1840

ANNUAL/ADMISSION MEDICAL EXAMINATION(Page 1 of 2)

Last Name	First Name	M.I	Age	Sex	Uses:
Baskin	Jane				Walker and Cane Wheelchair

1. General diagnosis: Cerebral Palsy

2. Any Contagious or infectious disease? ___ Yes ✓ No

3. Any special condition/care required:
   Dental Problems ___ Yes ___ No ✓
   Podiatry Problems ___ Yes ___ No
   Alzheimer's Disease and or Dementia ___ Yes ✓ No

4. Any condition or habits that would adversely affect the well being of others in the Facility? ___ Yes ✓ No
   If yes, please explain. ___

5. Is the resident able to self-administer medication(s)? ✓ Yes ___ No

6. Does the resident have the physical ability to engage in light, specifically designed low-level, geriatric exercise? ✓ Yes ___ No Specific designed for C.P. patients

7. Is the resident ambulatory, able to enter and exit the facility unassisted?
   ✓ Yes ___ No

8. Does the resident require the daily care or continuous need of a registered or licensed practical nurse? ___ Yes ✓ No

9. Does the resident require any specialized or restricted diet? ___ Yes ✓ No
   If yes, please circle which one. A.No Added Salt B.CCHO(Diabetic Diet)
   C.Mechanical Soft (Chopped) D.Mechanical Soft (Ground) or E.Pureed

10. A Community Residential Care Facility provides room, board, and a degree of personal assistance in the activities of daily living. Can the resident be cared for in such a facility? ✓ Yes ___ No

Physician Signature	Address	Telephone	Date
[signature]	2750 Laurel St Columbia SC	(803)254-5111	2/17/11

EXHIBIT 6

Baskin 0055

JENNI-LYNN

ASSISTED LIVING

PREMIER SENIOR LIVING

ANNUAL/ADMISSION MEDICAL EXAMINATION (page 2 of 2)

Last Name	First Name	M.I.	Age	Sex

First Step PPD Date: _____ **Lot Number:** _____
Results :(mm) _____ **Date:** _____ **Read by:** _____

Please list all medications including treatments that your patient is receiving. If your patient self-medicates, we will use the list to generate a MAR for DHEC's review. Please be specific. Give a definite amount. Remember, Assisted Living Communities are not allowed to do sliding scale insulin; we can administer a standard dosage of insulin. **If you attach a list of meds instead of listing them below, you still must sign and date the attached list for DHEC compliance. Thanks.**

Drug Allergies: ___ Yes ___ No
If yes: _____

Medications: Lasix 20mg b.i.d. for 1 week for
Swelling
Toviaz 8mg q.d. for overactive Bladder
Valium 5mg t.i.d. prn anxiety or Spasms
Driedol 50/660 mg 1/2 tab
Fioricet if needed for headache
Tramadol q 6hr prn pain
Tums 500mg daily

Physician Signature	Address	Telephone	Date
[signature]	2750 Laurel St Columbia SC	254-5711	2/2/11

Baskin 0056

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EXHIBIT NO. #2
WITNESS: Weathers
DATE 12-4-2020
THOMPSON COURT REPORTING INC.

PROPERTY AND FINANCIAL POWER OF ATTORNEY OF JANE E. BASKIN

Book 2189-1681
2017012645 02/23/2017 14:23:55:213 Power of Attorney
Fee: $28.00 County Tax: $0.00 State Tax: $0.00
2017012645 John T. Hopkins II Richland County R.O.D.

Prepared by
Callison Tighe & Robinson, LLC
111 Executive Center Dr., Suite 231
Columbia, South Carolina 29210
(803) 250-2920

EXHIBIT
7
exhibitsticker.com

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PROPERTY AND FINANCIAL POWER OF ATTORNEY OF JANE E. BASKIN

I, Jane E. Baskin, hereby appoint Michele C. Moseley, to serve as my agent and to exercise the powers and discretions set forth below. If she shall be unable or unwilling or unavailable to serve or to continue to serve then I appoint Richard Moseley, Jr. as substitute or successor Agent to serve with the same powers and discretions.

Statement of intent. By this instrument I intend to create a General Durable Power of Attorney under the law of the state of South Carolina.

ARTICLE I.

Modification of Agency. This instrument, and the appointments and succession of persons to serve as Agent hereunder, are subject to modification, as follows:

(1) **Revocation, amendment and resignation.** This instrument may be amended or revoked by me, at any time by the execution by me of a written instrument of revocation or amendment delivered to my Agent and to all Alternate Agents. If this instrument has been filed or recorded in the public records, then the instrument of revocation or amendment shall be filed or recorded in the same public records. Any Agent and any Alternate Agent may resign by the execution of a written resignation delivered to me or, if I am mentally incapacitated, then delivered to any person with whom I am residing or who has the care and custody of me, and to all other Agents and Alternate Agents named above.

(2) **Alternate Agent.** Any party dealing with any person named as an Agent or Alternate Agent hereunder may rely upon as conclusively correct an affidavit or certificate of such Agent or Alternate Agent stating under penalties of perjury that any other person named as prior Agent or Alternate Agent is no longer serving.

ARTICLE II.

Property and financial. My Agent is authorized in my Agent's sole and absolute discretion from time to time and at any time, as follows:

(1) **Power to sell.** My Agent is authorized to sell any and every kind of property that I may own now or in the future, real, personal, intangible and/or mixed, including without being limited to contingent and expectant interests, marital rights and any rights of survivorship incident to joint tenancy or tenancy by the entirety, upon such terms and conditions and security as my Agent shall deem appropriate and to grant options with respect to sales thereof, including, but not limited to, the real property located at 316 Summerlea Drive, Columbia, South Carolina. My Agent is authorized to make such disposition of the

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proceeds of such sale or sales, including expending such proceeds for my benefit, as my Agent shall deem appropriate.

(2) **Power to buy.** My Agent is authorized to buy every kind of property, real, personal, intangible and/or mixed, upon such terms and conditions as my Agent shall deem appropriate; to obtain options with respect to such purchases; to arrange for appropriate disposition, use, safekeeping and/or insuring of any such property. My Agent is authorized to borrow money for the purposes described herein and to secure such borrowings in such manner as my Agent shall deem appropriate. My Agent is authorized to use any credit card held in my name to make such purchases and to sign such charge slips as may be necessary to use such credit cards. My Agent is authorized to repay from any funds belonging to me any money borrowed and to pay for any purchases made or cash advanced using credit cards issued to me.

(3) **Power to invest.** My Agent is authorized to invest and reinvest all or any part of my property in any property or interests, including undivided interests, in property, real, personal, intangible and/or mixed, wherever located, including without being limited to securities of all kinds, stocks of corporations regardless of class, interests in limited partnerships, real estate or any interest in real estate whether or not productive at the time of investment, commodities contracts of all kinds, interests in trusts, investments trusts, whether of the open and/or closed fund types, and participation in common, collective or pooled trust funds or annuity contracts without being limited by any statute or rule of law concerning investments by fiduciaries; to sell, including short sales, and terminate any investments whether made by me or my Agent; to establish, utilize and terminate savings and money market accounts with financial institutions of all kinds. My Agent is authorized to establish, utilize and terminate accounts with security brokers and in such accounts, to make short sales and to buy on margin and, for such purposes, my Agent may pledge any securities so held or purchased with such brokers as security for loans and advances made to the account. My Agent is authorized to establish, utilize and terminate agency accounts with corporate fiduciaries. My Agent is authorized to employ, compensate and terminate the services of financial and investment advisors and consultants.

(4) **Power to manage real property.** With respect to real property, including but not limited to any real property I may hereafter acquire or receive and my personal residence, my Agent is authorized to lease, sublease, release; to eject, remove tenants or other persons from, and recover possession of by all lawful means; to accept real property as a gift or as security for a loan; to collect, sue for, receive and receipt for rents and profits and to conserve, invest or utilize any and all of such rents, profits and receipts for the purposes described in this paragraph; to do any act of management and conservation, to pay, compromise, or contest tax assessments and to apply for refunds in connection therewith; to employ laborers; to subdivide, develop, dedicate to public use without consideration, and/or dedicate easements over; to maintain, protect, repair, preserve, insure, build upon, demolish, alter or improve all or any part thereof; to obtain or vacate plats and adjust boundaries; to

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adjust differences in valuation on exchange or partition by giving or receiving consideration; to release or partially release real property from a lien. My Agent is authorized to sell and to buy real property. My Agent is authorized to mortgage and/or convey by deed of trust or otherwise encumber any real property now or hereafter owned by me, whether acquired by me or for me by my Agent.

(5) **Power to manage personal property.** With respect to personal property, my Agent is authorized to lease, sublease, and release; to recover possession of by all lawful means; to collect, sue for, receive and receipt for rents and profits therefrom; to maintain, protect, repair, preserve, insure, alter or improve all or any part thereof. My Agent is authorized to sell and to buy the same or other personal property. My Agent is authorized to mortgage or grant deeds of trust, pledge and/or grant other security interests in any personal property or intangibles now or hereafter owned by me, whether acquired by me or for me by my Agent.

(6) **Power to exercise rights in securities.** My Agent is authorized to exercise all rights with respect to corporate securities which I now own or may hereafter acquire, including the right to sell, grant security interests in and to buy the same or different securities; to establish, utilize and terminate brokerage accounts, including margin accounts; to make such payments as my Agent deems necessary, appropriate, incidental or convenient to the owning and holding of such securities; to receive, retain, expend for my benefit, invest and reinvest or make such disposition of as my Agent shall deem appropriate all additional securities, cash or property, including the proceeds from the sales of my securities, to which I may be or become entitled by reason of my ownership of any securities. My Agent is authorized to vote at all meetings of security holders, regular or special. My Agent is authorized to lend money to any corporation in which I hold any shares and to guarantee or endorse loans made to such corporation by third parties.

(7) **Power to demand and receive.** My Agent is authorized to demand, arbitrate, settle, sue for, collect, receive, deposit, expend for my benefit, reinvest or make such other appropriate disposition of as my Agent deems appropriate, all cash, rights to the payment of cash, property, real, personal, intangible and/or mixed, debts, dues rights, accounts, legacies, bequests, devises, dividends, annuities, rights and/or benefits to which I am now or may in the future become entitled, regardless of the identity of the individual or public or private entity involved, including but not limited to benefits payable to or for my benefit by any governmental agency or body, such as Supplemental Social Security (SSI), Medicaid, Medicare, and Social Security Disability Insurance (SSDI) and for the purposes of receiving social security benefits, my Agent is herewith appointed my "Representative Payee"; to utilize all lawful means and methods to recover such assets and/or rights, qualify me for such benefits and claim such benefits on my behalf, and to compromise claims and grant discharges in regard to the matters described herein. My Agent is authorized to utilize all lawful means and methods to recover such assets and/or rights, qualify me for such benefits and claim such benefits on my behalf. The authority herein granted shall include but not be limited to

converting my assets into assets that do not disqualify me from receiving such benefits or divesting me of such assets. In any divestment actions or assets conversions, I direct that my Agent, to the extent reasonably possible, avoid disrupting the dispositive provisions of any estate plan of mine known to my Agent, whether or not such estate plan is embodied in a will, a trust, non-probate property, or otherwise. If it is necessary to disrupt such plan, then my Agent is directed to use my Agent's best efforts to restore such plan as and when the opportunity to do so is available to my Agent. If a transfer of cash by my Agent is made to a pecuniary legatee under my will, my Agent shall insure that such transfer is deemed a satisfaction of such legacy, pro tanto.

(8) **Power with respect to employment benefits.** My Agent is authorized to create and contribute to an employee benefit plan, including a plan for a self-employed individual, for my benefit; to elect retirement on my behalf; to select any payment option under any IRA or employee benefit plan in which I am a participant, including plans for self-employed individuals, or to change options I have selected; to make voluntary contributions to such plans; to make "roll-overs" of plan benefits into other retirement plans; to apply for and receive payments and benefits; to waive rights given to non-employee spouses under state or federal law.

(9) **Power with respect to bank accounts.** My Agent is authorized to establish accounts of all kinds, including checking and savings, for me with financial institutions of any kind, including but not limited to banks and thrift institutions; to modify, terminate, make deposits to and write checks on or make withdrawals from and grant security interests in all accounts in my name or with respect to which I am an authorized signatory, except accounts held by me in a fiduciary capacity, whether or not any such account was established by me or for me by my Agent, to negotiate, endorse or transfer any checks or other instruments with respect to any such accounts; to contract for any services rendered by any bank or financial institution; and to execute, on my behalf as principal, agency or power of attorney forms furnished by any bank with respect to accounts with such bank, appointing as agent my Agent or any other person or persons.

(10) **Power with respect to safe-deposit boxes.** My Agent is authorized to contract with any institution for the maintenance of a safe deposit box in my name; to have access to all safe-deposit boxes in my name or with respect to which I am an authorized signatory, whether or not the contract for such safe-deposit box was executed by me, either alone or jointly with others, or by my Agent in my name; to add to and remove from the contents of any such safe deposit box and to terminate any and all contracts for such boxes, and, in addition, to have access at any time or times to any safe deposit box rented by me, wherever located, in order to remove my original durable power of attorney6; and any institution in which any such safe deposit box may be located is not required to make any inquiry, and shall not incur any liability to me or my estate as a result of permitting my appointee or appointees in my original durable power of attorney to exercise this power. This power is exercisable without: (i) any contact with or notice to me, my family, an d/or any

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interested persons to my estate; (ii) any prior court order or authorization; (iii) any knowledge of or any prior determination as to my mental or physical capacity or incapacity; (iv) any knowledge as to my whereabouts regardless whether my whereabouts are known or unknown; or (v) any inquiry.

(11) **Power with respect to legal and other actions.** My Agent is authorized to institute, supervise, prosecute, defend, intervene in, abandon, compromise, arbitrate, settle, dismiss, and appeal from any and all legal, equitable, judicial or administrative hearings, actions, suits, proceedings, attachments, arrests or distresses, involving me in any way, including but not limited to claims by or against me arising out of property damages or personal injuries suffered by or caused by me or under such circumstances that the loss resulting therefrom will or may be imposed on me and otherwise engage in litigation involving me, my property or any interest of mine, including any property or interest or person for which or whom I have or may have any responsibility.

(12) **Power to borrow money.** My Agent is authorized to borrow money from any lender for my account upon such terms and conditions as my Agent shall deem appropriate and to secure such borrowing by the granting of security interests in any property or interests in property which I may now or hereafter own; to borrow money upon any life insurance policies owned by me upon my life for any purpose and to grant a security interest in such policy to secure any such loans, including the assignment and delivery of any such policies as security; and no insurance company shall be under any obligation whatsoever to determine the need for such loan or the application of the proceeds by my Agent.

(13) **Power to fund trusts created by the principal.** My Agent is authorized to transfer from time to time and at any time to the trustee or trustees of any revocable trust agreement created by me before or after the execution of this instrument, as to which trust I am, during my lifetime, a primary income and principal beneficiary, any and all of my cash, property or interests in property, including any rights to receive income from any source; and for this purpose to enter and remove from any safe-deposit box of mine, whether the box is registered in my name alone or jointly with one or more other persons, any of my assets and to execute such instruments, documents and papers to effect the transfers described herein as may be necessary or appropriate; incidental or convenient; to make such transfers absolutely in fee simple or for my lifetime only with the remainder or reversion of the property so transferred, remaining in me so that such property will be disposed of at my death by my will or by the intestacy laws of the state in which I shall die a resident.

(14) **Power to withdraw funds from trusts.** My Agent is authorized to withdraw and/or receive the income or corpus of any trust over which I may have a right of receipt or withdrawal; to request and receive the income or corpus of any trust with respect to which the trustee thereof has the discretionary power to make distributions to or on my behalf, and to execute and deliver to such trustee or trustees a receipt and release or similar document for the income or corpus so received; to exercise in whole or in part, release or let lapse any

power of appointment held by me, whether general or special, or any power of amendment or revocation under any trust, including any trust with respect to which I may exercise any such power only with the consent of another person, even if my Agent is such other person, whether or not such power of appointment was created by me, subject however, to any restrictions upon such exercise imposed upon my Agent and set forth in other provisions of this instrument.

(15) **Power to renounce and resign from fiduciary positions.** My Agent is authorized to renounce any fiduciary position to which I have been or may be appointed or elected, including but not limited to personal representative, trustee, guardian, attorney-in-fact, and officer or director of a corporation; and any governmental or political office or position to which I have been or may be elected or appointed; to resign any such positions in which capacity I am presently serving; to file an accounting with a court of competent jurisdiction or settle on a receipt and release or such other informal method as my Agent shall deem appropriate.

(16) **Power to disclaim, renounce, release, or abandon property interests.** My Agent is authorized to renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled, whether by gift, testate or intestate succession; to release or abandon any property or interest in property or powers which I may now or hereafter own, including any interests in or rights over trusts, including the right to alter, amend, revoke or terminate, and to exercise any right to claim an elective share in any estate or under any will. In exercising such discretion, my Agent shall consider any reduction in estate or inheritance taxes that may be due upon my death, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property; provided, however, that my Agent shall make no disclaimer that is expressly prohibited by other provisions of this instrument.

(17) **Power with respect to insurance.** My Agent is authorized to purchase, maintain, surrender, collect, or cancel (a) life insurance or annuities of any kind on my life or the life of any one in whom I have an insurable interest; (b) liability insurance protecting me and my estate against third party claims (c) hospital insurance, medical insurance, Medicare supplement insurance, custodial care insurance, and disability income insurance for me or any of my dependents and (d) casualty insurance insuring assets of mine against loss or damage due to fire, theft, or other commonly insured risk; to pay all insurance premiums, to select any options under such policies, to increase coverage under any such policy, to borrow against any such policy, to pursue all insurance claims on my behalf, to adjust insurance losses, and the foregoing powers shall apply to private and public plans, including but not limited to Medicare, Medicaid, SSI and Worker's Compensation.

(18) **Power with respect to taxes.** My Agent is authorized to represent me in all tax matters; to prepare, sign, and file federal, state, and/or local income, gift and other tax returns of all kinds, including, where appropriate, joint returns, FICA returns, payroll tax

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returns, claims for refunds, requests for extensions of time to file returns and/or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, including the tax court, regarding tax matters, and any and all other tax related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Code or any successor section thereto and consents to closing agreements and any power of attorney form required by the Internal Revenue Service and/or any state and/or local taxing authority with respect to any tax year; to pay taxes due, collect and make such disposition of refunds as my Agent shall deem appropriate, post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service and/or any state and/or local taxing authority; to exercise any election I may have under federal, state or local tax law; and generally to represent me or obtain professional representation for me in all tax matters and proceedings of all kinds and for all periods before all officers of the Internal Revenue Service and state and local authorities and in any and all courts; to engage, compensate and discharge attorneys, accountants and other tax and financial advisers and consultants to represent and/or assist me in connection with any and all tax matters involving or in any way related to me or any property in which I have or may have an interest or responsibility; and on my behalf to execute IRS Form 2848 and appoint my Agent or any suitable person selected by my Agent as my representative before the Internal Revenue Service.

(19) **Power to make loans.** My Agent is authorized to lend money and property at such interest rate, if any, and upon such terms and conditions, and with such security, if any, as my Agent may deem appropriate; to renew, extend, and modify any such loans or loans that I may have previously made. My Agent is authorized to guarantee the obligations of any such person; to consent to the renewal, extension and modification of such obligations.

ARTICLE III.

Incidental powers. In connection with the exercise of the powers and discretions herein described, my Agent is fully authorized and empowered to perform any acts and things and to execute and deliver any documents, instruments, affidavits, certificates and papers necessary or appropriate to such exercise or exercises, including without limitation the following:

(1) **Resort to courts.** My Agent is authorized to seek on my behalf and at my expense:

a. a declaratory judgment from any court of competent jurisdiction interpreting the validity of this instrument and any of the acts authorized by this instrument, but such declaratory judgment shall not be necessary in order for my Agent to perform any act authorized by this instrument;

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b. a mandatory injunction requiring compliance with my Agent's instructions by any person, organization, corporation, or other entity obligated to comply with instructions given by me;

c. actual and punitive damages, and the recoverable costs, fees and expenses of such litigation, against any person, organization, corporation or other entity obligated to comply with instructions given by me who negligently or willfully fails or refuses to follow such instructions.

(2) **Hire and fire.** My Agent is authorized to employ, compensate and discharge such domestic and professional personnel including lawyers, accountants, brokers, financial consultants, advisors, consultants, servants and employees as my Agent deems appropriate.

(3) **Sign documents and incur costs.** My Agent is authorized to sign, execute, endorse, seal, acknowledge, deliver and file or record instruments and documents, including but not limited to contracts, agreements, and conveyance of real and personal property, instruments granting and perfecting security instruments and obligations, orders for the payment of money, receipts, releases, waivers, elections, vouchers, consents, satisfactions and certificates. In addition, any Agent of mine who has the authority to incur costs on my behalf may render the bills for such costs to any Agent of mine who has been granted the authority to pay such costs or to any trustee of any revocable living trust of mine, or guardian, committee or conservator who has authority to pay such costs and I request that such costs be paid promptly. Any recipient thereof (i.e. my Agent with authority to pay or my trustee) shall promptly pay such costs.

(4) **Borrow, spend, liquidate, secure.** My Agent is authorized to expend my funds and to liquidate my property or to borrow money in order to produce such funds and to secure any such borrowings with security interests in any property, real, personal, or intangible that I may now or hereafter own.

(5) **Miscellaneous.** My Agent is authorized to open read, respond to and redirect my mail; to represent me before the U.S. Postal Service in all matters relating to mail service; to establish, cancel, continue or initiate my membership in organizations and associations of all kinds, to take and give or deny custody of all of my important documents, including but not limited to my will, codicils, trust agreements, deeds, leases, life insurance policies, contracts and securities and, bearing in mind the confidential nature of such documents, to disclose or refuse to disclose such documents; to obtain and release or deny information or records of all kinds relating to me, to any interest of mine or to any person for whom I am responsible; to house or provide for housing, support and maintenance of any animals or other living creatures that I may own and to contract for and pay the expenses of their proper veterinary care and treatment; and if the care and maintenance of such animals or other living creatures shall become unreasonably expensive or burdensome in my Agent's

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opinion, to irrevocably transfer such animals to some person or persons willing to care for and maintain them.

ARTICLE IV.

Third party reliance. For the purpose of inducing all persons, organizations, corporations and entities, including but not limited to any bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency, or other party, all of whom will be referred to in this article as a "Person," to act in accordance with the instructions of my Agent as authorized in this instrument, I hereby represent, warrant and agree that:

(1) **Revocation and amendments.** If this instrument is revoked or amended for any reason, I, my estate, my personal representative, will hold any person, organization, corporation or entity, hereinafter referred to in the aggregate as "Person", harmless from any loss suffered, or liability incurred by such Person acting in accordance with the instructions of my Agent acting under this instrument prior to the receipt by such Person of actual written notice of any such revocation or amendment.

(2) **Agent has power to act alone.** The powers conferred on my Agent by this instrument may be exercised by my Agent alone and my Agent's signature or act under the authority granted in this instrument may be accepted by Persons as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. Consequently, all acts lawfully done by my Agent hereunder are done with my consent and shall have the same validity and effect as if I were personally present and personally exercised the powers myself, and shall inure to the benefit of and bind me, my estate and personal representative.

(3) **No liability for reliance on Agent.** No person who relies in good faith upon the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. In addition, no person who acts in reliance upon any representations my Agent may make as to (a) the fact that my Agent's powers are then in effect, (b) the scope of my Agent's authority granted under this instrument, (c) my competency at the time this instrument is executed, (d) the fact that this instrument has not been revoked or amended, or (e) the fact that my Agent continues to serve as my Agent shall incur any liability to me, my estate or my personal representative for permitting my Agent to exercise any such authority, nor shall any Person who deals with my Agent be responsible to determine or insure the proper application of funds or property by my Agent.

(4) **Principal's heirs bound.** No Person who relies upon any affidavit or certificate under penalties of perjury that this instrument specifically authorizes my Agent to execute and deliver shall incur any liability to me, my estate or my personal representative for permitting my Agent to exercise any such authority, nor shall any Person who deals with my

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Agent be responsible to determine or insure the proper application of funds or property by my Agent.

(5) **Authorization to release information.** All Persons from whom my Agent may request information regarding me, my personal or financial affairs or any information which I am entitled to receive are hereby authorized to provide such information to my Agent without limitation and are released from any legal liability whatsoever to me, my estate or my personal representative for complying with my Agent's requests.

ARTICLE V.

Restrictions on powers. Notwithstanding any provision herein to the contrary, my Agent:

(1) **Life insurance on Agent's life.** My Agent shall have no power or authority whatsoever with respect to any interest in or incidents of ownership in any policy of insurance I may own on the life of my Agent.

(2) **Prior transfers.** My Agent shall have no power or authority whatsoever with respect to (a) any irrevocable trust created by my Agent as to which I am a trustee or a beneficiary or (b) any asset given to me by my Agent.

(3) **Benefits to Agent.** My Agent shall be prohibited, except as specifically authorized in this instrument, from (a) appointing, assigning or designating any of my assets, interests or rights directly or indirectly to my Agent, my Agent's estate, my Agent's creditors, or the creditors of my Agent's estate, (b) exercising any powers of appointment I may hold in favor of my Agent, my Agent's estate, my Agent's creditors, or the creditor's of my Agent's estate, (c) disclaiming assets to which I would otherwise be entitled if the effect of such disclaimer is to pass assets directly or indirectly to my Agent or his or her estate, or (d) using my assets to discharge any of my Agent's legal obligations, including any obligation of support which my Agent may owe to others, excluding those whom I am legally obligated to support.

(4) **Fiduciary powers.** My Agent shall be prohibited from exercising any fiduciary powers that I now hold or may hereafter acquire.

(5) **Avoid disrupting estate plan.** If it becomes necessary for my Agent to liquidate my assets in order to provide support for me, or if liquidation or conversion of assets becomes necessary for any other reason, whether specified in this instrument or otherwise, or such liquidation is deemed by my Agent to be appropriate or convenient, I direct that my Agent, to the extent reasonably possible, avoid disrupting the dispositive provisions of any estate plan of mine known to my Agent, whether or not such estate plan is embodied in a will, a trust, non-probate property, or otherwise. If it is necessary to disrupt the dispositive provisions of such plan, then my Agent is directed to use my Agent's best efforts to restore the

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dispositive provisions of such plan as and when the opportunity to do so is available to my Agent. My Agent shall make reasonable efforts to obtain and review my estate plan and any person having knowledge thereof or possession of any documents implementing such estate plan is authorized to make disclosure thereof to my Agent, and to furnish my Agent with copies of such documents.

ARTICLE VI.

Durability provision. This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders principal incapable of managing principal's own estate.

ARTICLE VII.

Administrative provisions. The following provisions shall apply:

(1) **Compensation of Agent.** Any Agent acting hereunder shall be entitled to reasonable compensation for services rendered.

(2) **Reimbursement of Agent.** My Agent shall be entitled to reimbursement for all reasonable costs and expenses, including reasonable attorney's fees, actually incurred and paid by my Agent on my behalf at any time under any provision of this instrument.

(3) **No conservator be appointed.** By executing this instrument upon the advice of legal counsel, I have carefully and deliberately created the means and manner by which I desire that my person and property be cared for, managed and protected in the event I shall become unable to execute such responsibilities myself. Accordingly, it is my intention and my desire that I herewith express in the strongest possible terms, that no Conservator be appointed for me so long as there is an Agent named in this instrument who is willing and able to act and is acting under this instrument. I request that any court of competent jurisdiction that receives and is asked to act upon a petition for the appointment of a conservator for me give the greatest possible weight to my intention and desires as expressed herein.

(4) **Waiver for acts of omission.** My Agent and my Agent's estate and personal representative, acting in good faith, is hereby released and forever discharged from any and all civil liability and from all claims or demands of all kinds whatsoever by me or my estate or my personal representative arising out of the acts or omissions of my Agent, except for willful misconduct or gross negligence.

(5) **Waiver of duty to produce income and against self-dealing transactions.** My Agent shall have no responsibility to make my property productive of income, to increase the value of my estate or to diversify my investments. My Agent shall have no liability for entering into transactions authorized by this instrument with my Agent in my Agent's

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individual capacity so long as my Agent believes in good faith that such transactions are in my best interests or the best interests of my estate and those persons interested in my estate.

(6) **No duty to monitor health.** My Agent shall have no responsibility to monitor on any regular basis the state of my physical health or mental capacity to determine if any actions need be taken under this instrument.

(7) **Severability.** If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

(8) **Governing law.** This instrument shall be governed by the laws of the state of South Carolina in all respects, including its validity, construction, interpretation and termination. To the extent permitted by law this instrument shall be applicable to all property of mine, real, personal, intangible or mixed, wherever and in whatever state of the United States or foreign country the situs of such property is at any time located, and whether such property is now owned by me or hereafter acquired by me or for me by my Agent.

(9) **Definitions.** Whenever the word:

(a) "Agent" or any modifying or equivalent word or substituted pronoun therefor is used in this instrument, such word or words shall be held and taken to include both the singular and the plural, the masculine, feminine and neuter gender thereof.

(b) "Conservator" or any modifying or equivalent word or substituted pronoun is used in this instrument, such word or words shall be held and taken to mean respectively the fiduciary, appointed by a court of competent jurisdiction or by other lawful means, responsible for the property of an individual.

(c) "Descendants" or any modifying or equivalent word or substituted pronoun is used in this instrument, such word or words shall be held and taken to mean respectively children, grandchildren and other lineal issue of all degrees of the designated ancestor. The reference to "descendants" or "children" in the plural shall include a single descendent or child where the context so requires. References to "descendants", a "child", or "children" shall exclude stepchildren and foster children and shall include (a) a person adopted into the class during minority, (b) a person adopted into the class as an adult if the adopted person lived for a significant period during minority as a member of the household of the adopting parent or if the adopting parent is the spouse of a natural parent of the adopted person, and (c) a person naturally born into the class out of wedlock if the person lived for a significant period during minority as a member of household of the relevant natural parent. An adoption of a descendant by another within or outside the family shall be disregarded for purposes of this instrument. Whether a person has "lived for a significant period during

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minority as a member of the household" of an adoptive or natural parent shall be determined in the reasonable discretion of the Agent.

(10) **Counterpart originals.** If this instrument has been executed in multiple counterpart originals, each such counterpart original shall have equal force and effect.

(11) **Photocopies.** My Agent is authorized to make photocopies of this instrument as frequently and in such quantity as my Agent shall deem appropriate. Each photocopy shall have the same force and effect as any original.

(12) **Binding effect.** This instrument and actions taken by my Agent properly authorized hereunder shall be binding upon me, my estate, and my personal representative.

ARTICLE VIII.

Declaration of the Principal. As Principal, I make the following declarations relevant to my execution of this Durable Power of Attorney:

1) **Employment and assistance of attorney.** I have employed my attorney to prepare this instrument according to my desires and intention expressed to my attorney.

2) **Principal's Review and Acceptance of DPA.** The provisions that my attorney has included in this instrument, including but not limited to those referred to in this article, were discussed with me by my attorney and I have expressly approved the inclusion of such provisions in this instrument.

3) **Direction to Attorney about Exculpatory Clauses.** In order to induce my Agent to serve as my agent under this instrument, I have directed my attorney to include in this instrument a provision exculpating my Agent from liability in certain instances.

4) **Legal advice about DPA generally.** My attorney has explained to me the purposes of this instrument and in general, both the applicable law and the consequences of signing it or not signing it. After being so advised, I have executed this instrument.

5) **Acceptance of risk.** I have carefully considered the risks involved in creating this Durable Power of Attorney, and the alternatives to a Durable Power of Attorney, as explained to me by my attorney. I have determined that accepting such risks offers benefits to me that I desire, and I therefore accept such risks.

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IN WITNESS WHEREOF, I have executed this Durable Power of Attorney this 23rd day of February, 2017.

Jane E Baskin (SEAL)
Jane E. Baskin, Principal

ATTESTATION

The foregoing durable power of attorney was this 23rd day of February, 2017, signed, sealed, published and declared by the Principal as the Principal's appointment and empowerment of an attorney-in-fact, in the presence of us who at the Principal's request and in the Principal's presence and in the presence of each other, have hereunto subscribed our names as witnesses hereto.

Edward Robert Freeman
Witness

Teresa Laverne
Witness

PROBATE

Personally appeared deponent and made oath that deponent saw the within named Principal sign, seal and as the Principal's act and deed deliver the within power of attorney and that deponent, with the other witnesses whose names are subscribed above, witnessed the execution thereof.

Edward Robert Freeman
Witness

SWORN to before me this

23rd day of February, 2017

Teresa Laverne
Notary Public for South Carolina
Printed Name: Teresa Laverne
My commission expires: 12/8/2025

Walkup 00047

EXHIBIT NO. #3
WITNESS
DATE 11-12-2020
THOMPSON COURT REPORTING INC.

SOUTH CAROLINA HEALTH CARE POWER OF ATTORNEY

INFORMATION ABOUT THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THE DECISION FOR YOURSELF. THIS POWER INCLUDES THE POWER TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT. UNLESS YOU STATE OTHERWISE, YOUR AGENT WILL HAVE THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE.

2. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENTS OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TREATMENT YOU DO NOT DESIRE OR TREATMENT YOU WANT TO BE SURE YOU RECEIVE. YOUR AGENT WILL BE OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. YOU MAY ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE TO COMPLETE THE STATEMENT.

3. AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF IF YOU ARE MENTALLY COMPETENT TO DO SO. AFTER YOU HAVE SIGNED THIS DOCUMENT, NO TREATMENT MAY BE GIVEN TO YOU OR STOPPED OVER YOUR OBJECTION IF YOU ARE MENTALLY COMPETENT TO MAKE THAT DECISION.

4. YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT, AND TERMINATE YOUR AGENT'S AUTHORITY, BY INFORMING EITHER YOUR AGENT OR YOUR HEALTH CARE PROVIDER ORALLY OR IN WRITING.

5. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A SOCIAL WORKER, LAWYER OR OTHER PERSON TO EXPLAIN IT TO YOU.

6. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS TWO PERSONS SIGN AS WITNESSES. EACH OF THESE PERSONS MUST EITHER WITNESS YOUR SIGNING OF THE POWER OF ATTORNEY OR WITNESS YOUR ACKNOWLEDGMENT THAT THE SIGNATURE ON THE POWER OF ATTORNEY IS YOURS.

THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

A. YOUR SPOUSE, YOUR CHILDREN, GRANDCHILDREN, AND OTHER LINEAL DESCENDANTS; YOUR PARENTS, GRANDPARENTS, AND OTHER LINEAL ANCESTORS; YOUR SIBLINGS AND THEIR LINEAL DESCENDANTS; OR A SPOUSE OF ANY OF THESE PERSONS.

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B. A PERSON WHO IS DIRECTLY FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL CARE.

C. A PERSON WHO IS NAMED IN YOUR WILL, OR, IF YOU HAVE NO WILL, WHO WOULD INHERIT YOUR PROPERTY BY INTESTATE SUCCESSION.

D. A BENEFICIARY OF A LIFE INSURANCE POLICY ON YOUR LIFE.

E. THE PERSONS NAMED IN THE HEALTH CARE POWER OF ATTORNEY AS YOUR AGENT OR SUCCESSOR AGENT.

F. YOUR PHYSICIAN OR AN EMPLOYEE OF YOUR PHYSICIAN.

G. ANY PERSON WHO WOULD HAVE A CLAIM AGAINST ANY PORTION OF YOUR ESTATE (PERSONS TO WHOM YOU OWE MONEY).

IF YOU ARE A PATIENT IN A HEALTH FACILITY, NO MORE THAN ONE WITNESS MAY BE AN EMPLOYEE OF THAT FACILITY.

7. YOUR AGENT MUST BE A PERSON WHO IS 18 YEARS OLD OR OLDER AND OF SOUND MIND. IT MAY NOT BE YOUR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER THAT IS NOW PROVIDING YOU WITH TREATMENT; OR AN EMPLOYEE OF YOUR DOCTOR OR PROVIDER; OR A SPOUSE OF THE DOCTOR, PROVIDER OR EMPLOYEE; UNLESS THE PERSON IS A RELATIVE OF YOURS.

8. YOU SHOULD INFORM THE PERSON THAT YOU WANT HIM OR HER TO BE YOUR HEALTH CARE AGENT. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT AND YOUR PHYSICIAN AND GIVE EACH A SIGNED COPY. IF YOU ARE IN A HEALTH CARE FACILITY OR A NURSING CARE FACILITY, A COPY OF THIS DOCUMENT SHOULD BE INCLUDED IN YOUR MEDICAL RECORD.

SOUTH CAROLINA HEALTH CARE
POWER OF ATTORNEY

1. DESIGNATION OF HEALTH CARE AGENT

I, Jane E. Baskin ("Principal"), hereby appoint:

Agent's Name: Michele C. Moseley
Agent's Address: 1805 Forest Trace Drive, Columbia, South Carolina 29204
Telephone: Home: N/A Work: N/A Mobile: 22

as my agent to make health care decisions for me as authorized in this document.

Successor Agent: If an agent named by me dies, becomes legally disabled, resigns, refuses to act, becomes unavailable, I name the following as successors to my agent, each to act alone and successively, in the order named:

a. First Alternate Agent: Richard Moseley, Jr.
Address: 1805 Forest Trace Drive, Columbia, South Carolina 29204
Telephone: Home: N/A Work: N/A Mobile:

b. Second Alternate Agent: Edward Chalgren, III
Address: 318 Arbor Oaks Lane, Irmo, South Carolina 29063
Telephone: Home: N/A Work: N/A Mobi

Unavailability of Agent(s): If at any relevant time the agent or successor agents named herein are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated in this document.

2. EFFECTIVE DATE AND DURABILITY

By this document I intend to create a durable power of attorney effective upon, and only during, any period of mental incompetence, except as provided in Paragraph 3 below.

3. HIPAA AUTHORIZATION

When considering or making health care decisions for me, all individually identifiable health information and medical records shall be released without restriction to my health care agent(s) and/or my alternate health care agent(s) named above including, but not limited to, (i) diagnostic, treatment, other health care, and related insurance and financial records and information associated with any past, present, or future physical or mental health condition including, but not limited to, diagnosis or treatment of HIV/AIDS, sexually transmitted disease(s), mental illness,

and/or drug or alcohol abuse and (ii) any written opinion relating to my health that such health care agent(s) and/or alternate health care agent(s) may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Information Portability and Accounting Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164; is effective whether or not I am mentally competent; has no expiration date; and shall terminate only in the event that I revoke the authority in writing and deliver it to my health care provider.

4. AGENT'S POWERS

I grant to my agent full authority to make decisions for me regarding my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me or known to my agent. In making any decision, my agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below.

Accordingly, unless specifically limited by the provisions specified below, my agent is authorized as follows:

A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation.

B. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death.

C. To authorize my admission to or discharge, even against medical advice, from any hospital, nursing care facility or similar facility or service.

D. To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, nursing care provider, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply.

E. The powers granted above do not include the following powers or are subject to the following rules or limitations:

N/A

5. ORGAN DONATION

My agent may not consent to the donation of all or any of my tissue or organs for purposes of transplantation.

6. EFFECT ON DECLARATION OF A DESIRE FOR A NATURAL DEATH (LIVING WILL)

I understand that if I have a valid Declaration of a Desire for a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which they are applicable. My agent will have authority to make decisions concerning my health care only in situations to which the Declaration does not apply.

7. STATEMENT OF DESIRES CONCERNING LIFE SUSTAINING TREATMENT

With respect to any Life-Sustaining Treatment, I direct the following:

(INITIAL ONLY ONE OF THE FOLLOWING PARAGRAPHS)

(1) ____ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

OR

(2) ____ DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT. I do not want my life to be prolonged and I do not want life-sustaining treatment:

(a) if I have a condition that is incurable or irreversible and, without the administration of life-sustaining procedures, expected to result in death within a relatively short period of time; or

(b) if I am in a state of permanent unconsciousness.

OR

(3) ____ DIRECTIVE FOR MAXIMUM TREATMENT. I want my life to be prolonged to the greatest extent possible, within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedures.

8. STATEMENT OF DESIRES REGARDING TUBE FEEDING

With respect to Nutrition and Hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make clear that in situations where life-sustaining treatment is being withheld or withdrawn pursuant to Paragraph 7, (INITIAL ONLY ONE OF THE FOLLOWING 3 PARAGRAPHS):

(1) ____ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged by tube feeding if my agent believes the burdens of tube feeding outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved, and the quality as well as the possible extension of my life in making this decision.

OR

(2) ____ DIRECTIVE TO WITHHOLD OR WITHDRAW TUBE FEEDING. I do not want my life

prolonged by tube feeding.

OR

(3) _____ DIRECTIVE FOR PROVISION OF TUBE FEEDING. I want tube feeding to be provided within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedure, and without regard to whether other forms of life-sustaining treatment are being withheld or withdrawn.

IF YOU DO NOT INITIAL ANY OF THE STATEMENTS IN PARAGRAPH 8, YOUR AGENT WILL NOT HAVE AUTHORITY TO DIRECT THAT NUTRITION AND HYDRATION NECESSARY FOR COMFORT CARE OR ALLEVIATION OF PAIN BE WITHDRAWN.

9. ADMINISTRATIVE PROVISION

A. I revoke any prior Health Care Power of Attorney and any provisions relating to health care of any other prior power of attorney.

B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Health Care Power of Attorney on this 23rd day of February, 2017.
My current home address is: **200 Atrium Way, Building 5, Apt. 503, Columbia, SC**

Jane E. Baskin
Principal's Signature

Jane E. Baskin
Print Name of Principal

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that he/she signed or acknowledged this Health Care Power of Attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon his or her decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature: E. Robert Frenz Jr. Date: February 23, 2017
Print Name: E. Robert Frenz, Jr. Telephone: (803) 250-2920
Address: 111 Executive Center Dr., Suite 231, Columbia, South Carolina 29210

Witness No. 2

Signature: Teresa Laverne Date: February 23, 2017
Print Name: Teresa Laverne Telephone: (803) 250-2920
Address: 111 Executive Center Dr., Suite 231, Columbia, South Carolina 29210

STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND

The foregoing instrument was acknowledge before me by Principal on Feb. 23, 2017.
Notary Public for South Carolina: Teresa Laverne
Printed Name: Teresa Laverne
My Commission Expires: 12/8/2025

Baskin 0171

AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION

1. I hereby authorize all health care providers, including physicians, nurses and all other persons or entities who may have provided, or be providing, me with any type of health care, to disclose all of my protected health information:

   a. To any agent designated in a Durable Power of Attorney or Health Care Power of Attorney signed by me when asked by my agent to do so for the purpose of determining my capacity as defined in the power of attorney or by governing law.

   b. To the trustee, or a designated successor trustee, of any trust of which I am a beneficiary or a trustee when asked to do so for the purpose of determining my capacity as defined in the trust or by governing law.

   c. To a guardian ad litem, if one is appointed for me, for the purpose of determining whether, and to what extent, a guardianship, conservatorship, or other protective proceeding for me is necessary or desirable.

2. This authorization is intended to provide my health care providers with the authorization necessary to allow each of them to disclose my protected health information to the persons described in Paragraph a through c above, for the purpose of allowing each of them to make the specified determinations regarding my capacity or need for protective proceedings.

3. Information disclosed by a health care provider pursuant to this authorization is subject to re-disclosure and may no longer be protected by the privacy rules of 45 CFR, Section 164.

4. This authorization may be revoked by a writing signed by me or by my personal representative.

5. This authorization shall expire at the time of my death unless validly revoked prior to that date.

6. Any health care provider may rely upon a photocopy of this document for purposes of making any disclosure authorized herein.

Executed this 23rd day of February, 2017.

Jane E. Baskin

Witness

Baskin 0172

EXHIBIT NO: #9
WITNESS: Weatherly
DATE 11-4-2020
THOMPSON COURT REPORTING INC.

Jane Baskin To Alex 3/3/17 from Bill W:

Dear Alex, I went to see Jane to confirm the statements you told me she had made about me. She has confirmed to me what you told me she had said. She absolutely lied to you with the three statements she made to you which is her way of discrediting me so that she can avoid the great need to move to an assisted living facility that she so greatly needs. Unfortunately those facilities require you to be able to care for your dog which she can not. The first statement she made was that I had removed things from her apartment. That is total lie. When I asked her what I took she could tell me nothing and had no answer. When I asked further she said some things had been missing but could not name anything. And there are many people who come often to her apartment that could have taken something but she could not mention any item. It was totally a fabrication to try to make her case that I am a bad person. Now think about it Alex and be logical. Why would I want or need to steal anything from her. I have been deeply involved in my church and have held many capacities from chairman of the Board of Trustees, Chairman of the Administrative Committee, Chr. of the finance committee. I also have managed the church Trust funds for 22 years at no cost to the church. During that time our Trust funds have grown from $600,000 to $4,150,000. These things say a lot about the trust that has been placed in me as an honest person who tries to live a Christian life.You can talk to our minister at Shandon United Methodist if you need a character reference.

She also told you that had had made her walk and caused her to hurt her foot. That is totally false. On Feb 19th she fell in her utility room early in the morning and could not get up. she called the care giver who came from Eau Clare to get her up and she has verified that Jane hurt her toe in that fall. Sometime about a week later I went to check on Jane and asked her to show me her mobility by getting up from the sofa and walking with her walker. In a very labored process she did as witnessed by her care giver and I. She took about 8 minutes to get up and move 6 feet. She did not mention the toe at any time.

You told me she said I was mean to her. Totally false and when I asked her to be specific she could say nothing.

Also tell me what she told you about the water leak in her apartment. You asked me about that. Tell me the specific details of what she said about that.

Alex, you are believing what you are told and don't have a way of verifying that the information is false.

Please respond as soon as possible. I am responsible for seeing that she gets the care she needs and she can not continue to fall and be injured. Her other family members and friends agree that she needs to be in assisted living. Of course she has done her best to tell Pat Watson all the bad she can think of about me and Pat has never discussed that with me. My daughter gives her extra care and neighbors have done a lot. One neighbor who has moved did an incredible amount of visiting her 4 or 5 times a day, fixing meals, walking the dog, picking her up from falls. She has given my daughter numerous calls and reports about her

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Walkup 00086

difficulties and falls.

Thanks for your efforts to understand this situation and anything you can do to help me get the care she so greatly needs. Bill Walkup

EXHIBIT NO: #5
WITNESS: Weatherly
DATE: 4/4/2020
THOMPSON COURT REPORTING INC.

Teresa S. Laverne

From: Alex Weatherly
Sent: Wednesday, March 08, 2017 8:01 PM
To: Teresa S. Laverne
Subject: FW: proposed email

Please print.

From: Anne Webster [mailto:aweb44etal@triad.rr.com]
Sent: Wednesday, March 08, 2017 6:12 PM
To: Bill@Walkup.biz; Alex Weatherly <AlexWeatherly@callisontighe.com>
Subject: proposed email

I talked with you by phone last week about my great concern that Jane's mobility issues now require that she be in an assisted living facility for her own safety and that her inability to handle money wisely in the past (amassing a $15,000 debt and other smaller ones since then) make having a money manager mandatory. As her cousin who has driven from my home in Winston-Salem to Columbia to get her and then spent two weeks entertaining her at my home twice yearly, I feel I have ample experience to address her physical issues. Since our conversation, I have had a long discussion with Jane about several of the charges she made to you about Bill Walkup's treatment of her and that you communicated to him.

1. That Bill has taken some items from her apartment: When I asked her specifically what was missing, the only thing she could name is a COPY of a check from a land sale that she had turned over to Walkup's assistant Celeste and that is currently represented in his records. Jane "remembered" that she and Pat Watson had made a copy of that check before turning it over and that she had put that copy in a certain drawer. That copy is now missing, and she has jumped to the conclusion that Bill went into her apartment when she wasn't there and took the copy. When I reminded her that she had told me that her cousin Steve took the check to her and then went to Bill's office with her to give him the check, she remembered that this is the way it occurred. It is thoroughly plausible that the copy never existed but certainly ridiculous that a copy of the check would be taken by Bill or any other person. There was NO other item missing from her apartment.

2. That she once had two inches of standing water in her apartment that could lead to mold: Jane laughed at this and said that you, Alex, had got this wrong. She told you about a leak that happened in the apartment above and that resulted in some water that leaked through her kitchen ceiling and down a ceiling light fixture onto her carpet. She told me that she called the apartment manager, who quickly sent maintenance workers to vacuum up the water and set up fans to help dry the area. The 2" of standing water were never in Jane's apartment, nor was there any delay by the maintenance workers in addressing this issue.

3. That Bill hurt her toe while taking her out to the car: Jane originally injured her foot when she fell in her apartment one night, requiring her to call Sheila, who helps her several hours a day, to drive over and get Jane back on her feet. While Jane was immediately aware that she had injured her foot, she did not think it required a medical visit. Several days later she noticed that her toe was hurting and that it was bruised. The first time Jane told me about Bill's hurting her toe, she said that he dragged her out to the car with Sheila watching. Since then I have heard from Bill that both he and Sheila got Jane seated on her walker and rolled her out to the car. She admitted to me that she didn't tell Bill about the fall or the injury that resulted (she never wants him to know she has fallen again, and she obviously had not considered that Sheila would report the incident to Bill) and that he would have no way of knowing about the injury. Bill says that he asked Jane to show him that she could get up from her chair and walk across the floor, and walking may have been painful for her, but that was nothing that she didn't have to do a number of times a day, and it certainly should not support a charge that he injured her.

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Baskin 0001

4. That Bill is mean to her: Over the years Jane has told this tale to everyone she gets to know. She considers it mean that he won't let her have free access to her trust money, but she never tells them about the credit card debt she allowed to grow to $15,000 when she had only $800 per month for discretionary spending or about the other times I have had to bail her out of smaller debt situations. Jane thinks it mean that he stopped her from driving when he felt she was a danger to herself and others. She thinks it mean that told her she needed to clean the clutter from her furniture and floors at a time when "stuff" was piled on all the furniture surfaces and layers of "stuff" covered the floors, leaving only pathways to follow while moving from one room to another. I walked those pathways and even made a special trip to Columbia to try to help her get rid of the mess, only to find that she wouldn't let me get rid of anything but accumulated trash.

Please recognize that when Jane gets terribly upset, she makes charges the way a child does, without realizing that facts will not back her up. Sometimes she has false memories of situations. At other times she lies to support her agenda. That this behavior comes from a person who elicits sympathy because of her physical condition often obfuscates the truth of the issue. People tend to believe her precisely because she is someone they don't suspect of any capability of subterfuge; therefore, she has friends in Columbia and a whole church congregation trying to protect her, this made possible because they know only what she tells them and see no reason to doubt her. Keeping these supporters ignorant of the whole situation has been Jane's m.o. for years. It works well for her, unfortunately.

I have explained to Jane that falsely accusing someone of theft and making unsubstantiated charges seriously damages her own credibility and makes your job as her lawyer more difficult. I want Jane located in a safe environment that will give her the opportunity to pursue her many interests, but I will not support her misrepresenting facts to achieve her goal.

EXHIBIT NO. #7
WITNESS: Weatherly
DATE 11-4-2020
THOMPSON COURT REPORTING INC.

Teresa S. Laverne

From: Alex Weatherly
Sent: Friday, March 10, 2017 4:02 PM
To: Teresa S. Laverne
Subject: FW: Jane Baskin

Please print.

——Original Message——
From: katherine parr [mailto:parrspictureframing@gmail.com]
Sent: Friday, March 10, 2017 12:39 PM
To: Alex Weatherly <AlexWeatherly@callisontighe.com>
Subject: Jane Baskin

I am writing to say I have the same concerns for Jane's well being as her cousin, Anne Webster.
I understand you have talked with her.
Of course, we all want the best for Jane, but feel she doesn't always want what's best for herself. Or doesn't realize what's best for her...
I understand why she wants to stay at home with her dog, and if possible, that would be great.
We have long felt she requires more assistance than she receives. She has fallen so many times it's a wonder she hasn't been seriously hurt.
As far as the financial aspect, Jane has no real concept and doesn't think long-term.
I don't know her cousin William but understand he took on quite a responsibility when he promised Jane's parents he would take care of her.
I would love to be able to do more for her but there are too many miles between us.
To get a better idea of Jane's situation, go to her home, pick her up and take her out shopping and then maybe to the Lizard's Thicket. She always enjoys that!
Please call and I will be happy to speak with you and answer any questions.
Thank you,
Katherine Parr

336-656-3023

EXHIBIT
11
exhibitsticker.com

EXHIBIT
12

Patient Information and Consent

Please Print

What is the reason for your visit today? arm injury - want x-ray

Have you been treated at any Doctors Care office location before? ☐ Yes ☑ No - If "Yes" please complete line 1 (bolded) below, update any information that has changed since your last visit and sign the Patient Consent for Treatment section on page 2. Copy of insurance card is required for all visits.

Patient Information

Name (First, Middle, Last) Jane Aldridge Baskin	Birth Date	Age 71	Social Security # / Sex: ☐ M ☑ F
Address 200 Atrium Way			
City Columbia	State SC	Zip 29223	
Email Address (We will never rent or sell your email address – we value your privacy.)			
Home Phone 803- Okay to leave voice message? ☐ Yes ☐ No			
Cell f Okay to leave voice message? ☐ Yes ☑ No			
Responsible Party or Parent's Name (if minor) (self)	Guarantor Birth Date N/A		
Employer or Parent Occupation N/A	Work Phone N/A		

Marital Status: ☑ S ☐ M ☐ D ☐ W

SPOUSE'S INFORMATION

Spouse's Name
Spouse's Employer
Spouse's Work Phone
Spouse's Cell Phone
Spouse's Email

RACE ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☑ White

ETHNICITY ☐ Hispanic or Latino ☑ Not Hispanic or Latino

Preferred Language: English

Insurance | Please present your insurance card to the receptionist.

PRIMARY INSURANCE CARRIER	SECONDARY INSURANCE CARRIER
Insurance Company Name ~~Blue Cross~~ Medicare	Insurance Company Name Blue Cross BS
Address Health Care Financing Admin.	Address
City Baltimore / State MD / Zip 21244-1850	City / State SC / Zip
Phone / Policy Number	Phone 1-800-444-0025 / Policy Number
Group Number / Name	Group Number / Name
Insured Name & DOB Jane Baskin	Insured Name & DOB Jane Baskin
Patient's relationship to insured: ☑ Self ☐ Spouse ☐ Dependent	Patient's relationship to insured: ☑ Self ☐ Spouse ☐ Dependent

Emergency Contact

Name Cathy Poynor	Relationship friend cell	~~Home Phone~~	Cell Phone
Address 151 Doverside Dr.	City Cola.	State SC / Zip 29212	Email katherinepoynor@gmail.com

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Preferred Pharmacy

Pharmacy Name: Hawthorne Pharmacy. | Pharmacy Location: Taylor St. Columbia SC

Workers' Compensation Not Applicable ☐

IS THIS A WORKERS' COMPENSATION CLAIM? ☐ Yes ☑ No

Workers' Compensation Billing Address: —

Accident/Injury Information (if applicable) Not Applicable ☐

Where did the injury occur? (example: park) home

Were you struck by an object? ☐ Yes ☑ No If Yes, what type of object? —

Where did you fall? (example: kitchen, bathroom, garage) —

Where did you fall from? (example: ladder, roof, steps) —

If you were in a motor vehicle accident, were you the driver or passenger? —

Authorization for Release of Information

Can we leave results to internal and external office testing or referrals in email or voicemail? ☐ Yes ☑ No

Whom can receive information on your behalf regarding testing or referrals? Name: Kathy Paynor (carer)

Patient Consent for Treatment

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.
2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.
3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.
4. I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

I have received a copy of the Notice of Privacy Practice and Financial Policy Notice. ☑ Yes ☐ No Initial I am B

WORKERS' COMPENSATION PATIENTS: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care of rehabilitation, regarding my medical records and the treatment I have received or will receive.

[redacted] Date

Patient or Authorized Person's Signature

Jan E Backus — FOR INTERNAL USE ONLY

DocuTAP Visit ID: 1152633 Co-Pay Collected: $ 2 IRE

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[PAT-F002-(09-16)]-DocuTap

Urgent Care Minor Injury *

Patient: BASKIN, JANE MRN: FIN:
Age: 70 years Sex: Female DOB: [redacted]/1946
Associated Diagnoses: Contusion of left forearm
Author: Jahnke PA, John

Visit Information
Additional Information: 3/19/2017 5:05 PM EDT arm pain from being grabbed .

Chief Complaint
3/19/2017 5:05 PM EDT arm pain from being grabbed

History of Present Illness
The patient presents reported injury to left arm from pulling by family member. The incident occurred 1 week(s) ago. The location of the injury is the left, upper extremity. The injury is characterized by pain. The severity of the symptom(s) associated to the specific injury is mild. c/o left upper arm pain after being pulled/pushed into walker per patient.

Review of Systems
Musculoskeletal: Negative except as documented in history of present illness.
Integumentary: Negative except as documented in history of present illness.
Neurologic: Alert and oriented X4.
Psychiatric: Negative.

Health Status
Allergies:
Allergic Reactions (Selected)
No known allergies
Medications: (Selected)
Documented Medications
Documented
Florlcet: 0 Refill(s), Type: Maintenance
Lasix: 0 Refill(s), Type: Maintenance
TOLAZamide: 0 Refill(s), Type: Maintenance
Valium: 0 Refill(s), Type: Maintenance
Vitamin B12: 0 Refill(s), Type: Maintenance
Vitamin D3: 0 Refill(s), Type: Maintenance

Histories

Past Medical History

Resolved
Cerebral palsy (CP) (2966622013): Resolved..

Past Surgical History

No active procedure history items have been selected or recorded..

Family History

No family history items have been selected or recorded..
Social History:

Alcohol Assessment
Current
Current
Tobacco Assessment
Never smoker
Never smoker
Substance Abuse Assessment
Never

Physical Examination

Vital Signs

3/19/2017 5:05 PM EDT		
	Temperature Oral	97.9 DegF
	Peripheral Pulse Rate	91 bpm
	Pulse Site	Brachial artery
	HR Method	Electronic
	Respiratory Rate	18 br/min
	Systolic Blood Pressure	115 mmHg
	Diastolic Blood Pressure	72 mmHg
	Mean Arterial Pressure	86 mmHg
	BP Site	Right arm
	BP Method	Electronic
	Oxygen Saturation	95 %

Measurements from flowsheet : Measurements

3/19/2017 5:05 PM EDT		
	Height Measured - Standard	67 in
	Weight Measured - Standard	140 lb
	BSA	1.73 m2
	Body Mass Index	21.92 kg/m2

General: Alert and oriented, No acute distress.
Integumentary: Warm, Dry, Pink, small contusion <1.5 cm x 0.5 cm left proximal forearm, no swelling, no tenderness.
Neurologic: Alert, Oriented, Normal sensory.
Psychiatric: Cooperative, Appropriate mood & affect.

Impression and Plan

Diagnosis
Contusion of left forearm (ICD10-CM S50.12XA).
Course: Improving.
Patient Instructions: Counseled: Patient, Friend, Regarding treatment, Regarding diagnosis, Regarding medications, Verbalized understanding.
Summary: no treatment requires can take otc tylenol if needed or use warm compress to area, f/u primary care as needed.

Signature Line

Signed and Authored by John Jahnke PA on 03/19/2017 05:57 PM EDT

Charted Date: March 19, 2017 5:37 PM EDT

Printed by: Allston , Amelia
Printed on: 10/28/2020 12:07 PM EDT

Subject / Title:	Urgent Care Minor Injury *
Performed By:	Jahnke PA, John on March 19, 2017 5:57 PM EDT
Electronically Signed By:	Jahnke PA, John on March 19, 2017 5:57 PM EDT
Visit Information:	1158633, Doctors Care - Forest Acres, Outpatient, 3/19/2017 - 3/21/2017

Comprehensive Intake Entered On: 3/19/2017 5:08 PM EDT
Performed On: 3/19/2017 5:05 PM EDT by Hoffmann , Melinda

Summary
Chief Complaint : arm pain from being grabbed
Weight Measured : 140 lb(Converted to: 140 lb 0 oz, 63.50 kg)
Height Measured : 67 in(Converted to: 5 ft 7 in, 170.18 cm)
Body Mass Index : 21.92 kg/m2
Body Surface Area : 1.73 m2
Systolic Blood Pressure : 115 mmHg
Diastolic Blood Pressure : 72 mmHg
Mean Arterial Pressure : 86 mmHg
Peripheral Pulse Rate : 91 bpm
BP Site : Right arm
Pulse Site : Brachial artery
BP Method : Electronic
HR Method : Electronic
Temperature Oral : 97.9 DegF(Converted to: 36.6 DegC)
Respiratory Rate : 18 br/min
Oxygen Saturation : 95 %

Hoffmann , Melinda - 3/19/2017 5:05 PM EDT

Charted Date:	March 19, 2017 5:05 PM EDT
Subject / Title:	Comprehensive Intake
Performed By:	Hoffmann , Melinda on March 19, 2017 5:05 PM EDT
Electronically Signed By:	Hoffmann , Melinda on March 19, 2017 5:05 PM EDT
Visit Information:	1158633, Doctors Care - Forest Acres, Outpatient, 3/19/2017 - 3/21/2017

Doctors Care

1818 Henderson Street,
Columbia, SC 29201

IF PAYING CREDIT CARD FILL OUT BELOW

☐ MASTERCARD	☐ VISA	☐ DISCOVER
CARD NUMBER		
CSV SECURITY CODE		EXP. DATE
STATEMENT DATE	ACCT#	AMOUNT PAID
10/28/2020		
SIGNATURE		

JANE BASKIN
200 ATRIUM WAY
COLUMBIA, SC 29223

Doctors Care, PA
PO Box 63418
Charlotte, NC 28263-3418

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Please detach and send above with payment.

ACCOUNT SUMMARY

LAST PATIENT PAYMENT
$0.00 10/28/2020 *NOTE: Some or all of this payment may be applied to a closed visit that does not appear on this statement.

The Insurance Companies on file for these visits:
JANE BASKIN
MEDICARE
BLUE CROSS BLUE SHIELD - SC

Out to insurance: $0.00
You have paid $0.00 as copays that are still pending.

You have $0.00 currently in your responsibility.
You have $0.00 available as a credit.

You owe $0.00 today.

If your credit card is stored on file at Doctors Care, your patient balance will be charged to your card on file in approximately 10 business days from the date of this statement.

Visit Date: 03/19/2017
Visit ID: 1158633
Patient: JANE
Location: Forest Acres
Physician: John Jahnke, PA

	CHARGES	INSURANCE PAYMENT	CONTRACT SAVINGS	PATIENT PAYMENT	ADJUSTMENT	BALANCE	RESPONSIBLE PARTY	DENIAL CODE
99202 OFFICE OUTPATIENT VISIT, NEW	$107.00	$60.52	$46.48	$0.00	$0.00	$0.00		
99051 MED SERV, EVE WKEND HOLIDAY	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		
	$107.00	$60.52	$46.48	$0.00	$0.00	$0.00		

Explanation of outstanding balance(s):

PATIENT OWES: $0.00
INSURANCE OWES: $0.00

If you have any questions please contact our billing office at 800-858-1329 or visit www.doctorscare.com to make a payment.

CALLISON TIGHE

March 29, 2017

EXHIBIT NO. 13
WITNESS: Weatherly
DATE 4-5-2022
THOMPSON COURT REPORTING INC.

PERSONAL & CONFIDENTIAL
Mr. William Walkup
142 Atrium Way
Columbia, South Carolina 29223

Dear Mr. Walkup:

As you know, we represent Jane Baskin in connection with her complaints against you regarding the administration of the Trust established for her benefit under the Will of her father, Eldridge Baskin. The Will names you as Trustee of the Trust.

After consultation with Ms. Baskin, she has asked me to contact you to confirm that she has in no way appointed you to act on her behalf in any capacity. To the extent that any document you may have required her to sign in the past indicates otherwise, she has asked me to notify you that any such apparent authority is of no force and effect and that you have no such authority. Accordingly, you are not authorized to make any arrangements whatsoever regarding her healthcare, lodging, or to in any other way act as her agent or representative. You are also not to sign Ms. Baskin's name to any documents on her behalf including, without limitation, any tax forms. Your only role in connection with Ms. Baskin is to make proper distributions on her behalf from the Trust.

In this regard, Ms. Baskin has raised some serious questions about how the Trust has been managed, and I have been asked to demand a full accounting from you for all receipts into and disbursements from the Trust since the last time an accounting was rendered.

Ms. Baskin also informs us that you may be in receipt of other funds belonging to Ms. Baskin which do not pertain to the Trust. Ms. Baskin has asked us to demand an accounting for such funds and to notify you that such funds should not be placed in the Trust, but should be returned immediately and directly to Ms. Baskin. In particular, Ms. Baskin has instructed me to ask about the proceeds from the unauthorized sale of her motor vehicle, and about any rents received from the rental and/or failed attempt at an installment sale of her personal residence which was devised directly to her under her father's Will and is in no way to be co-mingled with the assets of the Trust. She also wants to confirm that she does not consent to any sale of such residence at this time.

We also understand that Ms. Baskin is a co-owner of other real property which has been sold or is in the process of being sold. She has directed me to instruct you that the proceeds of any such sale are to be delivered directly to her. Finally, in my last telephone conversation with

you, you indicated you might be willing to consider resigning as Trustee and consenting to the appointment of a successor trustee as the relationship between you and Ms. Baskin has significantly deteriorated. I would like to the opportunity to meet with you to discuss this possibility and all the other issues outlined above. Please call me at (803) 250-2920 to schedule a time for such a meeting.

Yours sincerely,

W. Alex Weatherly, Jr.

WAWjr/tsl
cc: Ms. Jane Baskin

BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE 803-252-7693
FAX 803-254-5719
WWW.BRUNERPOWELL.COM

WARREN C. POWELL, JR., P.A.**
HENRY P. WALL
E. WADE MULLINS III, P.A.
BRIAN P. ROBINSON, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
BENJAMIN C. BRUNER, P.A.

** Also Admitted in District of Columbia

JAMES L. BRUNER, P.A.
OF COUNSEL

ANN F. ALLISON
CAITLIN C. HEYWARD
ROBERT C. OSBORNE III
BRYAN M.J. TRIPLETT

AUTHOR'S E-MAIL: BBRUNER@BRUNERPOWELL.COM

May 4, 2017

W. Alex Weatherly, Jr., Esquire
Callison, Tighe & Robinson, LLC
P.O. Box 1390
Columbia, SC 29202

Re: Jane Elizabeth Baskin
BPWM File No. 11-2885.100

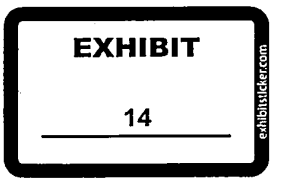
Dear Alex:

As you know, Mr. Walkup has engaged my firm to assist him, as Trustee, in responding to your March 29, 2017 letter regarding activity with the Trust assets. Per your request, I am enclosing copies of Ms. Baskin's tax returns for 2013, 2014 and 2015. In addition, I am enclosing the return that was prepared for her to file for 2016 but which she has not yet filed. Based on our April 18th phone call, my understanding is you took the necessary steps to secure her an extension to file her 2016 return.

In your letter, you state Ms. Baskin has raised serious concerns about the management of the Trust. The only specifics you provide are that the Trustee improperly placed proceeds from the "unauthorized sale of [Ms. Baskin's] motor vehicle", rental and other payments received related to her home at 317 Summerlea Drive in Columbia, and proceeds from the sale of a tract of land in Lee County. Your client's concerns are unsubstantiated.

Under the terms of the Will, Ms. Baskin received 316 Summerlea Drive, 3 parcels of land in Lee County, and Mr. Baskin's personal and household effects. The remainder of Mr. Baskin's estate became assets of the Trust. The vehicle to which Ms. Baskin refers was purchased maintained, serviced, and insured by the Trustee with funds from the Trust. When it was sold (years ago), the proceeds from the sale were placed back into the Trust. There was nothing improper about the sale of the vehicle. If your client has any documentation to the contrary, please send it to me and I will gladly review it.

There is no pending sale of Ms. Baskin's former residence at 316 Summerlea Drive, and there will not be one without Ms. Baskin's consent in light of your letters. However, there are repair bills, maintenance costs and other expenses from the continued ownership of that home which must be paid. The terms of the Trust give the Trustee "complete and absolute discretion, to



encroach upon and make disbursements from principal to or for the benefit of Jane E. Baskin, at any time and from time to time, in such amount as [he] may deem proper, for the medical care, comfortable maintenance, and welfare of my said daughter, taking into consideration to the extent [he] deems advisable, any other income or resources of my said daughter known to [him]." Historically, the Trustee has exercised that discretion to pay necessary costs of living for Ms. Baskin's primary residence. Nothing in the Trust terms requires the Trustee to encroach upon principal to pay the costs of ownership for a home in which Ms. Baskin is not living.

I believe the rental income to which your client refers relates to the rental home at 1308 Ashley Street. That property is and has always been a Trust asset. It is currently under contract for sale, and the purchaser (Brenda Williams) is making installment payments. Those payments are Trust assets and will continue to be disbursed pursuant to the Trust terms.

You are correct that Ms. Baskin was a co-owner of a tract of land in Lee County, comprised of roughly 33 acres. I believe she owned it with various family members. My understanding is Ms. Baskin inherited a 3/14th interest in that tract. When the property was sold last year, Ms. Baskin received a check in the amount of $13,556.36, which apparently represented her pro rata share of the proceeds. Without any request or solicitation from Mr. Walkup, Ms. Baskin approached Mr. Walkup and gave him the check. The Trustee did not handle that sale, the closing of it; the only documentation he received was the check from Ms. Baskin. Those funds were placed into separate account in Ms. Baskin's name. I have enclosed a report showing those funds have been used to pay Ms. Baskin's rent, utility bills, caregivers, and spending money. Note that the report I have is current only through April 14, 2017. My understanding is that recent repairs for 317 Summerlea Drive exhausted the balance of those funds.

With respect to the status of the Trust, I can report the following:

(1) The Trust maintains two investment accounts. One of those accounts, the Equity 95 Investment Partnership account, had a value of $180,950.00 as of December 31, 2016. The other, an E-Trade account, a value of $271,554.00 as of March 31, 2017. Note that these investments have grown despite the use of income and periodic liquidations to pay Ms. Baskin's costs of living;

(2) The Trust also maintains a Columbia Cash Reserves account from which the Trustee pays expenses and makes other disbursements for Ms. Baskin. That account had a balance on April 3, 2017 of $7,477.00;

(3) The Trust maintains an account at Wells Fargo, from which the Trustee pays expenses and makes other disbursements for Ms. Baskin. That account had a balance on April 14, 2017 of $3,739.97; and

(4) As explained above, the home at 1308 Ashley Street is Trust property and is currently under an installment sale contract. Payments received on that contract have been deposited into either the Columbia Cash Reserves account or the Wells Fargo Account.

I also am enclosing reports covering the last year of activity for the bank accounts. You will see the Trust has very low operating costs and the fees charged to the Trust are a fraction of the customary rate for the services rendered.

Based upon these numbers, the Trust has a value of roughly $513,720.97. Under the terms of the Trust Mr. Baskin wrote into his Will, the Trustee has absolute discretion to consider Ms. Baskin's future needs, including long term medical care, when determining whether to encroach on principal. At Ms. Baskin's current age, her life expectancy is 14.31 years. S.C. Code Ann. § 19-1-150 (Law Co-op 1976, as amended). The level of care Ms. Baskin will need during that time will be expensive. Skilled care at $7,000 per month would exhaust the Trust entirely in roughly 7 years,[1] or half of her life expectancy. If the Trustee were to agree to pay for more expensive, in-home care, the Trust would be exhausted even sooner. I believe we can work toward a mutually agreeable plan moving forward, but first Ms. Baskin must accept the very real probability that she will need an elevated level of medical care for over 14 years.

I trust you will find the enclosed information and documents satisfactory. However, if you require more information or documentation than what is enclosed, then I suggest we discuss the matter in more detail. I am not sure when the last accounting was provided, and the cost of a full accounting will come at considerable expense to the Trust. We may be able to get your client the information and peace of mind she seeks without incurring those expenses.

With warm regards, I am

Sincerely yours,

Benjamin C. Bruner

BCB/gh
Enclosures

[1] This assumes the funds earn 5% per year.

Form **1040** Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2013 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , ending

See separate instructions.

Your first name	M.I.	Last name	Suffix	Your social security number
Jane	E	Baskin		
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

C/O W.B. Walkup, 142 Atrium Way

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Columbia SC 29223

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶ First name Last name
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [ ] Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1
No. of children on 6c who:
• lived with you: 0
• did not live with you due to divorce or separation (see instructions): 0
Dependents on 6c not listed above: 0
Add numbers on lines above ▶: 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	Taxable interest. Attach Schedule B if required			8a	670
b	Tax-exempt interest. Do not include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	5,283
b	Qualified dividends	9b	5,168		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	6,948
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a	b Taxable amount	20b	0
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	12,901

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	12,901

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2013)

HTA

Walkup 00095

Form 1040 (2013) Jane E Baskin Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	12,901
	39a	Check if: [X] You were born before January 2, 1949, [ ] Blind. [ ] Spouse was born before January 2, 1949, [ ] Blind. Total boxes checked ▶ 39a 1			
Standard Deduction for— - People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. - All others: Single or Married filing separately, $6,100; Married filing jointly or Qualifying widow(er), $12,200; Head of household, $8,950	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,600
	41	Subtract line 40 from line 38		41	5,301
	42	Exemptions. If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see instructions		42	3,900
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	1,401
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Add lines 44 and 45 ▶		46	0
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Education credits from Form 8863, line 19	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit. Attach Schedule 8812, if required	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53		
	54	Add lines 47 through 53. These are your total credits		54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶		55	0
Other Taxes	56	Self-employment tax. Attach Schedule SE		56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
	59a	Household employment taxes from Schedule H		59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
	60	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)		60	
	61	Add lines 55 through 60. This is your total tax ▶		61	0
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62		
	63	2013 estimated tax payments and amount applied from 2012 return	63		
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a		
	b	Nontaxable combat pay election 64b			
	65	Additional child tax credit. Attach Schedule 8812	65		
	66	American opportunity credit from Form 8863, line 8	66		
	67	Reserved	67		
	68	Amount paid with request for extension to file	68		
	69	Excess social security and tier 1 RRTA tax withheld	69		
	70	Credit for federal tax on fuels. Attach Form 4136	70		
	71	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	71		
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶		72	0
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		74a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	▶ d	Account number			
	75	Amount of line 73 you want applied to your 2014 estimated tax ▶	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶		76	0
	77	Estimated tax penalty (see instructions)	77		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ Preparer | Phone no. ▶ (803) 738-2312 | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		At Home	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Gary Ballowe	Gary Ballowe	4/1/2014		
Firm's name ▶ Gary W Ballowe CPA			Firm's EIN ▶	
Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205			Phone no.	

Form 1040 (2013)

Walkup 00096

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/schedulesb.

OMB No. 1545-0074

2013

Attachment Sequence No. 08

Name(s) shown on return

Jane E Baskin

Your social security number

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶		
	Eldridge Baskin Trust	1	670
2	Add the amounts on line 1	2	670
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	670

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶ Eldridge Baskin Trust		
		5	5,283
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	5,283

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2013, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), formerly TD F 90-22.1, to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2013, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Schedule B (Form 1040A or 1040) 2013

Walkup 00097

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Jane E Baskin

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					
30 Add columns (g) and (j) of line 29a					30
31 Add columns (f), (h), and (i) of line 29b					31 ( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	Eldridge Baskin Trust	57-6131780
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41 0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

Walkup 00098

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251*.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Jane E Baskin

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	12,901	
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0	
3	Taxes from Schedule A (Form 1040), line 9	3		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5		
6	If Form 1040, line 38, is $150,000 or less, enter -0-. Otherwise, see instructions	6	(0)	
7	Tax refund from Form 1040, line 10 or line 21	7	( )	
8	Investment interest expense (difference between regular tax and AMT)	8		
9	Depletion (difference between regular tax and AMT)	9		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10		
11	Alternative tax net operating loss deduction	11	( )	
12	Interest from specified private activity bonds exempt from the regular tax	12		
13	Qualified small business stock (7% of gain excluded under section 1202)	13		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14		
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15		
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16		
17	Disposition of property (difference between AMT and regular tax gain or loss)	17		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18		
19	Passive activities (difference between AMT and regular tax income or loss)	19		
20	Loss limitations (difference between AMT and regular tax income or loss)	20		
21	Circulation costs (difference between regular tax and AMT)	21		
22	Long-term contracts (difference between AMT and regular tax income)	22		
23	Mining costs (difference between regular tax and AMT)	23		
24	Research and experimental costs (difference between regular tax and AMT)	24		
25	Income from certain installment sales before January 1, 1987	25	( )	
26	Intangible drilling costs preference	26		
27	Other adjustments, including income-based related adjustments	27		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than $238,550, see instructions.)	28	12,901	

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2013, see instructions.)					
	IF your filing status is ...	AND line 28 is not over ...	THEN enter on line 29 ...			
	Single or head of household	$115,400	$51,900			
	Married filing jointly or qualifying widow(er)	153,900	80,800			
	Married filing separately	76,950	40,400		29	51,900
	If line 28 is over the amount shown above for your filing status, see instructions.					
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34				30	0
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 60 here. • All others: If line 30 is $179,500 or less ($89,750 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,590 ($1,795 if married filing separately) from the result.				31	0
32	Alternative minimum tax foreign tax credit (see instructions)				32	
33	Tentative minimum tax. Subtract line 32 from line 31				33	0
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)				34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45				35	0

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **6251** (2013)

Walkup 00099

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952*.

▶ Attach to your tax return.

OMB No. 1545-0191

2013

Attachment Sequence No. **51**

Name(s) shown on return: Jane E Baskin

Identifying number:

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2013 (see instructions)	1	
2	Disallowed investment interest expense from 2012 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	0

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	5,953			
b	Qualified dividends included on line 4a	4b	5,198			
c	Subtract line 4b from line 4a				4c	755
d	Net gain from the disposition of property held for investment	4d				
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e				
f	Subtract line 4e from line 4d				4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)				4g	
h	Investment income. Add lines 4c, 4f, and 4g				4h	755
5	Investment expenses (see instructions)				5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-				6	755

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2014. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

Walkup 00100

Form **8582**

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2013

Attachment Sequence No. 88

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return: Jane E Baskin

Identifying number:

Part I 2013 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)				
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a			
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )		
d Combine lines 1a, 1b, and 1c			1d	0
Commercial Revitalization Deductions From Rental Real Estate Activities				
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )		
c Add lines 2a and 2b			2c	( )
All Other Passive Activities				
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(1,521)		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d Combine lines 3a, 3b, and 3c			3d	(1,521)
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4	(1,521)

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See instructions for an example.*

5 Enter the smaller of the loss on line 1d or the loss on line 4			5	0
6 Enter $150,000. If married filing separately, see instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	0		
Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*				
8 Subtract line 7 from line 6	8	0		
9 Multiply line 8 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			9	0
10 Enter the smaller of line 5 or line 9			10	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.*

11 Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0
12 Enter the loss from line 4	12	0
13 Reduce line 12 by the amount on line 10	13	0
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0
16 Total losses allowed from all passive activities for 2013. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

For Paperwork Reduction Act Notice, see instructions.
HTA

Form **8582** (2013)

Walkup 00101

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	0	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1041): Eldridge Baskin Trust		1,521			1,521
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	1,521	0		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
K-1 (1041): Eldridge Baskin Trust	1041 K-1, #1	1,521	1.000000	1,521
Total ▶		1,521	1.00	1,521

Walkup 00102

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶		0	0	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0	1.00	0	0

Form 8582 (2013)

Walkup 00103

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2013 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 8/20/13)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2013, or fiscal tax year beginning 2013 and ending 2014

Print your first name and initial	Last name	Suff.
JANE E	BASKIN	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions	County code
	C/O WB WALKUP 142 ATRIUM WAY	40

City	State	Zip	Area code Daytime telephone
COLUMBIA	SC	29223	

Check if address is outside US ☐	Foreign country address including Postal code (see instructions)

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ▶ ☐

Check this box ONLY if filing a composite return on behalf of the nonresident partners/shareholders of a partnership or "S" corporation ▶ ☐

Check this box if you have filed a federal or state extension ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☒ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2013 federal return ▶	1
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2013 ▶	0
Enter the number of taxpayers age 65 or older, as of December 31, 2013. ▶	1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)

30751028

Walkup 00104

Jane E Baskin

INCOME AND ADJUSTMENTS 2013

1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below			1	1,401 00
ADDITIONS TO FEDERAL TAXABLE INCOME					
a	State tax addback, if itemizing on federal return (See instructions)	a	0 00		
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other _____	b	00		
c	Expenses related to National Guard and Military Reserve income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	0 00		
e	Other additions to income. Attach an explanation (See instructions)	e	0 00		
2	Add lines a through e and enter the total here. These are your total additions			2	0 00
3	Add lines 1 and 2 and enter the total here			3	1,401 00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME					Dollars
f	State tax refund, if included on your federal return	f	0 00		
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other _____	h	00		
i	44% of net capital gains held for more than one year (See instructions)	i	0 00		
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other _____	j	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00		
l	Active Trade or Business income deduction (See instructions)	l	0 00		
m	Interest income from obligations of the US government	m	0 00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00		
o	Social security and/or railroad retirement, if taxed on your federal return	o	0 00		
p	Caution: Retirement Deduction (See instructions)				
p-1	Taxpayer: date of birth 3/26/1944	p-1	6,948 00		
p-2	Spouse: date of birth _____	p-2	0 00		
p-3	Surviving spouse #1: date of birth of deceased spouse _____	p-3	0 00		
p-4	Surviving spouse #2: date of birth of deceased spouse _____	p-4	0 00		
q	Age 65 and older deduction (See instructions)				
q-1	Taxpayer: date of birth 3/26/1944	q-1	8,052 00		
q-2	Spouse: date of birth _____	q-2	0 00		
r	Negative amount of federal taxable income	r	0 00		
s	Subsistence allowance _____ days @ $8.00	s	0 00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	0 00		
u	Consumer Protection Services	u	00		
v	Other subtractions (See instructions)	v	0 00		
4	Add lines f through v and enter here. These are your total subtractions			4	< 15,000 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX			5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0 00		
7	TAX on Lump Sum Distribution (Attach SC4972)	7	0 00		
8	TAX on Active Trade or Business income (Attach I-335)	8	0 00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX			10	0 00
11	Child and Dependent Care (See instructions)	11	0 00		
12	Two Wage Earner Credit (See instructions)	12	0 00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0 00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15	0 00

30752026

Walkup 00105

Jane E Baskin 2013

PAYMENTS AND REFUNDABLE CREDITS

16 SC INCOME TAX WITHHELD (Attach W-2 or SC4t)	0 00	20 Other SC withholding (Attach Form 1099)	0 00		
17 2013 estimated tax payments	0 00	21 Tuition tax credit (Attach I-319)	0 00		
18 Amount paid with extension	0 00	22 Other refundable credit(s)	0 00		
19 NR sale of real estate	00	Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-360)			
23 Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS				23	0 00
24 If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT				24	0 00
25 If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE				25	0 00
26 USE TAX: (See instructions)			26 0 00		
27 Amount of line 24 to be credited to your 2014 Estimated Tax			27 0 00		
28 Total Contributions for Check-offs (Attach I-330)			28 0 00		
29 Add lines 26 through 28 and enter the total here				29	0 00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND				30	0 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ ☐ Direct Deposit (30b required) ▶ ☐ Debit Card* ▶ ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31 Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	0	00
32 Late filing and/or late payment: Penalties 0 Interest 0 (See instructions) Enter total here	32	0	00
33 Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax	33	0	00
34 Add lines 31 through 33 and enter the AMOUNT YOU OWE here BALANCE DUE	34	0	00

Pay electronically free of charge at www.sctax.org. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2013 SC1040" on the payment.

Go Paperless! SCDOR will offer the option to receive your Form 1099-G/INT electronically instead of receiving it in the mail. Form 1099-G/INT is used when preparing your federal tax return.

☐ Check here and enter your email address if you wish to receive information about obtaining your 1099-G/INT Income Tax Refund statement electronically. Email Address

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's printed name GARY BALLOWE

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed	PTIN
		4/1/2014	☒	
Firm name (or yours if self-employed) and address and Zip Code	GARY W BALLOWE CPA 4002 KILBOURNE ROAD COLUMBIA SC 29205		FEIN Phone	

MAIL TO: REFUNDS OR ZERO TAX — SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE — Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

Walkup 00106

Form 1040 U.S. Individual Income Tax Return 2014

Department of the Treasury—Internal Revenue Service (99) | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , ending | See separate instructions.

Your first name: Jane	M.I.: E	Last name: Baskin	Suffix
If a joint return, spouse's first name	M.I.	Last name	Suffix

Your social security number

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. C/O W.B. Walkup, 142 Atrium Way | Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Columbia SC 29223

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶ First name Last name
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [ ] Spouse

Boxes checked on 6a and 6b: 1

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

Add numbers on lines above ▶: 1

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	Taxable interest. Attach Schedule B if required		8a	
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	7,044
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits	20a	b Taxable amount	20b	0
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	7,044

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35		36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	7,044

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. NTA

Form 1040 (2014)

Walkup 00107

Form 1040 (2014) Jane E Baskin Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	7,044
	39a	Check if: [X] You were born before January 2, 1950. [ ] Blind. [ ] Spouse was born before January 2, 1950. [ ] Blind. Total boxes checked ▶ 39a 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ▶ 39b [ ]			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,750
	41	Subtract line 40 from line 38		41	-706
	42	Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions		42	3,950
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	0
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54		
	55	Add lines 48 through 54. These are your total credits		55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)		62	
	63	Add lines 56 through 62. This is your total tax ▶		63	0
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2014 estimated tax payments and amount applied from 2013 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] Reserved d [ ]	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	0
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	▶ d	Account number			
	77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	0
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ Preparer | Phone no. ▶ (803) 738-2312 | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		At Home	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Gary Ballowe	Gary Ballowe	4/7/2015		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

Form 1040 (2014)

Walkup 00108

Schedule E (Form 1040) 2014 Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Jane E Baskin

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					
30 Add columns (g) and (j) of line 29a					30
31 Add columns (f), (h), and (i) of line 29b					31 ( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	Eldridge Baskin Trust	57-6131780
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

HTA Schedule E (Form 1040) 2014

Walkup 00109

Form **6251**

Alternative Minimum Tax—Individuals

▶ Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251*.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment Sequence No. 32

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040 or Form 1040NR

Jane E Baskin

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	7,044	
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0	
3	Taxes from Schedule A (Form 1040), line 9	3		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5		
6	If Form 1040, line 38, is $152,525 or less, enter -0-. Otherwise, see instructions	6	(0)	
7	Tax refund from Form 1040, line 10 or line 21	7	( )	
8	Investment interest expense (difference between regular tax and AMT)	8		
9	Depletion (difference between regular tax and AMT)	9		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10		
11	Alternative tax net operating loss deduction	11	( )	
12	Interest from specified private activity bonds exempt from the regular tax	12		
13	Qualified small business stock (7% of gain excluded under section 1202)	13		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14		
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15		
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16		
17	Disposition of property (difference between AMT and regular tax gain or loss)	17		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18		
19	Passive activities (difference between AMT and regular tax income or loss)	19		
20	Loss limitations (difference between AMT and regular tax income or loss)	20		
21	Circulation costs (difference between regular tax and AMT)	21		
22	Long-term contracts (difference between AMT and regular tax income)	22		
23	Mining costs (difference between regular tax and AMT)	23		
24	Research and experimental costs (difference between regular tax and AMT)	24		
25	Income from certain installment sales before January 1, 1987	25	( )	
26	Intangible drilling costs preference	26		
27	Other adjustments, including income-based related adjustments	27		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than $242,450, see instructions.)	28	7,044	

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2014, see instructions.) IF your filing status is ... — AND line 28 is not over ... — THEN enter on line 29 ... Single or head of household — $117,300 — $52,800 Married filing jointly or qualifying widow(er) — 156,500 — 82,100 Married filing separately — 78,250 — 41,050 If line 28 is over the amount shown above for your filing status, see instructions.	29	52,800	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0	
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is $182,500 or less ($91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,650 ($1,825 if married filing separately) from the result.	31		
32	Alternative minimum tax foreign tax credit (see instructions)	32		
33	Tentative minimum tax. Subtract line 32 from line 31	33	0	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2014)

HTA

Walkup 00110

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*

▶ Attach to your tax return.

OMB No. 1545-0191

2014

Attachment Sequence No. **51**

Name(s) shown on return: Jane E Baskin

Identifying number:

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2014 (see instructions)	1	
2	Disallowed investment interest expense from 2013 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	0

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a			
b	Qualified dividends included on line 4a	4b			
c	Subtract line 4b from line 4a			4c	0
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	0
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	0

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2015. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

For Paperwork Reduction Act Notice, see page 4.
HTA

Form **4952** (2014)

Walkup 00111

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2014 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/29/14)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2014, or fiscal tax year beginning 2014 and ending 2016

Print your first name and initial	Last name	Suff.
JANE E	BASKIN	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions	County code
	C/O WB WALKUP 142 ATRIUM WAY	40

City	State	Zip	Area code Daytime telephone
COLUMBIA	SC	29223	

Check if address is outside US ☐ Foreign country address including Postal code (see instructions)

Check this box if you are filing SC Schedule NR (Part year/Nonresident) ☐

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual ☐

Check this box if you have filed a federal or state extension ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☒ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2014 federal return	1
Enter the number of exemptions listed above that were under the age of 8 years on December 31, 2014	0
Enter the number of taxpayers age 65 or older, as of December 31, 2014	1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)

30751028

Walkup 00112

Jane E Baskin

INCOME AND ADJUSTMENTS 2014

					Dollars
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below			1	0 00
ADDITIONS TO FEDERAL TAXABLE INCOME					
a	State tax addback, if itemizing on federal return (See instructions)	a	0 00		
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other	b	00		
c	Expenses related to National Guard and Military Reserve income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	0 00		
e	Other additions to income. Attach an explanation (See instructions)	e	0 00		
2	Add lines a through e and enter the total here. These are your total additions			2	0 00
3	Add lines 1 and 2 and enter the total here			3	0 00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME					Dollars
f	State tax refund, if included on your federal return	f	0 00		
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	h	00		
i	44% of net capital gains held for more than one year (See instructions)	i	0 00		
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other	j	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00		
l	Active Trade or Business income deduction (See instructions)	l	0 00		
m	Interest income from obligations of the US government	m	0 00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00		
o	Social security and/or railroad retirement, if taxed on your federal return	o	0 00		
p	Caution: Retirement Deduction (See instructions)				
p-1	Taxpayer: date of birth 3/26/1944	p-1	7,044 00		
p-2	Spouse: date of birth	p-2	0 00		
p-3	Surviving spouse #1: date of birth of deceased spouse	p-3	0 00		
p-4	Surviving spouse #2: date of birth of deceased spouse	p-4	0 00		
q	Age 65 and older deduction (See instructions)				
q-1	Taxpayer: date of birth 3/26/1944	q-1	7,956 00		
q-2	Spouse: date of birth	q-2	0 00		
r	Negative amount of federal taxable income	r	4,656 00		
s	Subsistence allowance ____ days @ $8.00	s	0 00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	0 00		
u	Consumer Protection Services	u	00		
v	Other subtractions (See instructions)	v	0 00		
4	Add lines f through v and enter here. These are your total subtractions			4	< 19,656 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX			5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0 00		
7	TAX on Lump Sum Distribution (Attach SC4972)	7	0 00		
8	TAX on Active Trade or Business Income (Attach I-335)	8	0 00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX			10	0 00
11	Child and Dependent Care (See instructions)	11	0 00		
12	Two Wage Earner Credit (See instructions)	12	0 00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0 00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15	0 00

30752026

Walkup 00113

Jane E Baskin — 2014

PAYMENTS AND REFUNDABLE CREDITS

16	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	0 00	20	Other SC withholding (Attach Form 1099)	0 00
17	2014 estimated tax payments	0 00	21	Tuition tax credit (Attach I-319)	0 00
18	Amount paid with extension	0 00	22	Other refundable credit(s)	0 00
19	NR sale of real estate	00			

Check type: ☐ Anhydrous Ammonia (Attach I-333) ☐ Milk Credit (Attach I-334) ☐ Classroom Teacher Expenses (Attach I-330)

23	Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS	23		0 00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24		0 00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25		0 00
26	USE TAX due on internet, mail-order or out-of-state purchases ▶ 26 0 00			
	Use tax is based on your county's sales tax rate. See instructions for more information.			
	If you certify that no use tax is due, check here ▶ ☐			
27	Amount of line 24 to be credited to your 2015 Estimated Tax ▶ 27 0 00			
28	Total Contributions for Check-offs (Attach I-330) ▶ 28 0 00			
29	Add lines 26 through 28 and enter the total here	29		0 00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND ▶	30		0 00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ▶ ☐ Direct Deposit (box required) ▶ ☐ Debit Card* ▶ ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits, the first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31		0 00
32	Late filing and/or late payment: Penalties 0 Interest 0 (See instructions) Enter total here ▶	32		0 00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ▶	33		0 00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE ▶	34		0 00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2014 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)

Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's printed name: GARY BALLOWE

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed	PTIN
		4/7/2015	☒	P01087641
	Firm name (or yours if self-employed) and address and Zip Code: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC 29205			FEIN / Phone

MAIL TO: REFUNDS OR ZERO TAX — SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100

BALANCE DUE — Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

Walkup 00114

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2015** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , ending See separate instructions.

Your first name	M.I.	Last name	Suffix	Your social security number
Jane	E	Baskin		
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
C/O W.B. Walkup, 142 Atrium Way

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Columbia SC 29223

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶ First name Last name
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN
5 [ ] Qualifying widow(er) with dependent child

Exemptions
6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a . . . Boxes checked on 6a and 6b: 1
b [ ] Spouse . . . No. of children on 6c who:
c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0
- Dependents on 6c not entered above: 0

d Total number of exemptions claimed . . . Add numbers on lines above ▶: 1

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	Taxable interest. Attach Schedule B if required			8a	146
b	Tax-exempt interest. Do not include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	6,761
b	Qualified dividends	9b	6,761		
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	7,152
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	524
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a 7,200	b Taxable amount	20b	0
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	14,583

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35		36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37 14,583

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2015)
NTA

Walkup 00115

Form 1040 (2015) Jane E Baskin Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	14,583
	39a	Check if: [X] You were born before January 2, 1951. [ ] Blind. [ ] Spouse was born before January 2, 1951. [ ] Blind. Total boxes checked ▶ 39a 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ▶ 39b [ ]			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300; Married filing jointly or Qualifying widow(er), $12,600; Head of household, $9,250	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,850
	41	Subtract line 40 from line 38		41	6,733
	42	Exemptions. If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see instructions		42	4,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	2,733
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	0
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54		
	55	Add lines 48 through 54. These are your total credits		55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)		62	
	63	Add lines 56 through 62. This is your total tax ▶		63	0
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2015 estimated tax payments and amount applied from 2014 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶		74	0
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	▶ d	Account number			
	77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	0
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ Preparer | Phone no. ▶ (803) 738-2312 | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		At Home	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	3/8/2016		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

Form 1040 (2015)

Walkup 00116

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/schedulob.

OMB No. 1545-0074

2015

Attachment Sequence No. 08

Name(s) shown on return

Jane E Baskin

Your social security number

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶		
	Eldridge Baskin Trust	1	146
2	Add the amounts on line 1	2	146
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	146

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶ Eldridge Baskin Trust	5	6,761
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	6,761

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Jane E Baskin

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☐ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	Eldridge Baskin Trust	57-6131780
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A		524		
B				
34a Totals		524		
b Totals				

35	Add columns (d) and (f) of line 34a	35	524
36	Add columns (c) and (e) of line 34b	36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	524

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	524
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Walkup 00118

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251*.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Jane E Baskin

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	14,583	
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0	
3	Taxes from Schedule A (Form 1040), line 9	3		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5		
6	If Form 1040, line 38, is $154,950 or less, enter -0-. Otherwise, see instructions	6	(0)	
7	Tax refund from Form 1040, line 10 or line 21	7	( )	
8	Investment interest expense (difference between regular tax and AMT)	8		
9	Depletion (difference between regular tax and AMT)	9		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10		
11	Alternative tax net operating loss deduction	11	( )	
12	Interest from specified private activity bonds exempt from the regular tax	12		
13	Qualified small business stock, see instructions	13		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14		
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15		
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16		
17	Disposition of property (difference between AMT and regular tax gain or loss)	17		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18		
19	Passive activities (difference between AMT and regular tax income or loss)	19		
20	Loss limitations (difference between AMT and regular tax income or loss)	20		
21	Circulation costs (difference between regular tax and AMT)	21		
22	Long-term contracts (difference between AMT and regular tax income)	22		
23	Mining costs (difference between regular tax and AMT)	23		
24	Research and experimental costs (difference between regular tax and AMT)	24		
25	Income from certain installment sales before January 1, 1987	25	( )	
26	Intangible drilling costs preference	26		
27	Other adjustments, including income-based related adjustments	27		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than $248,250, see instructions.)	28	14,583	

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.) IF your filing status is . . . — AND line 28 is not over . . . — THEN enter on line 29 . . . Single or head of household — $118,200 — $53,600 Married filing jointly or qualifying widow(er) — 158,900 — 83,400 Married filing separately — 79,450 — 41,700 If line 28 is over the amount shown above for your filing status, see instructions.	29	53,600	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0	
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • **All others:** If line 30 is $185,400 or less ($92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result.	31		
32	Alternative minimum tax foreign tax credit (see instructions)	32		
33	Tentative minimum tax. Subtract line 32 from line 31	33	0	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2015)

HTA

Walkup 00119

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952*.

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment Sequence No. **51**

Name(s) shown on return

Jane E Baskin

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions)	1	
2	Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	0

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	6,954			
b	Qualified dividends included on line 4a	4b	6,761			
c	Subtract line 4b from line 4a			4c	193	
d	Net gain from the disposition of property held for investment	4d				
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e				
f	Subtract line 4e from line 4d			4f	0	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g		
h	Investment income. Add lines 4c, 4f, and 4g			4h	193	
5	Investment expenses (see instructions)			5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	193	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 8 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0

For Paperwork Reduction Act Notice, see page 4.

HTA

Form **4952** (2015)

Walkup 00120

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.
► Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

OMB No. 1545-2227

2015

Attachment Sequence No. 72

Name(s) shown on your tax return: Jane E Baskin

Your social security number or EIN:

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	148
2	Ordinary dividends (see instructions)			2	6,761
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	524		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	524
5a	Net gain or loss from disposition of property (see instructions)	5a			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	0
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	-552
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	6,879

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	0
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	6,879
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	14,583		
14	Threshold based on filing status (see instructions)	14	200,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	0		
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.
HTA

Form **8960** (2015)

Walkup 00121

Form **8582**

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2015

Attachment Sequence No. 88

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Identifying number

Jane E Baskin

Part I 2015 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)					
1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a			
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )		
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )		
d	Combine lines 1a, 1b, and 1c			1d	0
Commercial Revitalization Deductions From Rental Real Estate Activities					
2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )		
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )		
c	Add lines 2a and 2b			2c	( )
All Other Passive Activities					
3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	477		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )		
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d	Combine lines 3a, 3b, and 3c			3d	477
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4	477

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See instructions for an example.*

5	Enter the smaller of the loss on line 1d or the loss on line 4			5	0
6	Enter $150,000. If married filing separately, see instructions	6			
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	0		
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*				
8	Subtract line 7 from line 6	8	0		
9	Multiply line 8 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			9	0
10	Enter the smaller of line 5 or line 9			10	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0
12	Enter the loss from line 4	12	0
13	Reduce line 12 by the amount on line 10	13	0
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

For Paperwork Reduction Act Notice, see instructions.
HTA

Form **8582** (2015)

Walkup 00122

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	0	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1041): Eldridge Baskin Trust	477			477	
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	477	0	0		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶		0	1.00	0

Walkup 00123

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶		0	0	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0	1.00	0	0

Walkup 00124

Form **8283** (Rev. December 2014)

Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

► Attach to your tax return if you claimed a total deduction of over $500 for all contributed property.

► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0908

Attachment Sequence No. 155

Name(s) shown on your income tax return: Jane E Baskin

Identifying number: _____

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities—List in this section only items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities even if the deduction is more than $5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	His House of Columbia SC 764 Meeting Street West Columbia, SC 29169	☐	Furniture & Household Items
B		☐	
C		☐	
D		☐	
E		☐	

Note. If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	10/26/2015	Various	Purchase	1,300	1,300	Estimate
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ► _____
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ► _____
(2) For any prior tax years ► _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ► _____

e Name of any person, other than the donee organization, having actual possession of the property ► _____

		Yes	No
3 a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c	Is there a restriction limiting the donated property for a particular use?		

Walkup 00125

Name(s) shown on your income tax return: Jane E Baskin | Identifying number:

Section B. Donated Property Over $5,000 (Except Publicly Traded Securities)—Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than $5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser.

4 Check the box that describes the type of property donated:

a ☐ Art* (contribution of $20,000 or more) d ☐ Art* (contribution of less than $20,000) g ☐ Collectibles** j ☐ Other
b ☐ Qualified Conservation Contribution e ☐ Other Real Estate h ☐ Intellectual Property
c ☐ Equipment f ☐ Securities i ☐ Vehicles

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A			
B			
C			
D			

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions (h) Amount claimed as a deduction	See instructions (i) Date of contribution
A						
B						
C						
D						

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of $500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than $500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶ Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis, and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here Signature ▶ Title ▶ Date ▶

Business address (including room or suite no.) | Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ▶ ☐ Yes ☐ No

Name of charitable organization (donee)	Employer identification number	
Address (number, street, and room or suite no.)	City or town, state, and ZIP code	
Authorized signature	Title	Date

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2015 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/21/15)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2015, or fiscal tax year beginning 2015 and ending 2016

Print your first name and initial	Last name	Sol.
JANE E	BASKIN	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions			County code
	C/O WB WALKUP 142 ATRIUM WAY			40
City	State	Zip	Area code Daytime telephone	
COLUMBIA	SC	29223		
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ▶ ☐

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ▶ ☐

Check this box if you have filed a federal or state extension ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☒ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2015 federal return ▶ 1
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2015 ▶ 0
Enter the number of taxpayers age 65 or older, as of December 31, 2015 ▶ 1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)

30751028

Walkup 00127

Jane E Baskin

INCOME AND ADJUSTMENTS 2016

					Dollars
1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below			1	2,733 00
	ADDITIONS TO FEDERAL TAXABLE INCOME				
a	State tax addback, if itemizing on federal return (See instructions)	a	0 00		
b	Out-of-state losses (See instructions) Check type of loss: ☐ Rental ☐ Business ☐ Other _____	b	00		
c	Expenses related to National Guard and Military Reserve income	c	00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	0 00		
e	Other additions to income. Attach an explanation (See instructions)	e	0 00		
2	Add lines a through e and enter the total here. These are your total additions			2	0 00
3	Add lines 1 and 2 and enter the total here			3	2,733 00
	SUBTRACTIONS FROM FEDERAL TAXABLE INCOME				
f	State tax refund, if included on your federal return	f	0 00		Dollars
g	Total and permanent disability retirement income, if taxed on your federal return	g	00		
h	Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	h	00		
i	44% of net capital gains held for more than one year (See instructions)	i	0 00		
j	Volunteer deductions (See instructions) Check type of deduction: ☐ Firefighter ☐ HazMat ☐ Rescue Squad ☐ DNR ☐ Reserve Police ☐ Other _____	j	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k	00		
l	Active Trade or Business income deduction (See instructions)	l	0 00		
m	Interest income from obligations of the US government	m	0 00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	n	00		
o	Social security and/or railroad retirement, if taxed on your federal return	o	0 00		
p	Caution: Retirement Deduction (See instructions)				
p-1	Taxpayer: date of birth 3/26/1944	p-1	7,152 00		
p-2	Spouse: date of birth _____	p-2	0 00		
p-3	Surviving spouse #1: date of birth of deceased spouse _____	p-3	0 00		
p-4	Surviving spouse #2: date of birth of deceased spouse _____	p-4	0 00		
q	Age 65 and older deduction (See instructions)				
q-1	Taxpayer: date of birth 3/26/1944	q-1	7,848 00		
q-2	Spouse: date of birth _____	q-2	0 00		
r	Negative amount of federal taxable income	r	0 00		
s	Subsistence allowance _____ days @ $8.00	s	0 00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	0 00		
u	Consumer Protection Services	u	00		
v	Other subtractions (See instructions)	v	0 00		
4	Add lines f through v and enter here. These are your total subtractions			4	< 15,000 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX			5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0 00		
7	TAX on Lump Sum Distribution (Attach SC4972)	7	0 00		
8	TAX on Active Trade or Business Income (Attach I-335)	8	0 00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9	00		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX			10	0 00
11	Child and Dependent Care (See instructions)	11	0 00		
12	Two Wage Earner Credit (See instructions)	12	0 00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0 00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here			14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here			15	0 00

30752026

Walkup 00128

Jane E Baskin 2015

PAYMENTS AND REFUNDABLE CREDITS

16	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	0 00	20	Other SC withholding (Attach Form 1099)	0 00
17	2015 estimated tax payments	0 00	21	Tuition tax credit (Attach I-319)	0 00
18	Amount paid with extension	0 00	22	Other refundable credit(s)	0 00
19	NR sale of real estate	00			

Check Type:
- ☐ Anhydrous Ammonia (Attach I-333)
- ☐ Milk Credit (Attach I-334)
- ☐ Classroom Teacher Expenses (Attach I-360)
- ☐ Exceptional Needs Children Education (Attach I-341)

23	Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS	23	0	00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	0	00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	0	00
26	USE TAX due on internet, mail-order or out-of-state purchases (26: 0 00)			
	Use tax is based on your county's sales tax rate. See instructions for more information.			
	If you certify that no use tax is due, check here ☐			
27	Amount of line 24 to be credited to your 2016 Estimated Tax (27: 0 00)			
28	Total Contributions for Check-offs (Attach I-330) (28: 0 00)			
29	Add lines 26 through 28 and enter the total here	29	0	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND	30	0	00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ☐ Direct Deposit (30b required) ☐ Debit Card* ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	0	00
32	Late filing and/or late payment: Penalties 0 Interest 0 (See instructions) Enter total here	32	0	00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐	33	0	00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. Attach Form SC1040-V with payment. BALANCE DUE	34	0	00

Pay electronically free of charge at www.dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW) or include SC1040-V with your check or money order for the full amount payable to "SC Department of Revenue". Write your social security number and "2015 SC1040" on the payment.

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)
Taxpayer's Email		

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's printed name: GARY W BALLOWE

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed	PTIN
		3/8/2016	☒	
	Firm name (or yours if self-employed) and address and Zip Code: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC 29205			FEIN / Phone

MAIL TO:
- REFUNDS OR ZERO TAX — SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
- BALANCE DUE — Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753024

Walkup 00129

Form 1040 U.S. Individual Income Tax Return 2016

Department of the Treasury—Internal Revenue Service (99) | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning . ending

See separate instructions.

Your first name	M.I.	Last name	Suffix	Your social security number
Jane	E	Baskin		
If a joint return, spouse's first name	M.I.	Last name	Suffix	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

C/O W.B. Walkup, 142 Atrium Way

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Columbia SC 29223

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶ First name Last name
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ First name Last name SSN
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [ ] Spouse

Boxes checked on 6a and 6b: 1

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

Add numbers on lines above ▶: 1

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	
8a	Taxable interest. Attach Schedule B if required			8a	522
b	Tax-exempt interest. Do not include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	6,011
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a	b Taxable amount	15b	
16a	Pensions and annuities	16a	b Taxable amount	16b	7,152
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a 7,200	b Taxable amount	20b	0
21	Other income. List type and amount			21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	13,685

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		37	13,685

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2016)

HTA

Walkup 00130

Form 1040 (2016) Jane E Baskin Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	13,685
	39a	Check if: [X] You were born before January 2, 1952. [ ] Blind. [ ] Spouse was born before January 2, 1952. [ ] Blind. Total boxes checked ▶ 39a 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ▶ 39b [ ]			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,300	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	7,850
	41	Subtract line 40 from line 38		41	5,835
	42	Exemptions. If line 38 is $155,650 or less, multiply $4,050 by the number on line 6d. Otherwise, see instructions		42	4,050
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	1,785
	44	Tax (see instructions). Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	
	45	Alternative minimum tax (see instructions). Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46	▶	47	0
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	54		
	55	Add lines 48 through 54. These are your total credits		55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	▶	56	0
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [ ] Form 8959 b [ ] Form 8960 c [ ] Instructions; enter code(s)		62	
	63	Add lines 56 through 62. This is your total tax	▶	63	0
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2016 estimated tax payments and amount applied from 2015 return	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶	74	0
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	▶ b	Routing number ▶ c Type: [ ] Checking [ ] Savings			
	▶ d	Account number			
	77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	▶	78	0
	79	Estimated tax penalty (see instructions)	79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No

Designee's name ▶ Preparer | Phone no. ▶ (803) 738-2312 | Personal identification number (PIN) ▶

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		At Home	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	4/6/2017		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kibourne Road, Columbia, SC 29205 | Phone no.

Form 1040 (2016)

Walkup 00131

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.
► Information about Schedule D and its separate instructions is at www.irs.gov/schedule.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

Jane E Baskin

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	13,714	7,545	-158	6,011

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	
13 Capital gain distributions. See the instructions	13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions	14	( )
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back	15	6,011

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2016

HTA

Walkup 00132

Part III Summary

16	Combine lines 7 and 15 and enter the result • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.	16	6,011
17	Are lines 15 and 16 both gains? [X] Yes. Go to line 18. [ ] No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? [X] Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. [ ] No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: • The loss on line 16 or • ($3,000), or if married filing separately, ($1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? [ ] Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). [ ] No. Complete the rest of Form 1040 or Form 1040NR.		

Walkup 00133

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: Jane E Baskin

Social security number or taxpayer identification number:

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
Bishopville Land sale	inherited	3/16/2016	13,714	7,545	E	-158	6,011
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			13,714	7,545		-158	6,011

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Walkup 00134

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax—Individuals

▶ Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR

Jane E Baskin

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	13,685	
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	0	
3	Taxes from Schedule A (Form 1040), line 9	3		
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4		
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5		
6	If Form 1040, line 38, is $155,650 or less, enter -0-. Otherwise, see instructions	6	(0	)
7	Tax refund from Form 1040, line 10 or line 21	7	(	)
8	Investment interest expense (difference between regular tax and AMT)	8		
9	Depletion (difference between regular tax and AMT)	9		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10		
11	Alternative tax net operating loss deduction	11	(	)
12	Interest from specified private activity bonds exempt from the regular tax	12		
13	Qualified small business stock, see instructions	13		
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14		
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15		
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16		
17	Disposition of property (difference between AMT and regular tax gain or loss)	17		
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18		
19	Passive activities (difference between AMT and regular tax income or loss)	19		
20	Loss limitations (difference between AMT and regular tax income or loss)	20		
21	Circulation costs (difference between regular tax and AMT)	21		
22	Long-term contracts (difference between AMT and regular tax income)	22		
23	Mining costs (difference between regular tax and AMT)	23		
24	Research and experimental costs (difference between regular tax and AMT)	24		
25	Income from certain installment sales before January 1, 1987	25	(	)
26	Intangible drilling costs preference	26		
27	Other adjustments, including income-based related adjustments	27		
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than $247,450, see instructions.)	28	13,685	

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)			
	IF your filing status is ... / AND line 28 is not over ... / THEN enter on line 29 ...			
	Single or head of household / $119,700 / $53,900			
	Married filing jointly or qualifying widow(er) / 159,700 / 83,800			
	Married filing separately / 79,850 / 41,900	29	53,900	
	If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0	
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is $186,300 or less ($93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result.	31		
32	Alternative minimum tax foreign tax credit (see instructions)	32		
33	Tentative minimum tax. Subtract line 32 from line 31	33	0	
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34		
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0	

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **6251** (2016)

Walkup 00135

1633

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2016 INDIVIDUAL INCOME TAX RETURN

SC1040
(Rev. 7/28/16)
3075

Your social security number	Check if deceased ☐
Spouse's social security number	Check if deceased ☐

DO NOT USE THIS FORM TO FILE A CORRECTED RETURN. SEE SC1040 INSTRUCTIONS FOR ADDITIONAL INFORMATION.

For the year January 1 - December 31, 2016, or fiscal tax year beginning 2016 and ending 2017

Print your first name and initial	Last name	Suff.
JANE E	BASKIN	
Spouse's first name, if married filing jointly	Last name	

Check if new address ☐	Mailing address (number and street, Apt. no or P. O. Box) Foreign address, see instructions			County code
	C/O WB WALKUP 142 ATRIUM WAY			40
City	State	Zip	Area code Daytime telephone	
COLUMBIA	SC	29223		
Check if address is outside US ☐	Foreign country address including Postal code (see instructions)			

Check this box if you are filing SC Schedule NR (Part-year/Nonresident) ..... ▶ ☐

Check this box ONLY if filing a composite return on behalf of a partnership or "S" corporation. Do not check this box if you are an individual. ▶ ☐

Check this box if you have filed a federal or state extension ..... ▶ ☐

Check this box if you served in a Military COMBAT ZONE during the filing period ..... ☐

Enter the name of the combat zone:

Check this box if this return is affected by a federally declared DISASTER AREA ..... ☐

Enter the name of the disaster area:

CHECK YOUR FEDERAL FILING STATUS
(1) ☒ Single (3) ☐ Married filing separately. Enter spouse's SSN here: _____
(2) ☐ Married filing jointly (4) ☐ Head-of-household (5) ☐ Widow(er) with dependent child

Federal Exemptions

Enter the number of exemptions from your 2016 federal return ..... ▶ 1
Enter the number of exemptions listed above that were under the age of 6 years on December 31, 2016 ..... ▶ 0
Enter the number of taxpayers age 65 or older, as of December 31, 2016 ..... ▶ 1

Dependents:

First name	Last name	Social security number	Relationship	Date of birth (MM/DD/YYYY)

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Walkup 00136

Jane E Baskin

INCOME AND ADJUSTMENTS

...016

1	Enter federal taxable income from your federal form. If zero or less, enter zero here. Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below				1	Dollars 1,785 00
ADDITIONS TO FEDERAL TAXABLE INCOME						
a	State tax addback, if itemizing on federal return (See instructions)	a	0	00		
b	Out-of-state losses (See instructions) Type:	b		00		
c	Expenses related to National Guard and Military Reserve income	c		00		
d	Interest income on obligations of states and political subdivisions other than South Carolina	d	0	00		
e	Other additions to income. Attach an explanation (See instructions)	e	0	00		
2	Add lines a through e and enter the total here. These are your total additions				2	0 00
3	Add lines 1 and 2 and enter the total here				3	1,785 00
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME						
f	State tax refund, if included on your federal return	f	0	00		Dollars
g	Total and permanent disability retirement income, if taxed on your federal return	g		00		
h	Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: ☐ Rental ☐ Business ☐ Other	h		00		
i	44% of net capital gains held for more than one year (See instructions)	i	2,645	00		
j	Voluntary deductions (See instructions) Type:	j	0	00		
k	Contributions to the SC College Investment Program ("Future Scholar") or the SC Tuition Prepayment Program (See instructions)	k		00		
l	Active Trade or Business income deduction (See instructions)	l	0	00		
m	Interest income from obligations of the US government	m	0	00		
n	Certain nontaxable National Guard or Reserve Pay (See instructions)	n		00		
o	Social security and/or railroad retirement, if taxed on your federal return	o	0	00		
p	Retirement Deduction (See instructions)					
p-1	Taxpayer: date of birth 3/28/1944	p-1	7,152	00		
p-2	Spouse: date of birth	p-2	0	00		
p-3	Surviving spouse: date of birth of deceased spouse	p-3	0	00		
	Military Retirement Deduction (See instructions)					
p-4	Taxpayer: date of birth	p-4	0	00		
p-5	Spouse: date of birth	p-5	0	00		
p-6	Surviving spouse: date of birth of deceased spouse	p-6	0	00		
q	Age 65 and older deduction (See instructions)					
q-1	Taxpayer: date of birth 3/28/1944	q-1	7,848	00		
q-2	Spouse: date of birth	q-2	0	00		
r	Negative amount of federal taxable income	r	0	00		
s	Subsistence allowance ____ days @ $8.00	s	0	00		
t	Dependents under the age of 6 years on December 31 of the tax year	t	0	00		
u	Consumer Protection Services	u		00		
v	Other subtractions (See instructions)	v	0	00		
4	Add lines f through v and enter here. These are your total subtractions				4	< 17,645 00 >
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR, line 50. If less than zero, enter zero here. This is your South Carolina INCOME SUBJECT TO TAX				5	0 00
6	TAX: enter tax from SOUTH CAROLINA tax tables	6	0	00		
7	TAX on Lump Sum Distribution (Attach SC4972)	7	0	00		
8	TAX on Active Trade or Business Income (Attach I-335)	8	0	00		
9	TAX on excess withdrawals from Catastrophe Savings Accounts	9		00		
10	Add lines 6 through 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX				10	0 00
11	Child and Dependent Care (See instructions)	11	0	00		
12	Two Wage Earner Credit (See instructions)	12	0	00		
13	Other non-refundable credits. Attach SC1040TC and other state return(s)	13	0	00		
14	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here				14	0 00
15	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here				15	0 00

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Walkup 00137

Jane E Baskin — 2016

PAYMENTS AND REFUNDABLE CREDITS

16	SC INCOME TAX WITHHELD (Attach W-2 or SC41)	0 00	20	Other SC withholding (Attach Form 1099)	0 00
17	2016 estimated tax payments	0 00	21	Tuition tax credit (Attach I-319)	0 00
18	Amount paid with extension	0 00	22	Other refundable credit(s)	0 00
19	NR sale of real estate	00			

Check Type:
- ☐ Anhydrous Ammonia (Attach I-333)
- ☐ Milk Credit (Attach I-334)
- ☐ Classroom Teacher Expenses (Attach I-360)
- ☐ Parental Refundable Credit - ECENC

23	Add lines 16 through 22 and enter the total here. These are your TOTAL PAYMENTS	23	0	00
24	If line 23 is LARGER than line 15, subtract line 15 from line 23 and enter the OVERPAYMENT	24	0	00
25	If line 15 is LARGER than line 23, subtract line 23 from line 15 and enter the AMOUNT DUE	25	0	00
26	USE TAX due on internet, mail-order or out-of-state purchases (26: 0 00)			
	Use tax is based on your county's sales tax rate. See instructions for more information.			
	If you certify that no use tax is due, check here ☐			
27	Amount of line 24 to be credited to your 2017 Estimated Tax (27: 0 00)			
28	Total Contributions for Check-offs (Attach I-330) (28: 0 00)			
29	Add lines 26 through 28 and enter the total here	29	0	00
30	If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the AMOUNT TO BE REFUNDED TO YOU (line 30a check box entry is required) REFUND	30	0	00

REFUND OPTIONS (subject to program limitations)

30a Mark one refund choice: ☐ Direct Deposit (2DD required) ☐ Debit Card* ☐ Paper Check

*SCDOR Income Tax Refund Prepaid Debit Card issued by Bank Of America

30b Direct Deposit (for US Accounts Only) Type: ☐ Checking ☐ Savings

Routing Number (RTN) — Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32

Bank Account Number (BAN) — 1-17 digits

31	Tax Due: Add lines 25 and 29. If line 29 is larger than line 24, subtract line 24 from line 29 and enter the amount	31	0	00
32	Late filing and/or late payment: Penalties 0 Interest 0 (See instructions) Enter total here	32	0	00
33	Penalty for Underpayment of Estimated Tax (Attach SC2210) (See instructions and enter letter in box if applicable) Exception to Underpayment of Estimated Tax ☐	33	0	00
34	Add lines 31 through 33 and enter the AMOUNT YOU OWE here. BALANCE DUE	34	0	00

Pay electronically free of charge at dor.sc.gov. Click on DORePay and pay with Visa, MasterCard or by Electronic Funds Withdrawal (EFW).

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Your signature	Date	Spouse's signature (if married filing jointly, BOTH must sign)

Taxpayer's Email

I authorize the Director of the SC Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐

Preparer's printed name: GARY W BALLOWE

If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Paid Preparer's Use Only	Preparer signature	Date	Check if self-employed	PTIN
		4/6/2017	☒	
	Firm name (or yours - if self-employed) and address and Zip Code: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC 29205		FEIN	
			Phone	

MAIL TO:
- REFUNDS OR ZERO TAX — SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
- BALANCE DUE — Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

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Walkup 00138

Trust Wells Fargo Account

Date	Description	Amount	Balance
4/1/2016	Beginning balance	$ -	$ 1,045.35
4/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,424.29
4/4/2016	Walkup & Associates Jane - Phone Cell phone reimbursement	$ (81.46)	$ 1,342.83
4/7/2016	Columbia Cash Reserves Funds Transfer	$ 600.00	$ 1,942.83
4/11/2016	SCE&G - Summerlea House	$ (49.04)	$ 1,893.79
4/12/2016	Verifirst Background Check for Summerlea House	$ (73.76)	$ 1,820.03
4/19/2016	Atrium Place Apartments - Utilities	$ (53.63)	$ 1,766.40
4/25/2016	Deborah Barnes - Cleaning	$ (397.50)	$ 1,368.90
4/26/2016	Hawthorne Pharmacy	$ (169.10)	$ 1,199.80
5/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,578.74
5/10/2016	SCE&G - Summerlea House	$ (50.42)	$ 1,528.32
5/16/2016	Jane Baskin - Reimburse for Medical Expenses	$ (402.00)	$ 1,126.32
5/20/2016	Atrium Place Apartments - Utilities	$ (48.95)	$ 1,077.37
5/20/2016	Deborah Barnes - Cleaning	$ (352.50)	$ 724.87
5/20/2016	Columbia Cash Reserves Funds Transfer	$ 600.00	$ 1,324.87
6/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,703.81
6/2/2016	Mary G. Metropol, D ... - Medical Expenses	$ (147.00)	$ 1,556.81
6/2/2016	Hawthorne Pharmacy	$ (87.57)	$ 1,469.24
6/10/2016	SCE&G - Summerlea House	$ (46.29)	$ 1,422.95
6/20/2016	Brenda Williams	$ 600.00	$ 2,022.95
6/23/2016	Atrium Place Apartments - Utilities	$ (52.81)	$ 1,970.14
6/24/2016	Deborah Barnes - Miscellaneous	$ (482.50)	$ 1,487.64
7/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,866.58
7/1/2016	Hawthorne Pharmacy	$ (89.14)	$ 1,777.44
7/11/2016	SCE&G - Summerlea House	$ (48.35)	$ 1,729.09
7/19/2016	Atrium Place Apartments - Utilities	$ (74.65)	$ 1,654.44
7/28/2016	Deborah Barnes - Miscellaneous	$ (435.00)	$ 1,219.44
7/29/2016	Hawthorne Pharmacy	$ (96.61)	$ 1,122.83
8/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,501.77
8/10/2016	SCE&G - Summerlea House	$ (47.02)	$ 1,454.75
8/11/2016	Insurance - Summerlea House	$ (713.00)	$ 741.75
8/11/2016	Columbia Cash Reserves Funds Transfer	$ 800.00	$ 1,541.75
8/19/2016	SCE&G - Summerlea House	$ (81.04)	$ 1,460.71
8/22/2016	Brenda Williams	$ 505.00	$ 1,965.71
8/26/2016	Deborah Barnes - Miscellaneous	$ (450.00)	$ 1,515.71
8/30/2016	Hawthorne Pharmacy	$ (138.04)	$ 1,377.67
9/1/2016	Brenda Williams	$ 600.00	$ 1,977.67
9/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 2,356.61
9/12/2016	SCE&G - Summerlea House	$ (47.69)	$ 2,308.92
9/16/2016	Sheila Wolfe	$ (240.00)	$ 2,068.92
9/19/2016	Verifirst Background Check for Summerlea House	$ (20.00)	$ 2,048.92
9/19/2016	Jane Baskin - Reimburse for Medical Expenses	$ (610.86)	$ 1,438.06
9/19/2016	Deborah Barnes - Miscellaneous	$ (240.00)	$ 1,198.06
9/20/2016	Atrium Place Apartments - Utilities	$ (81.97)	$ 1,116.09
9/23/2016	Columbia Cash Reserves Funds Transfer	$ 2,000.00	$ 3,116.09
9/23/2016	Sheila Wolfe	$ (400.00)	$ 2,716.09

9/27/2016	William B. Walkup - Reimburse for Miscellaneous Exp.	$ (16.18)	$ 2,699.91
9/30/2016	Sheila Wolfe	$ (300.00)	$ 2,399.91
9/30/2016	Hawthorne Pharmacy	$ (83.51)	$ 2,316.40
10/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 2,695.34
10/1/2016	Sheila Wolfe	$ (375.00)	$ 2,320.34
10/7/2016	Sheila Wolfe	$ (315.00)	$ 2,005.34
10/11/2016	SCE&G - Summerlea House	$ (48.50)	$ 1,956.84
10/20/2016	Columbia Eye Clinic Jane - Medical Expenses	$ (30.00)	$ 1,926.84
10/21/2016	Atrium Place Apartments - Utilities	$ (61.87)	$ 1,864.97
10/21/2016	Sheila Wolfe	$ (345.00)	$ 1,519.97
10/28/2016	Sheila Wolfe	$ (405.00)	$ 1,114.97
10/31/2016	Hawthorne Pharmacy	$ (83.51)	$ 1,031.46
11/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,410.40
11/4/2016	Sheila Wolfe	$ (360.00)	$ 1,050.40
11/8/2016	SCE&G - Summerlea House	$ (46.69)	$ 1,003.71
11/14/2016	Sheila Wolfe	$ (360.00)	$ 643.71
11/14/2016	Columbia Cash Reserves Funds Transfer	$ 500.00	$ 1,143.71
11/15/2016	Columbia Cash Reserves Funds Transfer	$ 400.00	$ 1,543.71
11/17/2016	AllState - Insurance Premium	$ (336.10)	$ 1,207.61
11/17/2016	Atrium Place Apartments - Utilities	$ (53.48)	$ 1,154.13
11/21/2016	Sheila Wolfe	$ (390.00)	$ 764.13
11/21/2016	Columbia Cash Reserves Funds Transfer	$ 500.00	$ 1,264.13
12/1/2016	U. S. Treasury - Annuity Check	$ 378.94	$ 1,643.07
12/2/2016	Brenda Williams	$ 300.00	$ 1,943.07
12/2/2016	Sheila Wolfe	$ (420.00)	$ 1,523.07
12/5/2016	Brenda Williams	$ 300.00	$ 1,823.07
12/5/2016	Hawthorne Pharmacy	$ -	$ 1,823.07
12/8/2016	SCE&G - Summerlea House	$ (44.84)	$ 1,778.23
12/20/2016	Richland County Treasurer	$ (137.95)	$ 1,640.28
12/22/2016	Brenda Williams	$ 300.00	$ 1,940.28
12/29/2016	All State - Roof claim	$ 425.45	$ 2,365.73
12/30/2016	Brenda Williams	$ 600.00	$ 2,965.73
1/2/2017	U. S. Treasury - Annuity Check	$ 379.94	$ 3,345.67
1/10/2017	SCE&G - Summerlea House	$ (47.56)	$ 3,298.11
1/23/2017	Brenda Williams	$ 600.00	$ 3,898.11
2/3/2017	U. S. Treasury - Annuity Check	$ 367.36	$ 4,265.47
2/3/2017	Columbia Cash Reserves Funds Transfer	$ (2,500.00)	$ 1,765.47
2/6/2017	Brenda Williams	$ 600.00	$ 2,365.47
2/8/2017	SCE&G - Summerlea House	$ (49.99)	$ 2,315.48
2/16/2017	Brenda Williams	$ 300.00	$ 2,615.48
3/1/2017	U. S. Treasury - Annuity Check	$ 367.36	$ 2,982.84
3/2/2017	Brenda Williams	$ 325.00	$ 3,307.84
3/6/2017	Deposit	$ 600.00	$ 3,907.84
3/9/2017	Walkup & Associates - Reimburse for Jane's phone, Apr. - Dec.	$ (244.53)	$ 3,663.31
3/9/2017	Walkup & Associates - Accounts Payable January - M...	$ (81.51)	$ 3,581.80
3/10/2017	SCE&G - Summerlea House	$ (47.56)	$ 3,534.24
3/24/2017	Department of Treas ... Taxes	$ (1,247.00)	$ 2,287.24
3/24/2017	SC Dept of Revenue Taxes	$ (60.00)	$ 2,227.24
3/24/2017	Columbia Cash Reserves Funds Transfer	$ 1,250.00	$ 3,477.24
3/27/2017	Walkup Management - Tax Prep Fee	$ (290.00)	$ 3,187.24

4/6/2017	Brenda Williams	$ 600.00	$ 3,787.24
4/7/2017	SCE&G - Summerlea House	$ (47.27)	$ 3,739.97
		Balance:	$ 3,739.97

Walkup 00141

Trust Columbia Cash Reserves Account

Date	Description	Amount	Balance
3/7/2016	Beginning Balance		$ 8,748.20
3/7/2016	Brenda Williams Deposit for Ashley Street	$ 100.00	$ 8,848.20
3/7/2016	Eldridge Baskin Trust	$ (600.00)	$ 8,248.20
3/22/2016	Trust Distribution to Jane	$ (10.00)	$ 8,238.20
3/24/2016	Jane Baskin Birthday Money	$ (200.00)	$ 8,038.20
3/25/2016	Tammy Frankenfield	$ (270.00)	$ 7,768.20
3/30/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 7,648.20
3/31/2016	Atrium Place Apartments	$ (855.00)	$ 6,793.20
4/1/2016	Trustee Fee 2016	$ (4,600.00)	$ 2,193.20
4/6/2016	Nathaniel Carroll for Brenda Williams (Ashley Street)	$ 600.00	$ 2,793.20
4/7/2016	E-Trade Account Management Fee	$ (1,075.24)	$ 1,717.96
4/7/2016	Eldridge Baskin Trust	$ (600.00)	$ 1,117.96
4/29/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 997.96
4/30/2016	NET TAXABLE INTEREST	$ 34.91	$ 1,032.87
5/2/2016	Atrium Place Apartments	$ (855.00)	$ 177.87
5/6/2016	Brenda Williams (Ashley Street)	$ 600.00	$ 777.87
5/10/2016	Verifirst Background Screening for Summerlea	$ (20.00)	$ 757.87
5/20/2016	Eldridge Baskin Trust	$ (600.00)	$ 157.87
5/27/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 37.87
5/31/2016	Atrium Place Apartments	$ (870.00)	$ (832.13)
6/16/2016	The Waters Firm, LLC	$ (355.00)	$ (1,187.13)
6/22/2016	Richland County Treasurer Inv. No. 2015-168028	$ (587.80)	$ (1,774.93)
6/23/2016	Allstate Insurance Refund	$ 7.00	$ (1,767.93)
6/29/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ (1,887.93)
6/30/2016	NET TAXABLE INTEREST	$ (2.14)	$ (1,890.07)
7/1/2016	Atrium Place Apartments	$ (870.00)	$ (2,760.07)
7/1/2016	Shift check #16203 to Trust	$ (259.34)	$ (3,019.41)
7/28/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ (3,139.41)
7/28/2016	Eldridge Baskin Trust From Bask Tr E*Trade	$ 20,000.00	$ 16,860.59
8/1/2016	Atrium Place Apartments	$ (870.00)	$ 15,990.59
8/10/2016	Eldridge Baskin Trust	$ (800.00)	$ 15,190.59
8/30/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 15,070.59
8/31/2016	NET TAXABLE INTEREST	$ 54.51	$ 15,125.10
9/1/2016	Atrium Place Apartments	$ (870.00)	$ 14,255.10
9/23/2016	Eldridge Baskin Trust	$ (2,000.00)	$ 12,255.10
9/29/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 12,135.10
10/3/2016	Atrium Place Apartments	$ (870.00)	$ 11,265.10
10/17/2016	E-Trade Account Management Fee	$ (1,036.47)	$ 10,228.63
10/28/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 10,108.63
10/31/2016	NET TAXABLE INTEREST	$ 100.67	$ 10,209.30
11/1/2016	Atrium Place Apartments	$ (870.00)	$ 9,339.30
11/14/2016	Eldridge Baskin Trust	$ (500.00)	$ 8,839.30
11/15/2016	Eldridge Baskin Trust	$ (400.00)	$ 8,439.30

Walkup 00142

11/21/2016	Eldridge Baskin Trust	$ (500.00)	$ 7,939.30
11/28/2016	Sheila Wolfe	$ (350.00)	$ 7,589.30
11/29/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 7,469.30
11/30/2016	Richard B. Newsome - Cash for Jane	$ -	$ 7,469.30
12/1/2016	Atrium Place Apartments	$ (870.00)	$ 6,599.30
12/7/2016	Nathaniel Carroll for Brenda Williams (Ashley Street)	$ 600.00	$ 7,199.30
12/31/2016	NET TAXABLE INTEREST	$ 64.23	$ 7,263.53
2/6/2017	Eldridge Baskin Trust	$ 2,500.00	$ 9,763.53
3/24/2017	Eldridge Baskin Trust	$ (1,250.00)	$ 8,513.53
4/3/2017	E-Trade Account Management Fee	$ (1,036.47)	$ 7,477.06
		Balance:	$ 7,477.06

Walkup 00143

Baskin Columbia Cash Reserves Account

Date	Description	Amount	Balance
3/22/2016	Distribution from Trust	$ 10.00	$ 10.00
3/23/2016	Stuckey, Fata & Segars, LLC	$ 13,556.36	$ 13,566.36
4/30/2016	NET TAXABLE INTEREST	$ 66.02	$ 13,632.38
5/17/2016	City of Columbia	$ (259.34)	$ 13,373.04
6/30/2016	NET TAXABLE INTEREST	$ 113.10	$ 13,486.14
7/1/2016	Shift check #16203 to Trust	$ 259.34	$ 13,745.48
8/31/2016	NET TAXABLE INTEREST	$ 114.93	$ 13,860.41
10/31/2016	NET TAXABLE INTEREST	$ 114.14	$ 13,974.55
12/5/2016	DATUS, LLC Ernst Mny for 316 Summerlea	$ 1,000.00	$ 14,974.55
12/5/2016	Hawthorne Pharmacy	$ (96.24)	$ 14,878.31
12/8/2016	Sheila Wolfe	$ (435.00)	$ 14,443.31
12/12/2016	Verifirst Background Screening ... Summerlea Screening	$ (110.64)	$ 14,332.67
12/12/2016	Jane Baskin	$ (200.00)	$ 14,132.67
12/15/2016	Sheila Wolfe	$ (450.00)	$ 13,682.67
12/19/2016	Atrium Place Apartments	$ (53.77)	$ 13,628.90
12/22/2016	Sheila Wolfe	$ (510.00)	$ 13,118.90
12/28/2016	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 12,998.90
12/29/2016	Sheila Wolfe	$ (480.00)	$ 12,518.90
12/30/2016	Richland Co. Treasurer Summerlea	$ (395.72)	$ 12,123.18
12/31/2016	NET TAXABLE INTEREST	$ 113.87	$ 12,237.05
1/3/2017	Atrium Place Apartments	$ (870.00)	$ 11,367.05
1/5/2017	Hawthorne Pharmacy	$ (83.51)	$ 11,283.54
1/5/2017	Sheila Wolfe	$ (480.00)	$ 10,803.54
1/9/2017	DATUS, LLC Ernst Mny for 316 Summerlea	$ 4,000.00	$ 14,803.54
1/12/2017	Sheila Wolfe	$ (495.00)	$ 14,308.54
1/20/2017	Sheila Wolfe	$ (510.00)	$ 13,798.54
1/25/2017	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 13,678.54
1/26/2017	Sheila Wolfe	$ (465.00)	$ 13,213.54
1/31/2017	Atrium Place Apartments	$ (131.26)	$ 13,082.28
1/31/2017	Refund to DATUS - Deal Fell Through	$ (5,000.00)	$ 8,082.28
2/1/2017	Atrium Place Apartments	$ (870.00)	$ 7,212.28
2/2/2017	Hawthorne Pharmacy	$ (87.40)	$ 7,124.88
2/2/2017	Sheila Wolfe	$ (510.00)	$ 6,614.88
2/9/2017	Sheila Wolfe	$ (405.00)	$ 6,209.88
2/16/2017	Sheila Wolfe	$ (420.00)	$ 5,789.88
2/20/2017	Atrium Place Apartments	$ (119.54)	$ 5,670.34
2/24/2017	Sheila Wolfe	$ (434.00)	$ 5,236.34
2/27/2017	Richard B. Newsome - Cash for Jane	$ (120.00)	$ 5,116.34
3/2/2017	Sheila Wolfe	$ (427.50)	$ 4,688.84
3/6/2017	Hawthorne Pharmacy	$ (87.28)	$ 4,601.56
3/10/2017	Sheila Wolfe	$ (495.00)	$ 4,106.56
3/17/2017	Sheila Wolfe	$ (360.00)	$ 3,746.56
3/21/2017	Atrium Place Apartments	$ (73.50)	$ 3,673.06
3/22/2017	Atrium Place Apartments	$ (870.00)	$ 2,803.06
3/23/2017	Sheila Wolfe	$ (375.00)	$ 2,428.06

Walkup 00144

3/28/2017	Tax Prep Fee	$ (225.00)	$ 2,203.06
3/30/2017	Jane Baskin Birthday Money	$ (200.00)	$ 2,003.06
3/30/2017	Sheila Wolfe	$ (450.00)	$ 1,553.06
4/1/2017	SCE & G	$ -	$ 1,553.06
4/3/2017	Hawthorne Pharmacy	$ (87.66)	$ 1,465.40
4/6/2017	Sheila Wolfe	$ (450.00)	$ 1,015.40
4/14/2017	Sheila Wolfe	$ (420.00)	$ 595.40
		Balance:	$ 595.40

Walkup 00145

WILLIAM B. WALKUP
142 ATRIUM WAY
COLUMBIA, SOUTH CAROLINA 29223

PHONE (803) 462-9395
FAX (803) 462-9396

August 10, 2017

Jane Baskin
200 Atrium Way Apt. 503
Columbia, SC 29223

RE: 316 Summerlea Drive
Columbia, SC 29203

Dear Jane,

As I told you on August 1, 2017, the house on Summerlea is yours and it is totally your decision whether you keep it or sell it.

I gave you a copy of the insurance bill due on the 16th and I advised you that the trust has been paying all the expenses on the house for 28 years including the two years and two months since you moved out. It is wasteful of the trust funds to continue to spend the funds on a vacant house.

The trust is going to pay the minimum insurance payment due of $121.21 on August 16th and pay the September payment of $71.31. You will be responsible for all the future payments of $71.31 beginning in October. I have included a list of these due dates.

Keep in mind that the Insurance Company may choose to cancel this policy because the house is vacant and then you will be without insurance on the house.

The electric bill for the house is being paid by the trust and it will pay the August and September bill but you will need to take over all the future bills starting in October. You will need to contact SCE&G to arrange a change in the billing address no later than September 15th.

It would be wise for you to sell the house and invest the funds to be used for your future care instead of spending on expenses that are very wasteful. We will also forward the property tax bill when we receive it in November.

Best Regards
Bill Walkup
Bill Walkup
Trustee of the Eldridge Baskin Trust

EXHIBIT
15
exhibitsticker.com

Baskin 0128

Due dates for Insurance payments of $71.31 for 316 Summerlea.

September 25, 2017
October 25, 2017
November 25, 2017
December 24, 2017
January 23, 2018
February 22, 2018
March 24, 2018
April 23, 2018
May 23, 2018

Baskin 0130

Alex Weatherly

From: Ben Bruner <bbruner@brunerpowell.com>
Sent: Tuesday, August 15, 2017 3:49 PM
To: Alex Weatherly
Subject: Baskin

Alex,

I apologize for not having returned your call more quickly. I had a couple of other fires to put out last week and got pulled away from this file.

First, to your question about insurance for Jane's former residence on Summerlea Drive, my understanding is the Trustee will pay the minimum premium due to keep coverage in place. However, that home is not trust property, nor does Ms. Baskin use it. It is vacant and generates no income. I have doubts that it would be prudent for the Trust to continue carrying the costs of ownership of that property when Ms. Baskin cannot live there and derives no benefit from it. Unless there is some substantial change in circumstances, the Trust will cease carrying the costs of the Summerlea property by the end of this year. (That is why the Trustee is only paying a portion of the annual premium now.) If you disagree and believe the Trustee has an obligation to continue paying those costs into perpetuity, please let me know and we can discuss.

In addition, you and I spoke about setting up a meeting in person involving you, me, our clients, and Ms. Baskin's new POA. As I mentioned to you, my client has no intention of resigning. He made a commitment to Ms. Baskin's father; he has honored that commitment for years; and he intends to continue honoring that commitment. Moreover, the administrative costs the Trust incurs would increase exponentially if a bank were to be substituted as trustee. Given Ms. Baskin's life expectancy and the current value of the Trust, those higher costs would most probably drain the Trust during Ms. Baskin's lifetime, leaving her destitute at a time on her life when she will be in the greatest need of care.

Since resignation is off the table, my understanding is the primary purpose of the meeting would be to come to some agreement moving forward. While you did not say it, I am going to take a shot in the dark here and assume Ms. Baskin wants the Trustee to disburse more money to her. I am not sure how much she wants, but I know the costs for Summerlea and for her caretaker directly impact what the Trustee will be able to reasonably disburse. If Ms. Baskin requires assisted living, that cost must also be taken into account.

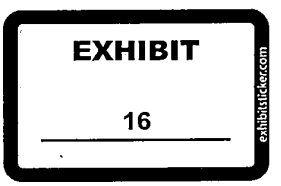
A couple of weeks ago, you and I discussed trying to set up a meeting this week. My schedule fell to pieces after that, and I am sorry I have not been able to set up that meeting. If Ms. Baskin still wants to meet in person, we are agreeable, but if we are going to meet in an effort to find some middle ground here, I think it will be a better use of all of our time to know what the issues are before we all sit down. I expect you have some idea, at a minimum, of the framework Ms. Baskin has in mind.

Please let me know what you think when you have some time. I look forward to hearing from you.

Sincerely,

Ben

Benjamin C. Bruner



CALLISON TIGHE

October 10, 2017

VIA TELEFAX (803) 254-5719
VIA EMAIL: Bbruner@brunerpowell.com
VIA U.S. FIRST CLASS MAIL
Benjamin C. Bruner, Esquire
Bruner Powell Wall & Mullins, LLC
Post Office Box 61110
Columbia, South Carolina 29260-1110

Re: Jane Elizabeth Baskin vs. William B. Walkup

Dear Ben:

I am writing you regarding a couple of issues.

First, enclosed are the signed forms authorizing Gary Ballowe, CPA to file Ms. Baskin's 2016 tax returns electronically, along with copies of the extensions we filed manually in April. Please forward Form 8879 and SC8453 to Mr. Ballowe and instruct him to file Ms. Baskin's returns electronically in time to meet the October 16 extended filing deadline. If he has any questions, he is welcome to call me. I am writing to you about this issue because we were instructed not to contact Mr. Walkup directly, and even before being so instructed, found it impossible to contact Mr. Ballowe. Please confirm (or have Mr. Ballowe confirm) this has been done and that Mr. Ballowe has filed the returns on or before the October 16 extended tax return filing deadline. Otherwise, Ms. Baskin will sign and manually file the copies of the returns received from your office (which are unsigned by Mr. Ballowe and which may therefore subject him to preparer penalties).

Secondly, enclosed is the form Mr. Walkup insisted Ms. Baskin sign to acknowledge that the insurance and other expenses for the 316 Summerlea Drive property are her responsibility. She has not signed this form and we are returning it to you. Mr. Walkup cannot dump these expenses (which have always been paid from the Trust) on Ms. Baskin without making comparable distributions to her. If he will make such distributions, she is glad to handle the payment of these expenses. As it is, it appears he is simply trying to pressure her to conform to his wishes. This is exactly the type of activity Ms. Baskin has been complaining about, and why Mr. Walkup should no longer serve as Trustee.

Finally, I renew my request to meet with you and your client in an effort to resolve these issues as amicably as possible.

Yours sincerely,

W. Alex Weatherly, Jr.

WAWjr/tsl
Enclosures
cc: Ms. Jane Baskin

Walkup 00149

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ Don't send to the IRS. This isn't a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at *www.irs.gov/form8879*.

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
Jane E Baskin	
Spouse's name	**Spouse's social security number**

Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	13,685
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	0
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	0
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	0
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Gary W Ballowe CPA (ERO firm name) to enter or generate my PIN ☐ (Enter five digits, but don't enter all zeros)
as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Jane E Baskin Date ▶

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN ☐ (Enter five digits, but don't enter all zeros)
as my signature on my tax year 2016 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐ (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Gary W Ballowe Gary W Ballowe Date ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

SC8453
(Rev. 3/6/15)
3299

Please print or type.	Your first name and initial	Last name	Your social security number
	Jane E	Baskin	
	If joint return, spouse's first name and initial	Last name, if different	Spouse's social security number
	Home address (number and street, apt. number or RR)	Daytime telephone #	Tax Year
	C/O W.B. Walkup, 142 Atrium Way		
	City, town or post office, state and ZIP code		
	Columbia, SC 29223		

DO NOT MAIL

Part I Tax Return Information (Whole dollars only)

1. Federal taxable income (SC1040, line 1)	1	1,785	00
2. Net SC tax (SC1040, line 15)	2	0	00
3. Use Tax	3	0	00
4. Total Tax	4	0	00
5. SC Income Tax Withheld (SC1040, lines 16 & 20)	5	0	00
6. Tuition Tax Credit (SC1040, line 21)	6	0	00
7. Refund (SC1040, line 30)	7	0	00
8. Amount you owe (SC1040, line 34)	8	0	00

Part II Direct Deposit of Refund or EFW Payment of Tax Due (Optional - See instructions.)

STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE

9. Routing transit number (RTN) — The first two numbers of the RTN must be 01 through 12 or 21 through 32.
10. Bank account number (BAN)
11. Type of account: ☐ Checking ☐ Savings
12. Withdrawal Date _____ Withdrawal Amount $ _____

Part III Declaration of Taxpayer (Sign only after Part I is completed.)

13. ☐ a. I consent that my refund be directly deposited as designated in Part II, and declare that the information shown on lines 1 through 8 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

☐ b. I authorize (1) the South Carolina Department of Revenue and its designated financial agents to initiate an Electronic Funds Withdrawal (payment) entry to my financial institution account designated in Part II for payment of my South Carolina taxes owed, and (2) my financial institution to debit the entry to my account. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the SC Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have compared the information (including direct deposit or EFW data) on my return with the information I have provided to my electronic return originator (ERO) and the amounts agree with the amounts on my SC tax return. To the best of my knowledge, my return is true and complete. I consent that my return and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my ERO, and subsequently by the IRS to the SC Department of Revenue. Do not submit this form to the SC Department of Revenue. Keep with your records.

Sign Here — Your signature: Jane E Baskin — Date — Spouse's signature (if joint, BOTH must sign) — Date

KEEP FOR YOUR RECORDS

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See Instructions.)

I declare that I have received the above taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting this return to the SC Department of Revenue. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SC Department of Revenue, and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SC Department of Revenue. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. I understand I do not mail this form. I am required to keep this form and the supporting documents for three (3) years.

ERO's Use Only	ERO signature: Gary W Ballowe	Date: 3/23/2017	Check if also paid preparer: X	Check if self-employed: X	PTIN:	
	Firm name (or yours if self-employed) and address: Gary W Ballowe, 4002 Kilbourne Road Columbia SC			FEIN:	ZIP code: 29205	
Paid Preparer's Use Only	Preparer signature: Gary W Ballowe	Date:		Check if self-employed: X	PTIN: P01067641	
	Firm name (or yours if self-employed) and address: Gary W Ballowe, 4002 Kilbourne Road Columbia SC			FEIN:	ZIP code: 29205	

Walkup 00151

1350

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

REQUEST FOR EXTENSION OF TIME TO FILE
South Carolina Individual Income Tax Return

SC4868
(Rev. 4/12/16)
3506

File Electronically dor.sc.gov

Who May File:
Use SC4868 to request an extension of time to file SC1040 Individual Income Tax return for:
(1) individual income taxpayers, or
(2) nonresident shareholders of an S corporation, or
(3) nonresident partners of a partnership or LLC.

15th, or before the original due date of
r filing your return falls on a Saturday,
ext regular working day. This extension
file your return.

n granted a federal extension of time to
rtment will accept a copy of the federal
send SC a copy of the federal form by

nce due online through SCnetFile at
Mail the original with payment if any.
tension box on the front of the return.

d dollars or more in connection with any
should pay electronically per SC Code

Number(s) for individuals
s or partnerships.

GE.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
COLUMBIA SC 29214
OFFICIAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $2.75
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
Sent To SCDOR
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

DUTCH FORK POST OFFICE
APR 18 2017
COLUMBIA SC 29210
04/18/2017

SECTION ON DELIVERY
Agent
Addressee
Printed Name) C. Date of Delivery
ess different from item 1? Yes
elivery address below: No
SCDOR #2
APR 20 2017
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
Domestic Return Receipt

9 Form 3811, April 2015 PSN 7530-02-000-9053

SC4868
(Rev. 4/12/16)
3506
Year 2016

South Carolina Individual Income Tax Return

Or other fiscal year beginning ___/___/___ and ending ___/___/___

1. Your Name (Type or Print) Jane E. BASKIN	3. Your Social Security number/FEIN
Spouse Name	Spouse's Social Security number
2. Home Address 200 Atrium Way Apt. 503	4. New Filer or Change of Address, place an X in the box ☐
	5. Composite Filer, place an X in the box ☐
City Columbia / State SC / Zip Code 29223	Do not write in this space - OFFICE USE
Make check or money order payable to: SC DEPARTMENT OF REVENUE Mail to: SC DEPARTMENT OF REVENUE INCOME TAX COLUMBIA SC 29214-0013	6. Balance Due from Worksheet ▶$ 0 .00

14-0801

35061043

Walkup 00152

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

▶ Information about Form 4868 and its instructions is available at *www.irs.gov/form4868*.

OMB No. 1545-0074

2016

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, on page 3.
2. You can file Form 4868 electronically by accessing IRS *e-file* using your home computer or by using a tax professional who uses *e-file*.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due.

IRS e-file — It's Convenient, Safe, and Secure

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a

Pay Electronically

You don't need to file Form 4868 if you make a payment using our electronic payment options. Your extension will be automatically processed when you pay part or all of your estimated income tax electronically. You can pay online or by phone (see page 3).

E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2015 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868* (see page 4).

File a Paper Form 4868

paper instead of electronically, fill in the Form
it to the address shown on page 4.
using a private delivery service, see page 4.
al year taxpayer, you must file a paper Form

te your 2016 tax liability using the information

tax liability on line 4 of Form 4868, and
by the regular due date of your return.
u aren't required to make a payment of the tax as due, Form 4868 doesn't extend the time to you don't pay the amount due by the u'll owe interest. You may also be charged details, see Interest *and* Late Payment Penalty *ittance you make with your application for ated as a payment of tax.*
explain why you're asking for the extension.
ly if your request is denied.
68 If you want the IRS to figure your tax or order to file your return by the regular due date.

To get the extra time you must:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at *www.usps.com*®.
KANSAS CITY MO 641 POSTAL USE
Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $0.00
Return Receipt (electronic) $0.00
Certified Mail Restricted Delivery $0.00
Adult Signature Required $0.00
Adult Signature Restricted Delivery $
Postage $0.49
Total Postage and Fees $6.59
Sent To IRS
Street and Apt. No., or PO Box No.
City, State, ZIP+4®
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
BEECH FORK BRANCH POST OFFICE COLUMBIA SC 29210 0260
APR 18 2017
Postmark Here

SECTION ON DELIVERY
Agent
Addressee
Printed Name) C. Date of Delivery
ress different from item 1? Yes
delivery address below: No
Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery
Restricted Delivery
cted Delivery
Restricted Delivery
m Receipt

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2016, or other tax year beginning , 2016, ending , 20

OMB No. 1545-0074

2016

Part I Identification

1 Your name(s) (see instructions)
Jane E. Baskin

Address (see instructions)
200 Atrium Way, Apt. 503

City, town, or post office | State | ZIP Code
Columbia | S C | 29223

2 Your social security number | 3 Spouse's social security number

Part II Individual Income Tax

4 Estimate of total tax liability for 2016 . . $ 0
5 Total 2016 payments . . . . . .
6 Balance due. Subtract line 5 from line 4 (see instructions) 0
7 Amount you're paying (see instructions) . ▶
8 Check here if you're "out of the country" and a U.S. citizen or resident (see instructions) . . . . ▶ ☐
9 Check here if you file Form 1040NR or 1040NR-EZ and didn't receive wages as an employee subject to U.S. income tax withholding . . . . . ▶ ☐

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 13141W Form 4868 (2016)

Walkup 00153

September 1, 2017

Bill Walkup
142 Atrium Way
Columbia, SC 29223

Re: 316 Summerlea Drive

Dear Bill,

Since I own the house at 316 Summerlea Drive, it is my responsibility to take care of all the expenses on the house and not the Trust's responsibility.

I will make a decision at a later date whether I will sell it or not. In the meantime, I will be responsible for all the expenses on the house.

_____
Jane Baskin

_____
Witness

BRUNER, POWELL, WALL & MULLINS, LLC
ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE 803-252-7693
FAX 803-254-5719
WWW.BRUNERPOWELL.COM

WARREN C. POWELL, JR., P.A.**
HENRY P. WALL
E. WADE MULLINS III, P.A.
BRIAN P. ROBINSON, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
BENJAMIN C. BRUNER, P.A.

JAMES L. BRUNER, P.A.
OF COUNSEL

ANN F. ALLISON
CAITLIN C. HEYWARD
ROBERT C. OSBORNE III

** Also Admitted in District of Columbia

AUTHOR'S E-MAIL: BBRUNER@BRUNERPOWELL.COM

October 17, 2017

W. Alex Weatherly, Jr., Esquire
Callison, Tighe & Robinson, LLC
P.O. Box 1390
Columbia, SC 29202

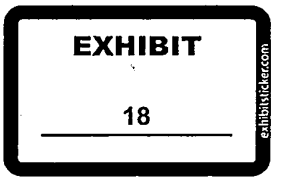
Re: Jane Elizabeth Baskin
BPWM File No. 11-2885.100

Dear Alex:

I am in receipt of your letter dated October 10, 2017 asking that my client file Ms. Baskin's tax returns, together with the form authorizing Mr. Ballowe. As requested, the returns will be filed. While I understand that communicating through me rather than directly with my client requires an additional step, it is necessary only due to Ms. Baskin's baseless accusations.

With respect to the home at 316 Summerlea Drive, you state Mr. Walkup cannot "dump" these expenses on Ms. Baskin because they have always been paid from the Trust. The Trust did carry the costs of ownership of that home while Ms. Baskin lived there. She is unable to live there anymore, and she refuses to sell it. Now, the Trust pays rent and utilities for her apartment. I do not see how past payments for the home (while Ms. Baskin was living there) obligate the Trustee to continue paying for the home into perpetuity when Ms. Baskin does not and cannot use it. The home is not Trust property, and it is neither prudent nor reasonable for the Trust to continue carrying the cost of it. Two months' notice was more than a reasonable time to give Ms. Baskin time to arrange for a renter or other solution.

Finally, my client and I remain open to meeting in person to discuss these issues, provided we know what it is Ms. Baskin wants short of Mr. Walkup resigning as Trustee. There will be no lump sum payout of the proceeds from the Lee County land sale because that money has already been spent for Ms. Baskin's support, as demonstrated by the records voluntarily produced. Ms. Baskin knows that now because she has received ample documentation on the status of the Trust. Until we have some specific indication of what Ms. Baskin wants, I do not see how an in-person meeting could be constructive or fruitful given the accusations in your letters. Surely you understand the Trustee's need to consider the expected costs of care for Ms. Baskin as she ages.



Walkup 00155

If you would like to discuss this matter further, I am happy to talk with you anytime.

Sincerely,

Benjamin C. Bruner

BCB/gh

EXHIBIT NO: #20
WITNESS: Moseley
DATE 11-10-2020
THOMPSON COURT REPORTING INC.

Dear Michelle,

Thanks for the visits and good will you give to Jane.

Please be advised that Jenny will likely not be leaving for 2 days in April. Also Jenny will continue to do cleaning. Jane threw out the vacuum cleaner that was just a couple of years old without letting us get it checked out. We will be buying another.

Mr. Walkup

EXHIBIT
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exhibitsticker.com

Walkup 01383

EXHIBIT NO. #14
WITNESS: Baskin
DATE 11-9-2020
THOMPSON COURT REPORTING INC.

William,

After today's visitation with Jane, Jane and I agree that you should not contact Jane directly in any way. Please correspond thru her attorney with any information. We feel that this is best due to your manipulating actions you tried to use on her about the ac unit. A copy of this will be sent to Jane's attorney today, May 14, 2018.

Sincerely,

Jane Baskin and Michele Moseley (POA)

Jane E Baskin
Michele Moseley

For 18 DM called me re A/C

EXHIBIT
20

EXHIBIT NO. #6
WITNESS:
DATE: 11-4-2020
THOMPSON COURT REPORTING INC.

CALLISON TIGHE

May 16, 2018

RECEIVED
MAY 21 2018

Benjamin C. Bruner, Esquire
Bruner Powell Wall & Mullins, LLC
Post Office Box 61110
Columbia, South Carolina 29260-1110

Re: Jane Elizabeth Baskin vs. William B. Walkup

Dear Mr. Bruner:

I wrote you on May 2, 2018 asking that you confirm that Mr. Walkup would address the need to cover absences by Ms. Baskin's current caretaker. I also requested that Mr. Walkup complete the installation of the HVAC unit at 316 Summerlea Drive which was begun some years ago but never completed.

I have not heard anything from you about either of these matters.

According to Ms. Baskin, Mr. Walkup came to her apartment within the last week in an attempt to coerce her into agreeing to accept a "pittance" in consideration for assuming the duty of completing the installation of the HVAC unit at 316 Summerlea Drive. There is no question that the cost of completing the installation will exceed the minor sum offered to Ms. Baskin by Mr. Walkup and she is sure he knows that. Further, as you can imagine, having Mr. Walkup hover over Ms. Baskin insisting that she accept the sum he offered was extremely intimidating to her, she being physically impaired by Cerebral Palsey.

Therefore, I am writing on Ms. Bakin's behalf to demand that Mr. Walkup have no further direct contact with her. I believe she has written Mr. Walkup herself demanding that he communicate with her only through our office. Of course, I perfectly understand your right as his attorney to insist that I not have any direct contact with him. Therefore, it appears it will be necessary for Mr. Walkup to communicate with Ms. Baskin through your relaying any such communication through me.

Finally, I reiterate my request to have a sit down meeting with you and Mr. Walkup to try to come to an amicable resolution of this situation. Please call me at your earliest convenience.

Yours sincerely,

W. Alex Weatherly, Jr.

WAWjr/tsl

EXHIBIT
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exhibitstuder.com

EXHIBIT NO: #17
WITNESS: Mosley
DATE 11-10-2020
THOMPSON COURT REPORTING INC.

CALLISON TIGHE

DEC
AUG 7 2018

August 13, 2018

Benjamin C. Bruner, Esquire
Bruner Powell Wall & Mullins, LLC
Post Office Box 61110
Columbia, South Carolina 29260-1110

Re: Jane Eldridge Baskin Trust - William B. Walkup, Trustee

Dear Ben:

It was a pleasure meeting with you last month to discuss the Trust established for my client, Jane E. Baskin, under the Will of her father, Eldridge Baskin. Per our agreement, I am writing you to outline the changes that Ms. Baskin would like to propose to the manner in which distributions from the Trust are being handled by the Trustee, Mr. William Walkup. To that end, Ms. Baskin has me to raise the following points:

- At the present time, we really do not have a clear picture on what Mr. Walkup is spending for Jane and what he is not. You sent me some financial information a year ago detailing some of the expenditures and some of the income. However, it appears from the information you provided that there are additional assets in the Trust which may be generating additional income and unless information can be provided regarding those assets and the income they generate and any additional expenditures which are not accounted for in the schedules you sent us previously, it is difficult for us to know how much is available through the Trust for the benefit of Ms. Baskin. Accordingly, as you and I discussed, we would like to begin by asking for a current accounting of all income and expenditures by the Trust for at least the past three (3) years.

- As you and I further discussed, Mr. Walkup's only official position relative to Ms. Baskin is to serve as Trustee of the Trust. He is not her guardian, conservator, attorney-in-fact, etc. Accordingly, he has no authority to make healthcare decisions for her, determine where she shall reside, or to determine who her caregivers should be. Ms. Baskin would prefer that he limit his contact with her solely to personal interaction having nothing to do with finances (i.e., family matters, etc.) and such interaction as is necessary for him to make the distributions he is obligated to make under the Trust.

- As you are aware, Mr. Walkup receives certain funds on behalf of Ms. Baskin, in the form of an annuity payment, which have nothing whatsoever to do with the

EXHIBIT
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eDepoExhibits.com

Trust. Ms. Baskin appreciates what Mr. Walkup has done to preserve the payment of that annuity. However, she feels that these payments should be made directly to her. Accordingly, beginning as soon as possible, Ms. Baskin either wants those payments to be made directly to her from the paying agency, or she wants those funds disbursed directly to her from Mr. Walkup, as soon as they are received. Any other assets received by Mr. Walkup on Ms. Baskin's behalf not generated by Trust assets should also be distributed directly to Ms. Baskin.

- Ms. Baskin wants the authority, acting either alone or through her personally selected attorney-in-fact, to make arrangements for where she lives, who her caregivers are, etc. It is not in the purview of Mr. Walkup's authority to make those decisions for her. My reading of the Trust is that he is obligated to pay "all of the income" to her. It is not his prerogative to determine how much of such income to distribute or where or how she spends it. Accordingly, from this point forward Ms. Baskin wants Mr. Walkup to make distributions of the Trust income directly to her on a regular basis to her (at least quarterly) accompanied by thorough accountings for the income and any expenses incurred internally by the Trust.

- You and I have discussed the issue of Mr. Walkup's discretion with regard to payments of principal from the Trust. Since meeting with you, I have had a research associate take a look at the current status of the law regarding the interpretation of a trustee's discretion. As you are no doubt aware, S.C. Code Section 62-7-814 provides that, "notwithstanding the breadth of discretion granted to a trustee in terms of the trust, including the use of such terms as "absolute", "sole" or "uncontrolled", the trustee shall exercise a discretionary power in good faith and in accordance with the terms and purposes of the trust...". As you and I discussed when we met, Ms. Baskin's father clearly states in his Will that his intention in establishing the Trust was, "to provide for the well being of Jane E. Baskin so long as she shall live." In the very same sentence where he talks about the discretion of the trustee, he states that, "this Will and the provisions thereof are to be construed in light of this purpose..." and that such purpose is to, "...at all times be born in mind by the trustee when considering the matter of any encroachment upon the principal of the trust created hereunder". Given this language, Ms. Baskin believes that Mr. Walkup has a duty to make reasonable distributions of principal from the Trust to provide for Ms. Baskin's "well being".

  By contrast, Mr. Walkup has legitimately raised the issue of the need to make sure that the principal is preserved so as to take care of Ms. Baskin throughout the remainder of her life. However, from the information we have been provided, it appears that over the 28 years that the Trust has been in existence, it has more

than doubled in value, which is a clear indication that the principal has not been over encroached upon. If the trend continues over Ms. Baskin's remaining life expectancy (approximately 15 years) it is reasonable to assume that the principal will have tripled in value by the time of Ms. Baskin's death. That would be a laudible accomplishment but for the fact that Ms. Baskin is being deprived of basic life necessities under the current Trust distribution policies and procedures. As a compromise, Ms. Baskin would suggest that an annual principal distribution budget be established which would enable her to make requests that would not be unreasonably refused, for the additional distributions of principal in accordance with her needs. She is glad to provide information regarding the amounts which she requests to be distributed and Mr. Walkup is certainly entitled to make inquiry as to the reason and justification for such distributions. However, as long as such distribution requests are within the agreed upon annual principal distribution budget amount, and are reasonable in nature, Mr. Walkup should consent to them and pay them in a timely manner.

- Ms. Baskin would also like the freedom to make requests for distributions over and above the annual principal distribution amount when extraordinary circumstasnces arise. An example of such a necessity would be the current need to complete the installation and repair of the HVAC system on her home on Summerlea Drive. The amount needed to complete the installation has been estimated at $8,000. This is the lowest of three estimates from reputable vendors, (copies of which are enclosed) and therefore is not an unreasonable sum to request. Such payment would not significantly encroach upon the principal of the Trust if expended. Accordingly, Ms. Baskin would request that Mr. Walkup commit to pay this amount once the repairs have been completed by the contractor selected by Ms. Baskin. You and I discussed other possibilities for handling this disbursement, but for now Ms. Baskin has asked me to simply ask Mr. Walkup to make the disbursement given the relatively minor amount involved, and given the fact that Mr. Walkup originally undertook responsibility for the repairs but they were not properly completed by the contractor originally selected by Mr. Walkup. The sooner these repairs can be made, the sooner Ms. Baskin can either rent the house or sell it, either of which would result in proceeds which should belong to and be payable directly to Ms. Baskin.

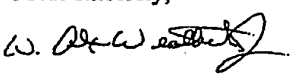
- Regarding the future selection of caregivers, expenditures for other living expenses, decisions on where Ms. Baskin should live, etc., Ms. Baskin wants the freedom to make these decisions herself with the anticipation that at least all of the income and reasonable disbursements of principal will be made directly to her by Mr. Walkup to help cover these items. If Mr. Walkup wants to pursue a trial period during which Ms. Baskin accounts to him for the expenditures, she might

be open to discussing that possibility.

- A final point that needs to be considered is the fact that Mr. Walkup (as he has reminded Ms. Baskin on multiple occasions), has become well advanced in age. He has indicated on multiple times that he should be retired. Unfortunately, the Will makes no provision for a successor trustee. Accordingly, Ms. Baskin would like to reach an agreement now concerning who will serve as successor trustee upon the death, incapacity or retirement of Mr. Walkup. She has persons in mind that would be acceptable to her and we would like the opportunity to discuss this issue with you and Mr. Walkup with a goal toward reaching a decision about who will succeed Mr. Walkup as Trustee, which we can go ahead and take necessary action to put in place should something happen to Mr. Walkup unexpectedly.

If you have questions about any of the items outlined above or feel that I have not addressed all of the issues that need to be discussed, please do not hesitate to give me a call. On behalf of Ms. Baskin, let me thank you and Mr. Walkup for the opportunity to submit this proposal, and I look forward to working with you and Mr. Walkup to hopefully reach a reasonable and mutually acceptable agreement regarding how the administration of the Trust should proceed from this point. I look forward to hearing from you once to you have had a chance to confer with your client.

Yours sincerely,



W. Alex Weatherly, Jr.

WAWjr/tsl

CALLISON TIGHE

September 25, 2018

Benjamin C. Bruner, Esquire
Bruner Powell Wall & Mullins, LLC
Post Office Box 61110
Columbia, South Carolina 29260-1110

Re: Jane Eldridge Baskin vs. William B. Walkup

Dear Ben:

Ms. Baskin's caretaker, Jenny, has had a death in the family and needs to leave town for a few days. In recent months when Jenny has had to be absent unexpectedly, Jane's POA has covered for her, despite the fact that Mr. Walkup has refused to pay her for her time or provide an alternate caretaker. In the current situation, the POA is not available, but also, because Mr. Walkup refuses to deal with the situation, is not authorized to hire someone else. This must be addressed immediately. Please call me so we can discuss some resolution to this issue for both this time and in the future as it is going to continue to arise.

Also, the situation regarding Ms. Baskin's house still continues to deteriorate. The POA informs me that because the HVAC situation is not being addressed, mold continues to grow and the intense heat has caused other damage all because Mr. Walkup refuses to deal with the situation. We need to address all of the issues I covered in my last letter to you as soon as possible.

Yours sincerely,

W. Alex Weatherly, Jr.

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WAWjr/tsl

RECEIVED
SEP 26 2018

Archived: Monday, November 2, 2020 4:59:27 PM
From: Ben Bruner
Sent: Tuesday, September 25, 2018 4:37:44 PM
To: Alex Weatherly
Subject: RE: Jane Baskin
Importance: Normal

Alex,

The Trustee has spoken with Jenny Vega about this. He is not "refusing to deal with the situation," as you contend in your e-mail below. Jenny she said she will only miss Saturday, as she is flying up for the funeral and then flying right back. As Ms. Baskin is determined to hire her own caretaker, the Trustee will refrain from finding a replacement for Saturday while Jenny is out. I note that in the past the Trustee has run background checks on caretakers. Ms. Baskin's POA should do the same and ensure the caretakers are qualified if she is going to take on that role.

Jenny cooks, cleans, helps Ms. Baskin to the restroom, and walks the dog for $13/hour. Given the short notice and the one-day assignment, the Trustee will agree to reimburse Ms. Baskin for the costs of a caretaker up to 3 hours at $20/hr. for this Saturday. Jenny has said she is going to prepare all the food needed for Saturday, so whoever helps Ms. Baskin will only need to walk the dog and help her to the restroom.

As to the HVAC system with the house on Summerlea Drive, I am not aware of anything the Trustee is doing to prevent your client from making the repairs to her home. The house is hers, not a trust asset, and she need to take steps to mitigate her damages, to the extent she is in fact suffering any. The Trustee tried to help her sell it because she cannot live there, and she refused. Any arrangement that involves using trust principal to pay for those repairs will be structured as a loan, and Ms. Baskin may be able to finance the purchase through other means (e.g., directly through the installer) without having to reach an agreement with the Trustee.

I am dedicated to working toward an mutually agreeable and amicable resolution, but inflammatory e-mails claiming that the Trustee is refusing to deal with the situation are merely self-serving and not constructive, not to mention factually inaccurate. Let's try to keep the ball rolling in the right direction.

Sincerely,

Ben

Benjamin C. Bruner
BRUNER POWELL
BRUNER POWELL WALLACE MULLEN, LLC
P.O. Box 61110
Columbia, SC 29260-1110
(P) 803.252.7693
(F) 803.254.5719
www.BrunerPowell.com

From: Alex Weatherly <AlexWeatherly@callisontighe.com>
Sent: Tuesday, September 25, 2018 2:14 PM
To: Ben Bruner <bbruner@BRUNERPOWELL.COM>
Cc: Teresa S. Laverne <TeresaLaverne@callisontighe.com>
Subject: Jane Baskin

Ben,

Ms. Baskin's caretaker, Jenny, has had a death in the family and needs to leave town for a few days. In recent months when Jenny has had to be absent un-expectantly, Jane's POA has covered for her, despite the fact that Mr. Walkup has refused to pay her for her time or provide an alternate care taker. In the current situation, the POA is not available, but also, because Mr. Walkup refuses to deal with the situation, is not authorized to hire someone else. This must be addressed immediately. Please call me so we can discuss some resolution to this issue for both this time and in the future as it is going to continue to arise.

Also, the situation regarding Ms. Baskin's house still continues to deteriorate. The POA informs me that because the HVAC situation is not being addressed, mold continues to grow and the intense heat has caused other damage all because Mr. Walkup refuses to deal with this situation. We need to address all of the issues I covered in my last letter to you as soon as possible.

Sincerely,

Alex

CALLISON TIGHE

W. Alex Weatherly Jr.
Callison Tighe & Robinson, LLC
1812 Lincoln Street
P.O. Box 1390
Columbia, SC 29202

P 803.404.6900
F 803.404.6801
E alexweatherly@callisontighe.com
Download vCard

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BRUNER, POWELL, WALL & MULLINS, LLC
ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
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WARREN C. POWELL, JR., P.A.*
HENRY P. WALL
E. WADE MULLINS III, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
BENJAMIN C. BRUNER, P.A.

JAMES L. BRUNER (RETIRED)
BRIAN P. ROBINSON, P.A.**

CAITLIN C. HEYWARD
CHELSEA J. CLARK
STEVEN R. SPREEUWERS

* ALSO ADMITTED IN DISTRICT OF COLUMBIA
** OF COUNSEL

AUTHOR'S E-MAIL: BBRUNER@BRUNERPOWELL.COM

October 6, 2018

W. Alex Weatherly, Jr., Esquire
Callison, Tighe & Robinson, LLC
P.O. Box 1390
Columbia, SC 29202

Re: Elrdidge Baskin Trust
BPWM File No. 11-2885.100

Dear Alex:

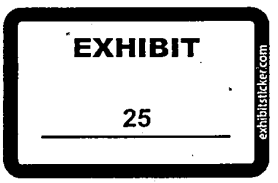
I write in response to your August 13, 2018 letter, in which you outline changes which Ms. Baskin proposes to the administration of the Trust created under the Will of Eldridge Baskin. I will address each of the eight points you raise in turn.

I. Request for an Accounting of all Income and Expenditures by the Trust for the Past Three Years.

You expressed a concern with transparency in the reporting of Trust income and expenditures for at least the past three years. On May 4, 2017, in response to a prior request, we provided you a detailed description of the current trust assets, values and bank account balances; the previous four (4) years of tax returns (which show the amount of Trust income each year); and an accounting of all expenditures to or on behalf of Ms. Baskin during the prior twelve (12) months. The three-year accounting you have requested, and which is enclosed, includes the same tax returns and format of accounting. If there are any specific documents other than the ones provided which you believe are required for you to have a clear picture on what the Trustee is distributing to or on behalf of Ms. Baskin, please advise.

II. Request for Limited Contact

Your client has asked that the Trustee "limit his contact with her solely to personal interaction having nothing to do with finances (i.e., family matters, etc.) and such interaction as is necessary for him to make the distributions he is obligated to make under the Trust." I confess I am not sure what, as a practical matter, your client is requesting. As you are aware, Ms. Baskin's father was Mr. Walkup's mother's first cousin. All of Mr. Walkup's interaction with Ms. Baskin has been either in his capacity as Trustee, as her family member, or both. Limiting his contact to family matters or to Trust matters would have no practical impact. We need more clarification on this point to understand exactly what is being requested.



III. Disbursement of Annuity Funds

Ms. Baskin has requested that the annuity payments received by Mr. Walkup be disbursed directly to her. Mr. Walkup worked diligently for months after Eldridge Baskin's death to secure this annuity for Ms. Baskin. As you will see on the enclosed documents, the annuity benefit is currently $362.82 per month. In the past, the Trustee applied those funds to Ms. Baskin's living expenses. Based upon Ms. Baskin's demand that the money be disbursed to her rather than the Trustee using the money to pay her expenses as he has in the past, the Trustee is willing to disburse the money directly to her monthly after it is received. The Trustee will begin doing this immediately in lieu of the $120 per month cash disbursements.

IV. Disbursement of Trust Income

According to your letter, Ms. Baskin wants "the authority, acting either alone or through her personally selected attorney-in-fact, to make arrangements for where she lives, who her caregivers are, etc." I am not aware of anything Mr. Walkup has done to prevent her from doing that.

As to disbursement of income, the operative terms of the Trust provide, "So long as my daughter, Jane E. Baskin, shall live, the trustee shall pay to or apply for the benefit of my said daughter all of the net income of the trust in such manner as my trustee shall deem suitable." Thus, your interpretation that the Trustee "is obligated to pay 'all of the income' to her" is inaccurate. Nothing in the trust document obligates the Trustee to pay all income directly to Ms. Baskin. Rather, the Trustee's obligation is to either pay net income to Ms. Baskin *or* apply that net income for the benefit of her as the Trustee deems suitable. He has done that year after year since the inception of the Trust in 1990. As you can see from the enclosed documents, there is no net income of the Trust which has not been either paid to or applied for the benefit of Ms. Baskin.

The reason why Mr. Baskin gave the Trustee broad discretion to pay bills directly, rather than disburse the money to Ms. Baskin, was his deep concern about Ms. Baskin's ability to manage her finances. Indeed, it was those concerns which led Ms. Baskin's father to form the Trust in the first place and ask Mr. Walkup to serve as Trustee. Events during Mr. Walkup's tenure as Trustee have proven the concerns Ms. Baskin's father had were legitimate. For example, Ms. Baskin asked the Trustee at one time to pay off over $10,000 in credit card charges she ran up on fourteen (14) different credit cards. When the Trustee asked her what she bought, Ms. Baskin finally responded, "Things." Since she was not willing to provide any documentation to support the charges or to warrant the Trustee exercising his discretion to encroach upon Trust principal, those expenses were not paid.

Michelle Moseley, who we understand is the attorney-in-fact to whom you refer, has recently become highly involved in Ms. Baskin's affairs. While I understand based on our

conversations that Mrs. Moseley has nothing but good intentions, you must also be aware that Mrs. Moseley has apparently hired herself and is submitting invoices directly to the Trustee demanding payment $20/hr. for walking the dog and $75 for cleaning Ms. Baskin's apartment. This sort of self-dealing raises suspicions not only because of Ms. Baskin's physical impairment and need for assistance but also because the caregivers assisting Ms. Baskin charge only $13 per hour and clean while they are there. Furthermore, certain facts stated in your letters indicate Ms. Baskin and/or Mrs. Moseley are making representations to you that are either inaccurate or are flat out lies. In your May 1, 2018 letter, you said Jenny Vega, one of Ms. Baskin's caregivers, is not available at certain times on weekends, holidays, etc. After receiving that letter, the Trustee asked Ms. Baskin whether Ms. Vega ever took any vacation, whether Ms. Vega was asked to work longer hours, whether Ms. Vega refused to work additional hours, whether the Trustee was asked to have Ms. Vega work longer hours, whether the Trustee was asked to hire additional help, and whether any prior request was made of the Trustee to install a new air conditioning unit. The response to each question was "No."

In March of last year, Anne Webster sent you and Mr. Walkup an e-mail disproving the accusations Ms. Baskin has made against Mr. Walkup. Ann is Jane's first cousin. Each year until recently, Ann would come to Columbia, pick up Jane, and take her to North Carolina so they could visit for two weeks. During that time, Ann would care for Jane. In her email, Anne explained that Ms. Baskin claimed Mr. Walkup took items from her apartment because she could not find a copy of a check that may never have existed in the first place. She never had two inches of standing water in her apartment. Mr. Walkup never hurt her toe; Ms. Baskin injured her foot when she fell one night and did not tell Mr. Walkup about it because she did not want him to know about it. And finally, Ms. Baskin claims Mr. Walkup "is mean" to her because he will not give her free access to the money in the Trust. Notably, Ann explained, "Please recognize that when Jane gets terribly upset, she makes charges the way, a child does, without realizing that facts will not back her up. Sometimes she has false memories of situations. At other times she lies to support her agenda. That this behavior comes from a person who elicits sympathy because of her physical condition often obfuscates the truth of the issue." If you have any legitimate issues to raise, I am happy to discuss them with my client. The issues that have been raised, however, have all been disproven.

You also said Mr. Walkup refused to complete installation of the HVAC system which, according to your clients, was purchased some time ago, delivered, but never installed. I now have a clearer understanding of this issue after discussing it with Mr. Walkup. What you describe as a "pittance" offered toward that repair was not for the air conditioning unit. It was the reasonable cost to complete the wiring and connect the gas to the furnace. The contractor who installed the furnace connected all duct work, and when he returned to the house to finish connecting the gas he found that the locks on the house had been changed. He then had a severe stroke and is still in the hospital. The work remaining to complete the installation will take 1 to 2 hours and is not expensive. That is the work for which the Trustee was offering to pay. Who is saying the Trustee refuses to complete the repair? Despite the representations your client and her attorney-in-fact

have made about Mr. Walkup, the Trustee is willing to complete the repair to the furnace. As noted below, if your client would like the Trustee to fund replacement of the HVAC system, she is certainly free to make that request with supporting documentation. Your letter did not include any quotes.

The Trustee has always paid Ms. Baskin's living expenses, either from Trust net income or, when he deemed appropriate, from Trust principal, and he has every intention of continuing to pay Ms. Baskin the net income or applying it for her benefit as he deems suitable, just as the Trust terms provide.

V. Disbursements of Principal & Authority to Make Living Arrangements

You state Ms. Baskin's position that the Trustee has an obligation to make reasonable distributions of principal from the Trust to provide for her well-being. Historically, the Trustee has, in fact, exercised his discretion to make reasonable and necessary distributions from Trust principal when appropriate. At the same time, he has exercised his discretion to deny paying for expenses that were not warranted. Rent, utilities, and medical expenses, among others, have been paid while credit card bills for "things" have not. On average over the past three years, the Trust has generated a net income of $916.33 per year. The Trustee exercised his discretion to encroach on principal an average of $19,519 per year to cover Ms. Baskin's living expenses—after applying annuity funds to pay her living costs and other needs. The Trustee intends to continue abiding by the Trust terms for the benefit of Ms. Baskin, even if she disagrees.

In your letter, you recognize the extraordinary job Mr. Walkup has done managing the Trust assets. For over twenty-eight years the Trust and annuity funds have paid for all of Ms. Baskin's expenses, and as you rightly point out the Trust still more than doubled in value. Mr. Walkup's management of the trust made it possible to buy Ms. Baskin a lift chair, a mattress, appliances, a car, and everything else she has asked for excepts paying off the fourteen credit cards. Your statement that the Trust will triple in value if circumstances do not change fails to acknowledge that Ms. Baskin's circumstances have, in fact, changed and continue to change. Ms. Baskin's cost of living has grown in recent years with rent and caretakers. In addition, the cost of care she needs will rise considerably in the very near future. Skilled care in an assisted living facility can run $100,000 per year.

Your claim that Ms. Baskin is being deprived of basic life necessities is news. The Trust pays Ms. Baskin's rent, utilities, medical bills, drug costs, phone bills, care giver expenses, and dog boarding costs. In addition, Ms. Baskin receives cash each month, birthday money, Christmas money, and she received cash when she traveled to North Carolina to visit her cousin. If there are basic life necessities of which Ms. Baskin is being deprived, please specify what those are.

As I stated above, the Trustee intends to continue abiding by the Trust terms and reserves his right to exercise his discretion with respect to encroaching on principal. The Trustee is amenable to considering an annual budget if Ms. Baskin would like to propose one.

VI. Requests for Additional Distributions

You also state Ms. Baskin wants the freedom to make requests for distributions over and above the net income and annual principal distribution. Ms. Baskin is, and has always been, free to request that the Trustee make additional disbursements. When those additional disbursements would require the Trustee to encroach on principal, Ms. Baskin will need to provide documentation to satisfy the Trustee that Trust principal is not being invaded due to irresponsible or unnecessary spending.

With respect to the Summerlea Drive house, please provide the quotes so we can understand what work is being proposed and why. The Trustee also would like the opportunity to have someone inspect the HVAC system. There is currently no power to the furnace, and that must be reconnected before the system can be operated and properly evaluated. The Trustee needs this additional information before he can make a determination on the matter.

While your letter suggests the Trustee is preventing Ms. Baskin from renting or selling the home, I note that most companies these days allow owners to finance a new HVAC system. It may well be that Ms. Baskin can have the new system she wants installed, finance it, and pay for it out of rental income from the house or from the sale of the house. Has Ms. Baskin considered that option? She would not need the Trustee's agreement to do that. I discussed with you the possibility of the Trust extending a loan to Ms. Baskin to pay for the system secured by a mortgage, as opposed to a disbursement from Trust principal. Either way, Ms. Baskin would be borrowing money to install the new system. The latter is an option we can discuss further if you would like.

VII. Future Selection of Caregivers, Living Expenses, etc.

You also say Ms. Baskin would like the freedom to choose her own caregivers, her expenditures for other living expenses, her residence, etc. She has that freedom, but like everyone else she is limited by her means. Without charging any additional fee, Mr. Walkup has assisted with the vetting and hiring of caregivers, paying bills, etc. He has managed to find skilled caregivers who cook, clean and care for Ms. Baskin at a reasonable hourly rate. That has netted Ms. Baskin significant savings over decades, which leaves more principal in the Trust to cover her future needs. By contrast, the caregivers Ms. Baskin's power of attorney has found charge at least 150% per hour for the same service. Nonetheless, because Ms. Baskin says she no longer wants Mr. Walkup hiring her caregivers, he will stop.

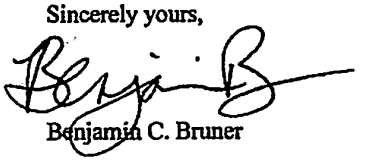
The Trustee plans to continue paying living expenses (e.g., rent, utilities, medical bills, phone bill) directly. He has serious concerns about the viability of simply handing over to Ms. Baskin the amount of money she is requesting. With the disbursement of annuity payments, Ms. Baskin will have increased cash flow to spend as she chooses, understanding that spending habits may affect the Trustee's decision on future disbursements from principal. In addition to disbursing the annuity, the Trustee will agree to pay Ms. Baskin's necessary living expenses as he has in the past, with the exception of the cash she received each month. The Trustee is willing to discuss an interim arrangement with Ms. Baskin where she takes more responsibility for her finances and reports all income and expenditures but in the meantime he will continue paying those expenses directly. In other words, Ms. Baskin has the freedom to choose caregivers, where she lives, and other living expenses, provided the costs are prudent, and the Trustee will pay those expenses directly so long as they are reasonable. At this time, it is unclear to us exactly how much money your client is requesting and what she means by "living expenses." Please provide a proposed budget to help shed light on that.

VIII. Plan for a Successor Trustee.

Mr. Walkup takes issue with the claim that he indicated multiple times he should retire. He did not, and those statements are false. Nonetheless, the Trustee is open to exploring whether we can agree on who will succeed him as Trustee when he can no longer serve. Please provide the names you propose, and I will discuss them with him.

I trust this responds to the points you raised in your letter. The Trustee is willing to consider reasonable steps moving forward, provided we can find arrangements that adequately address his concerns. As a starting point, however, if your client is demanding more money from the Trust we will need a proposed annual budget, list of needs not being met, and outstanding debts. If you would like to discuss any of these issues, please write or call me anytime.

Sincerely yours,



Benjamin C. Bruner

BCB/gh

1:52 PM
08/23/18
Cash Basis

Eldridge Baskin Trust
Balance Sheet
As of December 31, 2017

COPY

	FMV Dec 31, 17
ASSETS	
Current Assets	
Checking/Savings	
Columbia Cash Reserves	44,119.13
Wells Fargo	2,842.03
Total Checking/Savings	46,961.16
Other Current Assets	
Brenda Willams Loan	31,432.54
Total Other Current Assets	31,432.54
Total Current Assets	78,393.70
Fixed Assets	
E*Trade - Investment Account	246,242.95
Equity 95 Partnership	231,744.17
Total Fixed Assets	477,987.12
TOTAL ASSETS	556,380.82
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Trustee Fees due for 2017	4,600.00 *
LNA 687 CCR	119.95
Total Other Current Liabilities	4,719.95
Total Current Liabilities	4,719.95
Total Liabilities	4,719.95
Equity	551,660.87

* Note: Trustee fees would be over $10,000 at other institutions.

1990 Probate included $135,000 securities and $7,000 cash for a total of $142,000.
As of 12/31/17, these assets had grown to $524,947.66 in spite of
all of the expenses to care for Jane.

Walkup 00198

Eldridge Baskin Trust
Analysis of Income and Distributions
For the Three Years ended 12/31/17

	TOTAL
Trust Ordinary Income/Expense	
Distributable Income - Dividends and Interest	38,204.68
Trust Expenses	
Paid	30,856.28
Trustee fees payable for 2017	4,600.00
Total Expenses	35,456.28
Net Distributable Income from Trust	2,748.40
Trust Distributions paid for and to Jane	61306.07
Net Distributions paid from Trust Principle	-58,557.67
Annuity Check Received for Jane	13,780.20
Distributions paid for and to Jane from Trust	61306.07
Distributions paid for and to Jane from annuity check	13,780.20
Total Distributions paid for and to Jane	75,086.27

Note: Trustee fees would be over $10,000 at other institutions.

3 yrs ending 8/22/18

10:31 AM
08/22/18
Accrual Basis

Eldridge Baskin Trust
Wells Fargo Account QuickReport
As of August 22, 2018

Walkup 00200

Type	Date	Num	Name	Memo	Split	Amount	Balance
Wells Fargo							1,280.92
Deposit	08/01/2015		U. S. Treasury Civil ..	Deposit	Jane - Annuity ...	398.77	1,679.69
Check	08/06/2015	1028	Tammy Frankenfield		Jane - Miscella...	-195.00	1,484.69
Check	08/11/2015	Draft	SCE&G		Jane - Summe...	-78.47	1,406.22
Check	08/17/2015	1029	Roger J. Alan	Landscaping	Jane - Summe...	-88.00	1,318.22
Check	08/20/2015	1030	Tammy Frankenfield		Jane - Miscella...	-165.00	1,153.22
Check	08/20/2015	1031	Atrium Apartments	Janes Electric...	Jane - Utilities	-81.24	1,071.98
Deposit	09/01/2015			Deposit	Jane - Annuity ...	398.77	1,470.75
Check	09/03/2015	1032	Tammy Frankenfield	House cleaning	Jane - Miscella...	-180.00	1,290.75
Check	09/08/2015	1033	Hawthorne Pharmacy		Jane - Medical ...	-65.44	1,225.31
Check	09/10/2015	Draft	SCE&G		Jane - Summe...	-54.78	1,170.53
Transfer	09/14/2015			Funds Transfer	Columbia Cash...	1,500.00	2,670.53
Check	09/14/2015	1034	Ryan Stender		Renovations 2...	-72.00	2,598.53
Check	09/14/2015	1035	Brett Burkett		Renovations 2...	-55.00	2,543.53
Check	09/14/2015	1036	Zach Salley		Renovations 2...	-55.00	2,488.53
Check	09/14/2015	1037	Jerry Ziegler		Renovations 2...	-1,000.00	1,488.53
Check	09/17/2015	1038	Tammy Frankenfield		-SPLIT-	-218.46	1,270.07
Check	09/17/2015	1039	Ryan Stender		Renovations 2...	-264.00	1,006.07
Transfer	09/21/2015			Funds Transfer	Columbia Cash...	1,500.00	2,506.07
Check	09/21/2015	1040	JG's Cleaning Service	VOID:	Renovations 2...	0.00	2,506.07
Check	09/21/2015	1041	Atrium Place Apartm...	Electric Bill	Jane - Utilities	-79.74	2,426.33
Check	09/22/2015	1042	Jessie Goodwin	45-26820853	Renovations 2...	-675.00	1,751.33
Check	09/24/2015	1044	Ellin Baskin	New walker re...	Jane - Medical ...	-217.95	1,533.38
Check	09/24/2015	1043	City of Columbia	Solid waste pi...	Renovations 2...	-100.00	1,433.38
Deposit	10/01/2015			Deposit	Jane - Annuity ...	398.77	1,832.15
Check	10/01/2015	1045	Brett Burkett		Renovations 2...	-50.00	1,782.15
Check	10/01/2015	1046	Tammy Frankenfield	Cleaning/erra...	Jane - Miscella...	-180.00	1,602.15
Check	10/01/2015	1047	SCE&G		Renovations 2...	-7.33	1,594.82
Deposit	10/05/2015			Deposit	E*Trade Cash ...	3,186.21	4,781.03
Check	10/08/2015	1048	Atrium Place Apartm...		Jane - Rent	-855.00	3,926.03
Bill Pmt -Check	10/08/2015	1049	Eye Physicians & S...		Accounts Paya...	-20.00	3,906.03
Bill Pmt -Check	10/08/2015	1050	Hawthorne Pharmacy		Accounts Paya...	-76.10	3,829.93
Check	10/09/2015	1051	Quality Installation		Renovations 2...	-1,625.00	2,204.93
Check	10/12/2015	Draft	SCE&G		Jane - Summe...	-42.31	2,162.62
Check	10/15/2015	1052	Brett Burkett		Renovations 2...	-75.00	2,087.62
Check	10/15/2015	1053	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-150.00	1,937.62
Check	10/15/2015	1054	City of Columbia	Water on so ...	Renovations 2...	-65.00	1,872.62
Check	10/16/2015	1055	Jessie Goodwin	45-26820853	Renovations 2...	-525.00	1,347.62
Check	10/19/2015	1056	Zach Salley		Renovations 2...	-80.00	1,267.62
Deposit	10/20/2015		ETrade	Deposit	E*Trade Cash ...	9,000.00	10,267.62
Check	10/20/2015	1057	Jessie Goodwin	45-26820853	Renovations 2...	-560.00	9,707.62
Check	10/20/2015	1058	SmithAmericana		Renovations 2...	-1,492.00	8,215.62
Check	10/20/2015	1061	Chase Card Services		Renovations 2...	-4,248.10	3,967.52
Check	10/22/2015	1059	Atrium Place Apartm...		Jane - Utilities	-61.43	3,906.09
Check	10/23/2015	1060	Jessie Goodwin	45-26820853	Renovations 2...	-415.00	3,491.09
Check	10/27/2015	1062	Dan Horne	Helping Jane ...	Jane - Miscella...	-200.00	3,291.09
Check	10/30/2015	1063	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-195.00	3,096.09
Check	10/30/2015	1064	Quality Pest Services		Renovations 2...	-125.00	2,971.09
Check	11/02/2015	1065	SCE&G		Renovations 2...	-23.85	2,947.24

Eldridge Baskin Trust
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	11/05/2015	1067	Hawthorne Pharmacy		Jane - Medical ...	-76.10	2,871.14
Check	11/09/2015	draft	SCE&G		Jane - Summe...	-27.21	2,843.93
Check	11/09/2015	1068	City of Columbia		Renovations 2...	-20.00	2,823.93
Bill Pmt -Check	11/10/2015	1069	Redi Carpet	Bathroom	Accounts Paya...	-86.58	2,737.35
Check	11/12/2015	1070	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-210.00	2,527.35
Check	11/12/2015	1071	Jane Baskin	Board the Dog	Jane - Miscella...	-175.00	2,352.35
Check	11/16/2015	1072	Chase Card Services	Charges by J...	Renovations 2...	-569.47	1,782.88
Deposit	11/16/2015			auto deposit o...	Jane - Annuity ...	398.77	2,181.65
Check	11/17/2015	1073	Atrium Place Apartm...	Electricity	Jane - Utilities	-47.08	2,134.57
Check	11/19/2015	1074	Sherwin Williams		Summerlea Re...	-311.42	1,823.15
Bill Pmt -Check	11/20/2015	1075	AllState		Accounts Paya...	-351.10	1,472.05
Check	11/23/2015	1076	SCE&G	Final Bill	Renovations 2...	-16.05	1,456.00
Check	11/30/2015	1077	Redi Carpet	Hallway	Renovations 2...	-114.99	1,341.01
Deposit	12/01/2015		U. S. Treasury Civil...	Deposit	Jane - Annuity ...	398.77	1,739.78
Check	12/03/2015	1078	Tammy Frankenfield	cleaning and ...	Jane - Miscella...	-210.00	1,529.78
Check	12/04/2015	1079	Hawthorne Pharmacy		Jane - Medical ...	-76.10	1,453.68
Check	12/04/2015	1080	Jane Baskin	Christmas Mo...	Jane - Miscella...	-200.00	1,253.68
Check	12/09/2015	Draft	SCE&G		Jane - Summe...	-23.94	1,229.74
Transfer	12/14/2015			Funds Transfer	Columbia Cash...	500.00	1,729.74
Bill Pmt -Check	12/14/2015	1081	Curtis Lawhorn		Accounts Paya...	-325.00	1,404.74
Bill Pmt -Check	12/14/2015	1082	Verifirst Background...		Accounts Paya...	-60.00	1,344.74
Check	12/21/2015	1083	Tammy Frankenfield		Jane - Miscella...	-286.68	1,058.06
Check	12/22/2015	1084	Atrium Place Apartm...	apt electric bill...	Jane - Utilities	-43.73	1,014.33
Check	12/28/2015	1086	Walkup & Associates	Reimburseme...	Jane - Phone	-165.04	849.29
Transfer	12/28/2015			Funds Transfer	Columbia Cash...	300.00	1,149.29
Check	12/28/2015	1085	Richland County Tre...	VOID Dick pai...	Janes - Propert...	0.00	1,149.29
Check	12/29/2015	1087	Chase Card Services		Renovations 2...	-16.00	1,133.29
Deposit	01/01/2016			Deposit	Jane - Annuity ...	398.77	1,532.06
Check	01/04/2016	1088	Tammy Frankenfield	House cleanin...	Jane - Miscella...	-195.00	1,337.06
Deposit	01/04/2016		Brenda Williams	January Instal...	Ashley Street L...	490.00	1,827.06
Check	01/05/2016	1089	Hawthorne Pharmacy		Jane - Medical ...	-80.03	1,747.03
Check	01/11/2016	Draft	SCE&G	Summerlea	Jane - Summe...	-32.69	1,714.34
Check	01/14/2016	1090	Tammy Frankenfield		-SPLIT-	-388.23	1,326.11
Check	01/22/2016	1091	Atrium Place Apartm...	Apt 501 light bill	Jane - Utilities	-72.59	1,253.52
Check	01/22/2016	1092	Quality Pest Services		Jane - Summe...	-160.00	1,093.52
Deposit	02/01/2016			Deposit	Jane - Annuity ...	378.94	1,472.46
Check	02/01/2016	1094	SmithAmericana		Rental Expense	-144.00	1,328.46
Check	02/01/2016	1093	Tammy Frankenfield	cleaning and ...	Jane - Miscella...	-270.00	1,058.46
Transfer	02/01/2016			Funds Transfer	Columbia Cash...	300.00	1,358.46
Check	02/01/2016	1095	Hawthorne Pharmacy		Jane - Medical ...	-85.31	1,273.15
Deposit	02/08/2016		Brenda Williams	February Pay...	-SPLIT-	600.00	1,873.15
Check	02/09/2016	draft	SCE&G		Jane - Summe...	-101.99	1,771.16
Check	02/11/2016	1096	Tammy Frankenfield	cleaning and ...	Jane - Miscella...	-240.00	1,531.16
Check	02/19/2016		Atrium Aptartments	Electric bill Ap...	Jane - Utilities	-84.16	1,447.00
Check	02/25/2016	1098	Tammy Frankenfield	2/16-2/15	Jane - Miscella...	-277.50	1,169.50
Deposit	03/01/2016			Deposit	Jane - Annuity ...	378.94	1,548.44
Check	03/01/2016	1099	Hawthorne Pharmacy		Jane - Medical ...	-157.02	1,391.42
Deposit	03/07/2016			Deposit	Columbia Cash...	600.00	1,991.42
Check	03/07/2016	1100	Walkup Management		-SPLIT-	-490.00	1,501.42

Eldridge Baskin Trust
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/07/2016	1101	Internal Revenue Se...		Income Taxes ...	-85.00	1,436.42
Check	03/11/2016		SCE&G		Jane - Summe...	-46.39	1,390.03
Check	03/14/2016	1102	Tammy Frankenfield	March1,3,9,1...	Jane - Miscella...	-270.00	1,120.03
Check	03/22/2016	1103	Atrium Place Apartm...		Jane - Utilities	-74.68	1,045.35
Deposit	04/01/2016			Deposit	Jane - Annuity ...	378.94	1,424.29
Check	04/04/2016	1104	Walkup & Associates	Cell phone rei...	Jane - Phone	-81.46	1,342.83
Deposit	04/07/2016			Deposit	Columbia Cash...	600.00	1,942.83
Check	04/11/2016	Draft	SCE&G		Jane - Summe...	-49.04	1,893.79
Check	04/12/2016	1105	Verifirst Background...		Jane - Summe...	-73.76	1,820.03
Check	04/19/2016	1106	Atrium Place Apartm...	SCE&G	Jane - Utilities	-53.63	1,766.40
Check	04/25/2016	1107	Deborah Barnes	Cleaning and ...	Jane - Miscella...	-397.50	1,368.90
Bill Pmt -Check	04/26/2016	1108	Hawthorne Pharmacy		Accounts Paya...	-169.10	1,199.80
Deposit	05/01/2016			Deposit	Jane - Annuity ...	378.94	1,578.74
Check	05/10/2016	Draft	SCE&G		Jane - Summe...	-50.42	1,528.32
Check	05/16/2016	1109	Jane Baskin	Reimburse for...	Jane - Medical ...	-402.00	1,126.32
Transfer	05/20/2016			Funds Transfer	Columbia Cash...	600.00	1,726.32
Check	05/20/2016	1110	Atrium Place Apartm...	apt 502 light bill	Jane - Utilities	-48.95	1,677.37
Check	05/20/2016	1111	Deborah Barnes	251-15-8237	Jane - Miscella...	-352.50	1,324.87
Deposit	06/01/2016			Deposit	Jane - Annuity ...	378.94	1,703.81
Check	06/02/2016	1113	Hawthorne Pharmacy		Jane - Medical ...	-87.57	1,616.24
Check	06/02/2016	1112	Mary G. Metropol, D...		Jane - Medical ...	-147.00	1,469.24
Check	06/10/2016	Draft	SCE&G		Jane - Summe...	-46.29	1,422.95
Deposit	06/20/2016		Brenda Williams	Deposit	-SPLIT-	600.00	2,022.95
Check	06/23/2016	1114	Atrium Place Apartm...	Jane's Light Bill	Jane - Utilities	-52.81	1,970.14
Check	06/24/2016	1115	Deborah Barnes	251-15-8237	Jane - Miscella...	-482.50	1,487.64
Deposit	07/01/2016			Deposit	Jane - Annuity ...	378.94	1,866.58
Check	07/01/2016	1116	Hawthorne Pharmacy		Jane - Medical ...	-89.14	1,777.44
Check	07/11/2016	Draft	SCE&G		Jane - Summe...	-48.35	1,729.09
Check	07/19/2016	1117	Atrium Aptartments	Apt SCE&G	Jane - Utilities	-74.65	1,654.44
Check	07/28/2016	1118	Deborah Barnes	251-15-8237	Jane - Miscella...	-435.00	1,219.44
Check	07/29/2016	1119	Hawthorne Pharmacy		Jane - Medical ...	-96.61	1,122.83
Deposit	08/01/2016		U. S. Treasury Civil ...	Deposit	Jane - Annuity ...	378.94	1,501.77
Check	08/10/2016	Draft	SCE&G		Jane - Summe...	-47.02	1,454.75
Transfer	08/11/2016			Funds Transfer	Columbia Cash...	800.00	2,254.75
Check	08/11/2016		Amer Mod Select In...	Insurance	Jane - Summe...	-713.00	1,541.75
Check	08/19/2016	1121	SCE&G	Apt light bill	Jane - Utilities	-81.04	1,460.71
Deposit	08/22/2016		Brenda Williams	Deposit	-SPLIT-	505.00	1,965.71
Check	08/26/2016	1122	Deborah Barnes	251-15-8237	Jane - Miscella...	-450.00	1,515.71
Check	08/30/2016	1123	Hawthorne Pharmacy		Jane - Medical ...	-138.04	1,377.67
Deposit	09/01/2016		Brenda Williams	Deposit	-SPLIT-	600.00	1,977.67
Deposit	09/01/2016		United States Treas...	Deposit	Jane - Annuity ...	378.94	2,356.61
Check	09/12/2016	Draft	SCE&G		Jane - Summe...	-47.69	2,308.92
Check	09/16/2016	1124	Sheila Wolfe		Jane - Miscella...	-240.00	2,068.92
Check	09/19/2016	1125	Verifirst Background...		Jane - Summe...	-20.00	2,048.92
Check	09/19/2016	1126	Jane Baskin	Reimburse for...	Jane - Medical ...	-610.86	1,438.06
Check	09/19/2016	1127	Deborah Barnes	251-15-8237	Jane - Miscella...	-240.00	1,198.06
Check	09/20/2016	1128	Atrium Aptartments		Jane - Utilities	-81.97	1,116.09
Deposit	09/23/2016			Deposit	Columbia Cash...	2,000.00	3,116.09
Check	09/23/2016	1129	Sheila Wolfe		Jane - Miscella...	-400.00	2,716.09

Eldridge Baskin Trust
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	09/27/2016	1130	William B. Walkup	Reimburse for...	Jane - Miscella...	-16.18	2,699.91
Check	09/30/2016	1131	Sheila Wolfe		Jane - Miscella...	-300.00	2,399.91
Check	09/30/2016	1132	Hawthorne Pharmacy		Jane - Medical ...	-83.51	2,316.40
Deposit	10/01/2016			Deposit	Jane - Annuity ...	378.94	2,695.34
Check	10/01/2016	1134	Sheila Wolfe		Jane - Miscella...	-375.00	2,320.34
Check	10/07/2016	1133	Sheila Wolfe	250-45-8884	Jane - Miscella...	-315.00	2,005.34
Check	10/11/2016	Draft	SCE&G		Jane - Summe...	-48.50	1,956.84
Check	10/20/2016	1135	Columbia Eye Clinic		Jane - Medical ...	-30.00	1,926.84
Check	10/21/2016	1136	Atrium Place Apartm...		Jane - Utilities	-61.87	1,864.97
Check	10/21/2016	1137	Sheila Wolfe		Jane - Miscella...	-345.00	1,519.97
Check	10/28/2016		Sheila Wolfe		Jane - Miscella...	-405.00	1,114.97
Check	10/31/2016	1139	Hawthorne Pharmacy		Jane - Medical ...	-83.51	1,031.46
Deposit	11/01/2016			Deposit	Jane - Annuity ...	378.94	1,410.40
Check	11/04/2016	1140	Sheila Wolfe		Jane - Miscella...	-360.00	1,050.40
Check	11/08/2016	Draft	SCE&G		Jane - Summe...	-46.69	1,003.71
Transfer	11/14/2016			Funds Transfer	Columbia Cash...	500.00	1,503.71
Check	11/14/2016	1141	Sheila Wolfe		Jane - Miscella...	-360.00	1,143.71
Transfer	11/15/2016			Funds Transfer	Columbia Cash...	400.00	1,543.71
Check	11/17/2016	1142	AllState	Premium for 2...	Ashley St Escr...	-336.10	1,207.61
Check	11/17/2016	1143	Atrium Apartments	Apt Electric Bill	Jane - Utilities	-53.48	1,154.13
Transfer	11/21/2016			Funds Transfer	Columbia Cash...	500.00	1,654.13
Check	11/21/2016	1144	Sheila Wolfe		Jane - Miscella...	-390.00	1,264.13
Deposit	12/01/2016			Deposit	Jane - Annuity ...	378.94	1,643.07
Deposit	12/02/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,943.07
Check	12/02/2016	1145	Sheila Wolfe		Jane - Miscella...	-420.00	1,523.07
Deposit	12/05/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,823.07
Check	12/05/2016	1146	Hawthorne Pharmacy	VOID:	Jane - Medical ...	0.00	1,823.07
Check	12/08/2016	Draft	SCE&G		Jane - Summe...	-44.84	1,778.23
Bill Pmt -Check	12/20/2016	1147	Richland County Tre...		Accounts Paya...	-137.95	1,640.28
Deposit	12/22/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,940.28
Deposit	12/29/2016		AllState	Roof claim	Ashley Street L...	425.45	2,365.73
Deposit	12/30/2016		Brenda Williams	Deposit	-SPLIT-	600.00	2,965.73
Deposit	01/02/2017			Deposit	Jane - Annuity ...	379.94	3,345.67
Check	01/10/2017	Draft	SCE&G		Jane - Summe...	-47.56	3,298.11
Deposit	01/23/2017		Brenda Williams	Deposit	-SPLIT-	600.00	3,898.11
Deposit	02/03/2017			Deposit	Jane - Annuity ...	367.36	4,265.47
Check	02/03/2017	1148	Columbia Cash Res...		Columbia Cash...	-2,500.00	1,765.47
Deposit	02/06/2017		Brenda Williams	Deposit	-SPLIT-	600.00	2,365.47
Check	02/06/2017	Draft	SCE&G		Jane - Summe...	-49.99	2,315.48
Deposit	02/16/2017		Brenda Williams	Deposit	Ashley Street L...	300.00	2,615.48
Deposit	03/01/2017			Deposit	Jane - Annuity ...	367.36	2,982.84
Deposit	03/02/2017		Brenda Williams	Deposit	Ashley Street L...	325.00	3,307.84
Deposit	03/06/2017			Deposit	-SPLIT-	600.00	3,907.84
Check	03/09/2017	1149	Walkup & Associates	April thru Dec...	Jane - Phone	-244.53	3,663.31
Bill Pmt -Check	03/09/2017	1149	Walkup & Associate...	January thru ...	Accounts Paya...	-81.51	3,581.80
Check	03/10/2017	draft	SCE&G		Jane - Summe...	-47.56	3,534.24
Transfer	03/24/2017			Funds Transfer	Columbia Cash...	1,250.00	4,784.24
Check	03/24/2017	1150	Department of Treas...		Income Taxes ...	-1,247.00	3,537.24
Check	03/24/2017	1151	SC Dept of Revenue		Income Taxes ...	-60.00	3,477.24

Eldridge Baskin Trust
Account QuickReport
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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/27/2017	1152	Walkup Management		Tax Prep fees	-290.00	3,187.24
Deposit	04/03/2017			Deposit	Jane - Annuity ...	367.36	3,554.60
Deposit	04/06/2017		Brenda Williams	Deposit	-SPLIT-	600.00	4,154.60
Check	04/07/2017	Draft	SCE&G		Jane - Summe...	-47.27	4,107.33
Deposit	05/01/2017			Deposit	Jane - Annuity ...	367.36	4,474.69
Check	05/04/2017	1153	Columbia Cash Res...		Columbia Cash...	-3,000.00	1,474.69
Check	05/10/2017	Draft	SCE&G		Jane - Summe...	-50.24	1,424.45
Deposit	06/01/2017			Deposit	Jane - Annuity ...	367.36	1,791.81
Check	06/12/2017		SCE&G		Jane - Summe...	-48.14	1,743.67
Bill Pmt -Check	06/13/2017	1156	Walkup & Associate...		Accounts Paya...	-81.51	1,662.16
Bill Pmt -Check	06/13/2017	1155	Bruner Powell Wall ...		Accounts Paya...	-530.76	1,131.40
Check	06/13/2017	1154	Bruner Powell Wall ...	VOID:	Legal Fee	0.00	1,131.40
Deposit	06/26/2017		Brenda Williams	Deposit	-SPLIT-	200.00	1,331.40
Deposit	07/03/2017			Deposit	Jane - Annuity ...	367.36	1,698.76
Deposit	07/06/2017		Brenda Williams	Deposit	Ashley Street L...	600.00	2,298.76
Check	07/11/2017	DRAFT	SCE&G		Jane - Summe...	-50.40	2,248.36
Check	07/13/2017	1157	Jenny Vega	Caretaker 32....	Jane - Miscella...	-481.69	1,766.67
Check	07/13/2017	1158	Columbia Cash Res...	per CJW	Columbia Cash...	-500.00	1,266.67
Deposit	08/01/2017			Deposit	Jane - Annuity ...	367.36	1,634.03
Check	08/10/2017	Draft	SCE&G		Jane - Summe...	-49.27	1,584.76
Deposit	09/01/2017			Deposit	Jane - Annuity ...	367.36	1,952.12
Check	09/11/2017	Draft	SCE&G		Jane - Summe...	-49.15	1,902.97
Deposit	10/02/2017			Deposit	Jane - Annuity ...	367.36	2,270.33
Deposit	11/01/2017			Deposit	Jane - Annuity ...	367.36	2,637.69
Deposit	12/01/2017			Deposit	Jane - Annuity ...	367.36	3,005.05
Bill Pmt -Check	12/07/2017	1159	Walkup & Associate...		Accounts Paya...	-163.02	2,842.03
Deposit	01/01/2018			Deposit	Jane - Annuity ...	378.36	3,220.39
Deposit	02/01/2018			Deposit	Jane - Annuity ...	362.82	3,583.21
Transfer	02/05/2018			Funds Transfer	Columbia Cash...	-2,500.00	1,083.21
Deposit	03/01/2018			Deposit	Jane - Annuity ...	362.82	1,446.03
Bill Pmt -Check	03/20/2018	1161	Walkup & Associate...		Accounts Paya...	-81.51	1,364.52
Deposit	04/01/2018			Deposit	Jane - Annuity ...	362.82	1,727.34
Check	04/01/2018	1163	Bank of America	Payment on J...	Jane - Miscella...	-542.24	1,185.10
Check	04/01/2018	1162	Jane Baskin	New Phone p...	Jane - Phone	-82.00	1,103.10
Check	04/16/2018	1164	Jane Baskin	Walgreens for...	Jane - Miscella...	-24.82	1,078.28
Deposit	05/01/2018			Deposit	Jane - Annuity ...	362.82	1,441.10
Bill Pmt -Check	05/14/2018	1165	Bruner Powell Wall ...		Accounts Paya...	-70.25	1,370.85
Bill Pmt -Check	05/14/2018	1166	Walkup & Associate...		Accounts Paya...	-59.52	1,311.33
Deposit	06/01/2018			Deposit	Jane - Annuity ...	362.82	1,674.15
Check	06/18/2018	1167	Jada Randolph	VOID: 6 hours...	Jane-Caregiver	0.00	1,674.15
Check	06/18/2018	1168	Jarvonna Bryant	Check for Jad...	Jane-Caregiver	-78.00	1,596.15
Deposit	07/01/2018			Deposit	Jane - Annuity ...	362.82	1,958.97
Check	07/09/2018	1169	Michaelis Mattress	New Mattress	Jane - Miscella...	-559.34	1,399.63
Total Wells Fargo						118.71	1,399.63
TOTAL						118.71	1,399.63

3 yrs ending 8/22/18

10:33 AM
08/22/18
Accrual Basis

Columbia Cash Reserves Investment Partnership
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Walkup 00205

Type	Date	Num	Name	Memo	Split	Amount	Balance
2500 · Partners							2,477.62
BASK · ELDRIDGE BASKIN TRUST FBO JANE							2,477.62
Check	08/07/2015	15187	American Modern Insurance	VOID: 085 004 730 21 89	FLEX · Wells F...	0.00	2,477.62
General Journal	08/10/2015	ach		VOID: Trustee Fees	WBW · WILLI...	0.00	2,477.62
Check	08/31/2015	15251	Atrium Place Apartments		FLEX · Wells F...	-855.00	1,622.62
General Journal	08/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	29.07	1,651.69
Check	09/14/2015	15286	Eldridge Baskin Trust		FLEX · Wells F...	-1,500.00	151.69
Check	09/21/2015	15300	Eldridge Baskin Trust		FLEX · Wells F...	-1,500.00	-1,348.31
Check	09/21/2015	15302	Cardmember Service		FLEX · Wells F...	-118.14	-1,467.45
Check	09/29/2015	15328	Richard B. Newsome	Jane's Cash	FLEX · Wells F...	-120.00	-1,587.45
Deposit	10/21/2015	1002	E*Trade Securities, LLC	From Baskin Trust E*Trade	FLEX · Wells F...	16,000.00	14,412.55
General Journal	10/22/2015	ach		H1 FYE16 Mgment Fees	CORP · WBW ...	-1,075.24	13,337.31
Check	10/28/2015	15410	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	13,217.31
Check	10/30/2015	15428	Atrium Place Apartments		FLEX · Wells F...	-855.00	12,362.31
General Journal	10/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	11.81	12,374.12
Check	11/04/2015	15445	Jerry L. Ziegler	Ashley Street Renovations	FLEX · Wells F...	0.00	12,374.12
Check	11/04/2015	15446	Jerry L. Ziegler	Ashley Street Renovations	FLEX · Wells F...	-2,000.00	10,374.12
Deposit	11/17/2015		Brenda Williams	Earnest Money on Ashley	FLEX · Wells F...	3,000.00	13,374.12
Check	11/24/2015	15504	Richard B. Newsome	for Jane's cash	FLEX · Wells F...	-120.00	13,254.12
Check	11/30/2015	15525	City of Columbia, SC		FLEX · Wells F...	-23.43	13,230.69
Check	12/01/2015	15529	Atrium Place Apartments		FLEX · Wells F...	-855.00	12,375.69
Check	12/04/2015	15542	Curtis Longhorn	Ashley House Work	FLEX · Wells F...	-770.00	11,605.69
Check	12/09/2015	15553	Dianna Stevens	Summerlea Work	FLEX · Wells F...	-41.17	11,564.52
General Journal	12/11/2015	ach		1/2 Reimburse for Sprayer	WBW · WILLI...	-127.73	11,436.79
Check	12/14/2015	15563	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	10,936.79
Check	12/18/2015	15581	Dianna Stevens	Summerlea Work	FLEX · Wells F...	-445.50	10,491.29
Check	12/23/2015	15596	Dianna Stevens	Per Bill over phone	FLEX · Wells F...	-1,500.00	8,991.29
Check	12/28/2015	15614	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	8,871.29
Check	12/28/2015	15632	Eldridge Baskin Trust		FLEX · Wells F...	-300.00	8,571.29
Check	12/29/2015	15642	Lowes/Synchrony Bank	Summerlea Repairs	FLEX · Wells F...	0.00	8,571.29
Check	12/29/2015	15644	Lowes/Synchrony Bank	Summerlea Repairs	FLEX · Wells F...	-206.24	8,365.05
Check	12/30/2015	15598	Richand Co. Treasurer	Ashley Street Prop Taxes	FLEX · Wells F...	-321.01	8,044.04
Check	12/30/2015	15599	Richland Co. Treasurer	Summerlea Prop Taxes	FLEX · Wells F...	-395.70	7,648.34
Check	12/30/2015	15652	Antoinette Hamilton	Summerlea Work	FLEX · Wells F...	-122.78	7,525.56
General Journal	12/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	92.79	7,618.35
General Journal	01/01/2016	ach		Trustee Fee 2015	WBW · WILLI...	-4,600.00	3,018.35
General Journal	01/01/2016	ach	Richand Co. Treasurer	check 15598 returned by count...	FLEX · Wells F...	321.01	3,339.36
Check	01/12/2016	15676	Atrium Place Apartments		FLEX · Wells F...	-855.00	2,484.36
Check	01/29/2016	15739	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	2,364.36
Check	02/01/2016	15741	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-855.00	1,509.36
Check	02/01/2016	15745	Eldridge Baskin Trust		FLEX · Wells F...	-300.00	1,209.36
Check	02/01/2016	15746	Eldridge Baskin Trust	VOID:	FLEX · Wells F...	0.00	1,209.36
Check	02/26/2016	15963	Richard B. Newsome		FLEX · Wells F...	-120.00	1,089.36
General Journal	02/29/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	13.84	1,103.20
Check	03/01/2016	15989	Atrium Place Apartments	J Baskin Rent	FLEX · Wells F...	-855.00	248.20
Deposit	03/04/2016	1003	E*Trade Clearing, LLC	From Baskin E*Trade Acct	FLEX · Wells F...	8,000.00	8,248.20
Deposit	03/07/2016	71002...	Brenda Williams	Deposit	FLEX · Wells F...	500.00	8,748.20
Deposit	03/07/2016	71002...	Brenda Williams	Deposit	FLEX · Wells F...	100.00	8,848.20
Check	03/07/2016	16005	Eldridge Baskin Trust		FLEX · Wells F...	-600.00	8,248.20

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Walkup 00206

Type	Date	Num	Name	Memo	Split	Amount	Balance
General Journal	03/22/2016	ach		Trust Distribution to Jane	BASK-JA · Jan...	-10.00	8,238.20
Check	03/24/2016	16054	Jane Baskin	Birthday $	FLEX · Wells F...	-200.00	8,038.20
Check	03/25/2016	16059	Tammy Frankenfield		FLEX · Wells F...	-270.00	7,768.20
Check	03/30/2016	16071	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	7,648.20
Check	03/31/2016	16081	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-855.00	6,793.20
General Journal	04/01/2016	ach		Trustee Fee 2016	WBW · WILLI...	-4,600.00	2,193.20
Deposit	04/06/2016	207	Nathaniel Carroll	for Brenda Williams (Ashley Str...	FLEX · Wells F...	600.00	2,793.20
General Journal	04/07/2016	ach		2nd Half Baskin Tr Mgment Fe...	CORP · WBW ...	-1,075.24	1,717.96
Check	04/07/2016	16103	Eldridge Baskin Trust	Move Previous Day Payment to...	FLEX · Wells F...	-600.00	1,117.96
Check	04/29/2016	16154	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	997.96
General Journal	04/30/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	34.91	1,032.87
Check	05/02/2016	16176	Atrium Place Apartments	Jane Baskin Apt.	FLEX · Wells F...	-855.00	177.87
Deposit	05/06/2016	0147	Brenda Williams	Ashley Street	FLEX · Wells F...	600.00	777.87
Check	05/10/2016	16191	Verifirst Background Screening, ...	Summarlea Background Check	FLEX · Wells F...	-20.00	757.87
Check	05/20/2016	16215	Eldridge Baskin Trust		FLEX · Wells F...	-600.00	157.87
Check	05/27/2016	16241	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	37.87
Check	05/31/2016	16255	Atrium Place Apartments		FLEX · Wells F...	-870.00	-832.13
Check	06/16/2016	16269	The Waters Firm, LLC	Invoice 15-02-02-05312016	FLEX · Wells F...	-355.00	-1,187.13
Check	06/22/2016	16296	Richland County Treasurer	R-2015-188028	FLEX · Wells F...	-587.80	-1,774.93
Deposit	06/23/2016	22354...	Allstate	Insurance Refund	FLEX · Wells F...	7.00	-1,767.93
Check	06/29/2016	16313	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	-1,887.93
General Journal	06/30/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	-2.14	-1,890.07
Check	07/01/2016	16338	Atrium Place Apartments		FLEX · Wells F...	-870.00	-2,760.07
General Journal	07/01/2016	ach		Shift check #16203 to Trust	BASK-JA · Jan...	-259.34	-3,019.41
Check	07/28/2016	16393	Richard B. Newsome	For Jane's Cash	FLEX · Wells F...	-120.00	-3,139.41
Deposit	07/28/2016	1094	Eldridge Baskin Trust	From Bask Tr E*Trade Acct	FLEX · Wells F...	20,000.00	16,860.59
Check	08/01/2016	16409	Atrium Place Apartments		FLEX · Wells F...	-870.00	15,990.59
Check	08/10/2016	16437	Eldridge Baskin Trust	to Baskin Trust Checkink	FLEX · Wells F...	-800.00	15,190.59
Check	08/30/2016	16491	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	15,070.59
General Journal	08/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	54.51	15,125.10
Check	09/01/2016	16495	Atrium Place Apartments	For Jane Baskin	FLEX · Wells F...	-870.00	14,255.10
Check	09/23/2016	16547	Eldridge Baskin Trust		FLEX · Wells F...	-2,000.00	12,255.10
Check	09/29/2016	16557	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	12,135.10
Check	10/03/2016	16575	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-870.00	11,265.10
General Journal	10/17/2016	ach		2017 (1st half) Mgment. Fees	CORP · WBW ...	-1,036.47	10,228.63
Check	10/28/2016	16627	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	10,108.63
General Journal	10/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	100.67	10,209.30
Check	11/01/2016	16654	Atrium Place Apartments		FLEX · Wells F...	-870.00	9,339.30
Check	11/14/2016	16667	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	8,839.30
Check	11/15/2016	16673	Eldridge Baskin Trust		FLEX · Wells F...	-400.00	8,439.30
Check	11/21/2016	16693	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	7,939.30
Check	11/28/2016	16709	Sheila Wolfe		FLEX · Wells F...	-350.00	7,589.30
Check	11/29/2016	16716	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	7,469.30
Check	11/30/2016	16715	Richard B. Newsome	VOID: for cash	FLEX · Wells F...	0.00	7,469.30
Check	12/01/2016	16730	Atrium Place Apartments		FLEX · Wells F...	-870.00	6,599.30
Deposit	12/07/2016	300	Nathaniel Carroll	for Brenda Williams (Ashley Str...	FLEX · Wells F...	600.00	7,199.30
General Journal	12/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	64.23	7,263.53
Deposit	02/06/2017	1148	Eldridge Baskin Trust	Deposit	FLEX · Wells F...	2,500.00	9,763.53
General Journal	02/28/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	63.62	9,827.15

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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/24/2017	17516	Eldridge Baskin Trust		PBC · Wells F...	-1,250.00	8,577.15
General Journal	04/03/2017	ach		E*Trade Acct Mgment Fee	CORP · WBW ...	-1,036.47	7,540.68
Check	04/17/2017	17590	SmithAmericana	Invoice # 17-0274	PBC · Wells F...	0.00	7,540.68
Check	04/17/2017	17648	SmithAmericana	Replaces Check # 15590 (Loss...	PBC · Wells F...	-740.00	6,800.68
Check	04/18/2017	17588	Atrium Place		PBC · Wells F...	-63.09	6,737.59
Check	04/18/2017	17589	Atrium Place Apartments	April Rent	PBC · Wells F...	-870.00	5,867.59
Check	04/21/2017	17591	Sheila Wolfe		PBC · Wells F...	-480.00	5,387.59
Check	04/28/2017	17625	Sheila Wolfe		PBC · Wells F...	-450.00	4,937.59
General Journal	04/30/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	65.58	5,003.17
Check	05/02/2017	17630	Hawthorne Pharmacy		PBC · Wells F...	-87.66	4,915.51
Deposit	05/04/2017	1153	Eldridge Baskin Trust	Deposit	PBC · Wells F...	3,000.00	7,915.51
Check	05/04/2017	17636	Sheila Wolfe		PBC · Wells F...	-465.00	7,450.51
Check	05/11/2017	17647	Sheila Wolfe		PBC · Wells F...	-510.00	6,940.51
Check	05/11/2017	17648	William B. Walkup (c/o Dewees)	Refund from Chris Smith	PBC · Wells F...	-59.60	6,880.91
Check	05/18/2017	17656	Atrium Place Apartments	May Rent	PBC · Wells F...	-870.00	6,010.91
Check	05/18/2017	17662	Jenny Vega	24.83 hr @ $13/hr	PBC · Wells F...	-322.79	5,688.12
Check	05/22/2017	17666	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-1,801.62	3,886.50
Check	05/25/2017	17678	Jenny Vega	(31.83 x $13) + $12	PBC · Wells F...	-425.79	3,460.71
Check	05/25/2017	17679	Atrium Place Apartments	Jane's Power Bill	PBC · Wells F...	-74.35	3,386.36
Check	06/01/2017	17697	Atrium Place Apartments	Jane Baskin June Rent	PBC · Wells F...	-870.00	2,516.36
Check	06/02/2017	17701	Jenny Vega		PBC · Wells F...	-400.79	2,115.57
Check	06/07/2017	17705	Verifirst Background Screening, ...	VOID:	PBC · Wells F...	0.00	2,115.57
Check	06/07/2017	17706	Verifirst Background Screening, ...		PBC · Wells F...	-72.20	2,043.37
Check	06/07/2017	17707	Hawthorne Pharmacy		PBC · Wells F...	-90.89	1,952.48
Deposit	06/07/2017	71002...	Brenda Williams	Deposit	PBC · Wells F...	500.00	2,452.48
Deposit	06/07/2017	71002...	Brenda Williams	Deposit	PBC · Wells F...	100.00	2,552.48
Check	06/08/2017	17716	Jenny Vega		PBC · Wells F...	-373.83	2,178.65
Check	06/15/2017	17725	Jenny Vega		PBC · Wells F...	-407.29	1,771.36
Check	06/23/2017	17742	Jenny Vega		PBC · Wells F...	-413.79	1,357.57
Check	06/23/2017	17744	Atrium Place Apartments	J Baskin Power Bill	PBC · Wells F...	-97.14	1,260.43
Check	06/30/2017	17770	Atrium Place Apartments	July Rent	PBC · Wells F...	-870.00	390.43
Check	06/30/2017	17775	Jenny Vega		PBC · Wells F...	-396.50	-6.07
Check	06/30/2017	17778	Hawthorne Pharmacy		PBC · Wells F...	-92.74	-98.81
General Journal	06/30/2017	ach		from Loan Advance	LNA687 · Eldri...	5,000.00	4,901.19
General Journal	06/30/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	30.21	4,931.40
Check	07/07/2017	17782	Jenny Vega		PBC · Wells F...	-416.00	4,515.40
Deposit	07/13/2017	1158	Eldridge Baskin Trust	from trust checking	PBC · Wells F...	500.00	5,015.40
Check	07/20/2017	17796	Bruner, Powell, Wall & Mullins, L...		PBC · Wells F...	-292.50	4,722.90
Check	07/20/2017	17797	Jenny Vega		PBC · Wells F...	-422.50	4,300.40
Check	07/28/2017	17810	Jenny Vega		PBC · Wells F...	-422.50	3,877.90
Check	08/01/2017	17824	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	3,007.90
Check	08/04/2017	17831	Jenny Vega		PBC · Wells F...	-422.50	2,585.40
Check	08/10/2017	17832	Jenny Vega		PBC · Wells F...	-429.00	2,156.40
Check	08/14/2017	17839	American Modern Insurance		PBC · Wells F...	-121.21	2,035.19
Check	08/17/2017	17854	Jenny Vega		PBC · Wells F...	-429.00	1,606.19
Deposit	08/24/2017	157	Brenda Williams	This check went NSF	PBC · Wells F...	700.00	2,306.19
Check	08/24/2017	17868	Jenny Vega	33 hrs. + $21.62 reimburse	PBC · Wells F...	-450.62	1,855.57
Deposit	08/29/2017	20730...	Brenda Williams	Replaces 8/24/17 NSF Check +...	PBC · Wells F...	700.00	2,555.57
Check	08/29/2017	eft	Wells Fargo Bank, N.A.	NSF Check Brenda Williams	PBC · Wells F...	-700.00	1,855.57

Columbia Cash Reserves Investment Partnership
Account QuickReport
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Walkup 00208

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	08/31/2017	17900	Richard B. Newsome		PBC · Wells F...	-60.00	1,795.57
Check	08/31/2017	17902	Jenny Vega		PBC · Wells F...	-429.00	1,366.57
Check	08/31/2017	17904	Hawthorne Pharmacy		PBC · Wells F...	-92.48	1,274.09
General Journal	08/31/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	27.27	1,301.36
Check	09/01/2017	17906	Atrium Place Apartments	September Rent	PBC · Wells F...	-870.00	431.36
General Journal	09/07/2017	ach		From Baskin Tr Loan	LNA587 · Ekiri...	5,000.00	5,431.36
Check	09/08/2017	17914	Jenny Vega		PBC · Wells F...	-475.46	4,955.90
Deposit	09/11/2017	158	Brenda Williams	Deposit	PBC · Wells F...	700.00	5,655.90
Check	09/11/2017	eft	Brenda Williams	Brenda Williams Check # 158 ...	PBC · Wells F...	-700.00	4,955.90
Check	09/12/2017	17918	American Modern Insurance		PBC · Wells F...	-76.31	4,879.59
Check	09/14/2017	17924	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-270.00	4,609.59
Check	09/14/2017	17925	Jenny Vega	$13 x 28 (+ $48.81 reimburse)	PBC · Wells F...	-410.81	4,198.78
Check	09/21/2017	17931	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	3,769.78
Check	09/21/2017	17934	Richard B. Newsome		PBC · Wells F...	-60.00	3,709.78
Check	09/25/2017	17937	Atrium Place Apartments	Jane's Power Bill	PBC · Wells F...	-205.34	3,504.44
Check	09/29/2017	17957	Jenny Vega		PBC · Wells F...	-429.00	3,075.44
Check	10/02/2017	17960	Atrium Place Apartments		PBC · Wells F...	-870.00	2,205.44
Check	10/05/2017	17965	Jenny Vega	34 x $13 + $5.99	PBC · Wells F...	-450.99	1,754.45
Check	10/09/2017	17970	Richard B. Newsome	For Jane's Cash	PBC · Wells F...	-90.00	1,664.45
Check	10/12/2017	17973	Jenny Vega		PBC · Wells F...	-429.00	1,235.45
Deposit	10/13/2017	1013	E*Trade Financial	From Baskin Tr E*Trade	PBC · Wells F...	50,000.00	51,235.45
Check	10/18/2017	17979	Richard B. Newsome	For Cash	PBC · Wells F...	-60.00	51,175.45
Check	10/19/2017	17981	Jenny Vega	33 * $13 + $61.61 Reimburse	PBC · Wells F...	-490.61	50,684.84
Check	10/23/2017	17985	SCE & G		PBC · Wells F...	-79.13	50,605.71
Check	10/24/2017	17988	Jane Baskin	Eyeglasses reimbursement	PBC · Wells F...	-688.61	49,917.10
Check	10/27/2017	17996	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	49,488.10
Check	10/31/2017	18012	Richard B. Newsome	For Cash	PBC · Wells F...	-120.00	49,368.10
General Journal	10/31/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	130.65	49,498.75
Check	11/01/2017	18018	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	48,628.75
Check	11/02/2017	18020	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	48,199.75
Check	11/03/2017	18021	Hawthorne Pharmacy		PBC · Wells F...	-120.05	48,079.70
Deposit	11/08/2017		Brenda Williams	Ashley Street	PBC · Wells F...	500.00	48,579.70
Check	11/10/2017	18035	Jenny Vega	33 x $13 (+ $36.36 reimburse)	PBC · Wells F...	-465.36	48,114.34
Check	11/16/2017	18044	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	47,685.34
Check	11/20/2017	18051	Allstate Insurance Company	Ashley St. Property Insurance	PBC · Wells F...	-336.10	47,349.24
Deposit	11/20/2017	50023...	Brenda Williams	Ashley St. Payment	PBC · Wells F...	500.00	47,849.24
Deposit	11/20/2017	50023...	Brenda Williams	Ashley St. Payment	PBC · Wells F...	200.00	48,049.24
Check	11/22/2017	18055	Jenny Vega	37 X $13	PBC · Wells F...	-481.00	47,568.24
Check	11/22/2017	18056	Atrium Place Apartments	Power Bill Reimburse	PBC · Wells F...	-68.62	47,499.62
Check	11/27/2017	18058	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-271.16	47,228.46
Check	11/29/2017	18070	Richard B. Newsome	for cash	PBC · Wells F...	-120.00	47,108.46
Check	12/01/2017	18080	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	46,238.46
Check	12/01/2017	18083	Jenny Vega	33 x 13 (plus $22.64 reimburse)	PBC · Wells F...	-451.64	45,786.82
Check	12/05/2017	18094	Hawthorne Pharmacy		PBC · Wells F...	-120.77	45,666.05
Check	12/07/2017	18095	Jenny Vega	41 x $13 (+ $32.97 Reimburse)	PBC · Wells F...	-565.97	45,100.08
Check	12/11/2017	18098	Jane Baskin	Christmas Money	PBC · Wells F...	-200.00	44,900.08
Check	12/14/2017	18106	Jenny Vega	36.5 hr * $13/hr	PBC · Wells F...	-474.50	44,425.58
Deposit	12/20/2017		Brenda Williams	Deposit	PBC · Wells F...	622.00	45,047.58
Check	12/21/2017	18131	Jenny Vega	34.5 hr @ $13/hr (+ $41.46 rei...	PBC · Wells F...	-489.96	44,557.62

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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	12/28/2017	18116	Richland Co. Treasurer	Ashley Street	PBC · Wells F...	-277.78	44,279.84
Check	12/29/2017	18145	Richard B. Newsome	For Cash	PBC · Wells F...	-120.00	44,159.84
Check	12/29/2017	18162	Jenny Vega	33 hrs @ $13/hr	PBC · Wells F...	-429.00	43,730.84
General Journal	12/31/2017	ach		NET TAXABLE INTEREST	7103X · TB No...	388.31	44,119.15
General Journal	12/31/2017	ach		ROUNDING	TBround · TB ...	-0.02	44,119.13
Check	01/02/2018	18172	Atrium Place Apartments		PBC · Wells F...	-870.00	43,249.13
Check	01/02/2018	18176	Hawthorne Pharmacy		PBC · Wells F...	-44.35	43,204.78
General Journal	01/02/2018	ach		Reimburse: Jenny Vega Christ...	WBW · WILLI...	-25.00	43,179.78
Check	01/04/2018	18184	Jenny Vega	12/29 to 1/4 34hrs	PBC · Wells F...	-442.00	42,737.78
Check	01/08/2018	18185	Atrium Place Apartments	Power Bill Reimburse	PBC · Wells F...	-77.22	42,660.56
Check	01/11/2018	18191	Jenny Vega	34 hrs @ $13/hr	PBC · Wells F...	-442.00	42,218.56
Deposit	01/12/2018	163	Brenda Williams	Deposit	PBC · Wells F...	650.00	42,868.56
Check	01/12/2018	eft	Wells Fargo Bank, N.A.	Brenda Williams Check #163 N...	PBC · Wells F...	-650.00	42,218.56
Check	01/12/2018	eft	Wells Fargo Bank, N.A.	Bank Fee NSF Check	PBC · Wells F...	-12.00	42,206.56
Check	01/17/2018	18198	Briner, Powell, Wall & Mullins, L...		PBC · Wells F...	-186.62	42,019.94
Check	01/18/2018	18201	Jenny Vega	34.5 hrs @ $13/hr (+ $76.93 Re...	PBC · Wells F...	-525.43	41,494.51
Check	01/26/2018	18218	Richard B. Newsome	For Jane's Cash	PBC · Wells F...	-120.00	41,374.51
Check	01/26/2018	18219	Jenny Vega	35 hrs. @ $13/hr	PBC · Wells F...	-455.00	40,919.51
Deposit	01/29/2018	44292...	Navy Federal CU	Brenda Williams	PBC · Wells F...	650.00	41,569.51
Check	01/29/2018	18323	Atrium Place Apartments	J Baskin Power Bill Reimburse	PBC · Wells F...	-120.45	41,449.06
Check	02/01/2018	18340	Jenny Vega	34.5 hrs @ $13/hr	PBC · Wells F...	-448.50	41,000.56
Check	02/01/2018	18342	Hawthorne Pharmacy		PBC · Wells F...	-73.70	40,926.86
Deposit	02/05/2018	1160	Eldridge Baskin Trust	Deposit	PBC · Wells F...	2,500.00	43,426.86
Check	02/08/2018	18347	Atrium Place Apartments		PBC · Wells F...	-870.00	42,556.86
Check	02/08/2018	18349	Jenny Vega	35 hrs @ $13/yr	PBC · Wells F...	-455.00	42,101.86
Deposit	02/12/2018	10768...	Brenda Williams	Deposit	PBC · Wells F...	300.00	42,401.86
Deposit	02/12/2018	10768...	Brenda Williams	Deposit	PBC · Wells F...	200.00	42,601.86
Check	02/16/2018	18357	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	42,146.86
Check	02/22/2018	18381	Atrium Place Apartments	Reimburse for power bill	PBC · Wells F...	-111.19	42,035.67
Check	02/23/2018	18380	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	41,580.67
Deposit	02/26/2018	11448...	Brenda Williams	Deposit	PBC · Wells F...	300.00	41,880.67
Deposit	02/26/2018	11448...	Brenda Williams	Deposit	PBC · Wells F...	200.00	42,080.67
Check	02/27/2018	18390	Jane Baskin		PBC · Wells F...	-120.00	41,960.67
General Journal	02/28/2018	ach		NET TAXABLE INTEREST	7103X · TB No...	339.74	42,300.41
Check	03/01/2018	18408	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	41,430.41
Check	03/02/2018	18410	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	40,975.41
Check	03/05/2018	18414	Jane Baskin	Birthday $	PBC · Wells F...	-200.00	40,775.41
Check	03/05/2018	18416	Hawthorne Pharmacy		PBC · Wells F...	-7.08	40,768.33
Deposit	03/06/2018	20767...	Brenda Williams	Ashley Street	PBC · Wells F...	600.00	41,368.33
Check	03/09/2018	18421	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	40,913.33
Check	03/15/2018	18427	Jenny Vega	35 hrs @ $13/hr + $47.76	PBC · Wells F...	-502.76	40,410.57
Check	03/22/2018	18434	Jenny Vega	35.833 hrs @ $13/hr + $28.52 r...	PBC · Wells F...	-504.35	39,906.22
Check	03/29/2018	18454	Jenny Vega	36 hrs @ $13/hr	PBC · Wells F...	-468.00	39,438.22
Check	03/30/2018	18461	Jane Baskin		PBC · Wells F...	-120.00	39,318.22
Check	04/02/2018	18470	Atrium Place Apartments	Jane Baskin Apt.	PBC · Wells F...	-870.00	38,448.22
Check	04/02/2018	18471	Hawthorne Pharmacy		PBC · Wells F...	-126.52	38,321.70
Check	04/05/2018	18487	Jenny Vega	38 hrs @ $13/hr (+ $4 receipt)	PBC · Wells F...	-498.00	37,823.70
Check	04/10/2018	18493	Walkup Management, Inc.	Tax Prep	PBC · Wells F...	-325.00	37,498.70
Check	04/10/2018	18494	United States Treasury		PBC · Wells F...	-229.00	37,269.70

Columbia Cash Reserves Investment Partnership
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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	04/10/2018	18495	SC Dept. of Revenue		PBC · Wells F...	-13.00	37,256.70
Check	04/12/2018	18502	Jenny Vega	38.5 hrs @ $13/hr (+$100)	PBC · Wells F...	-600.50	36,656.20
Check	04/20/2018	18520	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	36,149.20
Deposit	04/23/2018		Brenda Williams	Deposit	PBC · Wells F...	600.00	36,749.20
Check	04/26/2018	18533	Jenny Vega	74.88 hrs @ $13/hr (+ $74.88)	PBC · Wells F...	0.00	36,749.20
Check	04/27/2018	18537	Jenny Vega	37 hrs @ $13/hr (+$74.88 Rei...	PBC · Wells F...	-555.88	36,193.32
Check	04/30/2018	18538	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	35,323.32
Check	04/30/2018	18539	Jane Baskin		PBC · Wells F...	-120.00	35,203.32
General Journal	04/30/2018	ach		NET TAXABLE INTEREST	7103X · TB No...	391.55	35,594.87
Check	05/03/2018	18558	Hawthorne Pharmacy		PBC · Wells F...	-122.84	35,472.03
Check	05/04/2018	18560	Jenny Vega	38.5 hrs @ $13/hr	PBC · Wells F...	-500.50	34,971.53
Check	05/08/2018	18563	Atrium Place Apartments	J Baskin Power	PBC · Wells F...	-99.87	34,871.66
Check	05/10/2018	18579	Jenny Vega	38.5 hrs @ $13/hr (+ $9.80 Rei...	PBC · Wells F...	-510.30	34,361.36
Check	05/17/2018	18588	Jenny Vega	35.5 hrs @ $13/hr	PBC · Wells F...	-461.50	33,899.86
Check	05/23/2018	18596	Atrium Place Apartments	Jane Baskin Power Bill	PBC · Wells F...	-84.17	33,815.69
Check	05/25/2018	18600	Jenny Vega	42.5 hrs @ $13/hr	PBC · Wells F...	-552.50	33,263.19
Check	05/25/2018	18601	Jenny Vega	Reimbursement	PBC · Wells F...	-60.67	33,202.52
Check	05/31/2018	18622	Jane Baskin		PBC · Wells F...	-120.00	33,082.52
Check	06/01/2018	18631	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	32,575.52
Check	06/01/2018	18633	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	31,705.52
Check	06/01/2018	18634	Hawthorne Pharmacy		PBC · Wells F...	-115.48	31,590.04
Deposit	06/05/2018	71003...	Brenda Williams	Deposit	PBC · Wells F...	500.00	32,090.04
Deposit	06/05/2018	71003...	Brenda Williams	Deposit	PBC · Wells F...	110.00	32,200.04
Check	06/08/2018	18643	Jenny Vega	31 hrs @ $13/hr	PBC · Wells F...	0.00	32,200.04
Check	06/08/2018	18645	Jenny Vega	37 hrs @ $13/hr	PBC · Wells F...	-481.00	31,719.04
Check	06/12/2018	18652	Bruner, Powell, Wall & Mullins, L...		PBC · Wells F...	-1,320.30	30,398.74
Check	06/15/2018	18659	Jenny Vega	37.5 hrs @ $13/hr	PBC · Wells F...	-487.50	29,911.24
Check	06/15/2018	18660	Jane Baskin	Reimbursement	PBC · Wells F...	-76.84	29,834.60
Check	06/21/2018	18664	Jenny Vega	36 hrs @ $13/hr	PBC · Wells F...	-468.00	29,366.60
Check	06/29/2018	18673	Jane Baskin		PBC · Wells F...	-120.00	29,246.60
Check	06/29/2018	18685	Jenny Vega	38.5 hrs @ $13/hr	PBC · Wells F...	-500.50	28,746.10
Check	06/29/2018	18687	Jane Baskin	Reimbursement	PBC · Wells F...	-41.02	28,705.08
General Journal	06/30/2018	ach		NET TAXABLE INTEREST	7103X · TB No...	288.19	28,993.27
Check	07/02/2018	18691	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	28,123.27
Check	07/03/2018	18699	Hawthorne Pharmacy		PBC · Wells F...	-7.08	28,116.19
Check	07/06/2018	18704	Jenny Vega	33 hrs @ $13/hr	PBC · Wells F...	-429.00	27,687.19
Check	07/12/2018	18712	Jenny Vega	40 hrs @ $13/hr	PBC · Wells F...	-520.00	27,167.19
Deposit	07/16/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	27,667.19
Deposit	07/16/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	28,167.19
Check	07/20/2018	18721	Jenny Vega	43 hrs @ $13/hr	PBC · Wells F...	-559.00	27,608.19
Check	07/20/2018	18722	Jane Baskin	Reimbursement	PBC · Wells F...	-49.72	27,558.47
Check	07/26/2018	18733	Jenny Vega	41 hrs @ $13/hr	PBC · Wells F...	-533.00	27,025.47
Deposit	07/30/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	27,525.47
Check	07/30/2018	18741	Hawthorne Pharmacy		PBC · Wells F...	-222.28	27,303.19
Check	07/31/2018	18748	Jane Baskin		PBC · Wells F...	-120.00	27,183.19
Check	08/01/2018	18753	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-990.00	26,193.19
Check	08/01/2018	18754	Atrium Place Apartments	Baskin Power Reimburse	PBC · Wells F...	-111.48	26,081.71
Check	08/03/2018	18761	Jenny Vega	37.5 hrs @ $13/hr	PBC · Wells F...	-487.50	25,594.21
Check	08/09/2018	18772	Jenny Vega	40.5 hrs @ $13/hr	PBC · Wells F...	-526.50	25,067.71

Columbia Cash Reserves Investment Partnership
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	08/09/2018	18773	Jane Baskin	Reimbursement	PBC · Wells F...	-37.98	25,029.73
Check	08/10/2018	18776	Bruner, Powell, Wall & Mullins, L...	Baskin Legal Fees	PBC · Wells F...	-832.49	24,197.24
Deposit	08/13/2018	3289	Brenda Williams	Ashley Street	PBC · Wells F...	500.00	24,697.24
Deposit	08/13/2018	3290	Brenda Williams	Ashley Street	PBC · Wells F...	100.00	24,797.24
Check	08/16/2018	18782	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	24,290.24
Total BASK · ELDRIDGE BASKIN TRUST FBO JANE						21,812.62	24,290.24
Total 2500 · Partners						21,812.62	24,290.24
TOTAL						21,812.62	24,290.24

Walkup 00211

COPY

Form **8879-F**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for Form 1041

For calendar year 2015, or fiscal year beginning _____, 2015, ending _____, 20 _____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-F and its instructions is at *www.irs.gov/form8879f.*

OMB No. 1545-0867

2015

Name of estate or trust
Eldridge Baskin Trust

Employer identification number

Name and title of fiduciary
William B Walkup, Trustee

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	14,364
2	Income distribution deduction (Form 1041, line 18)	2	7,431
3	Taxable income (Form 1041, line 22)	3	2,802
4	Total tax (Form 1041, line 23)	4	65
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	65

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2015 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☐ I authorize Gary W Ballowe CPA (ERO firm name) to enter my PIN ____ (do not enter all zeros) as my signature on the estate's or trust's 2015 electronically filed income tax return.

☒ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2015 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. _____ (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS *e-file* Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2016.

ERO's signature ▶ _____ Date ▶ 3/3/2016

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

2015 OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2015 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

Name and title of fiduciary: William B Walkup, Trustee

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

C Employer identification number

D Date entity created: 9/21/1990

E Nonexempt charitable and split-interest trusts, check applicable box(es). see instructions.
- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	235
	2a	Total ordinary dividends	2a	10,857
	b	Qualified dividends allocable to: (1) Beneficiaries 10,857 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,621
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	-424
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount See attached statement	8	75
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	14,364
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	279
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Net operating loss deduction (see instructions)	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,552
	16	Add lines 10 through 15c ▶	16	3,831
	17	Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 10,533		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	7,431
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	7,731
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	2,802
	23	Total tax (from Schedule G, line 7)	23	65
	24	Payments: a 2015 estimated tax payments and amount applied from 2014 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	0
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty (see instructions)	26	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	65
	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a Credited to 2016 estimated tax ▶ ; b Refunded ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	3/3/2016		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

For Paperwork Reduction Act Notice, see the separate instructions. Form 1041 (2015)

HTA

Walkup 00213

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1		
2	Tax-exempt income allocable to charitable contributions (see instructions)	2		
3	Subtract line 2 from line 1	3	0	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4		
5	Add lines 3 and 4	5	0	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6		
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0	

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions) . . . . . See attached worksheet	1	11,052	
2	Adjusted tax-exempt interest	2		
3	Total net gain from Schedule D (Form 1041), line 19, column (1) (see instructions)	3		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4		
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5		
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,621	
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	7,431	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law . . . 8			
9	Income required to be distributed currently	9	12,768	
10	Other amounts paid, credited, or otherwise required to be distributed	10		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	12,768	
12	Enter the amount of tax-exempt income included on line 11	12		
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	12,768	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	7,431	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	7,431	

Schedule G Tax Computation (see instructions)

1 Tax:	a Tax on taxable income (see instructions)	1a	65		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d Total. Add lines 1a through 1c			1d	65
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	Total credits. Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	65
4	Net investment income tax from Form 8960, line 21			4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23			7	65

	Other Information	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2015, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

Walkup 00214

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2015

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)			1	10,533
2	Interest			2	
3	Taxes			3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)			4	3,552
5	Refund of taxes			5	( )
6	Depletion (difference between regular tax and AMT)			6	
7	Net operating loss deduction. Enter as a positive amount			7	
8	Interest from specified private activity bonds exempt from the regular tax			8	
9	Qualified small business stock (see instructions)			9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)			10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)			11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)			12	
13	Disposition of property (difference between AMT and regular tax gain or loss)			13	-677
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)			14	
15	Passive activities (difference between AMT and regular tax income or loss)			15	85
16	Loss limitations (difference between AMT and regular tax income or loss)			16	
17	Circulation costs (difference between regular tax and AMT)			17	
18	Long-term contracts (difference between AMT and regular tax income)			18	
19	Mining costs (difference between regular tax and AMT)			19	
20	Research and experimental costs (difference between regular tax and AMT)			20	
21	Income from certain installment sales before January 1, 1987			21	( )
22	Intangible drilling costs preference			22	
23	Other adjustments, including income-based related adjustments			23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)			24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24			25	13,493
	Note: *Complete Part II below before going to line 26.*				
26	Income distribution deduction from Part II, line 44	26	11,068		
27	Estate tax deduction (from Form 1041, line 19)	27			
28	Add lines 26 and 27			28	11,068
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25			29	2,425

If line 29 is:

- $23,800 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $23,800, but less than $174,650, go to line 45.
- $174,650 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions) .See worksheet.	30	14,012	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31		
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	0	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33		
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34		
35	Capital gains computed on a minimum tax basis included on line 25	35	(2,944)	
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36		
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	11,068	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	12,768	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39		
40	Total distributions. Add lines 38 and 39	40	12,768	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41		
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	12,768	

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-				43	11,068	
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26				44	11,068	

Part III Alternative Minimum Tax

45	Exemption amount				45	$23,800	00
46	Enter the amount from line 29	46					
47	Phase-out of exemption amount	47	$79,450	00			
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0				
49	Multiply line 48 by 25% (.25)				49	0	
50	Subtract line 49 from line 45. If zero or less, enter -0-				50	0	
51	Subtract line 50 from line 46				51	0	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $185,400 or less, multiply line 51 by 26% (.26). • Over $185,400, multiply line 51 by 28% (.28) and subtract $3,708 from the result				52	0	
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax. Subtract line 53 from line 52				54	0	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)				55	65	
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c				56	0	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51				57	0	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59	276				
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	276				
61	Enter the smaller of line 57 or line 60				61	0	
62	Subtract line 61 from line 57				62	0	
63	If line 62 is $185,400 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,708 from the result ▶				63	0	
64	Maximum amount subject to the 0% rate	64	$2,500	00			
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	134				
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0				
67	Enter the smaller of line 57 or line 58	67	0				
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	0				
69	Subtract line 68 from line 67	69	0				

Walkup 00216

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,300	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	134				
73	Add line 71 and line 72	73	134				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (.15) ▶				76		0
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (.20) ▶				79		0
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (.25) ▶				82		0
83	Add lines 63, 76, 79, and 82				83		0
84	If line 57 is $185,400 or less, multiply line 57 by 28% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,708 from the result				84		0
85	Enter the smaller of line 83 or line 84 here and on line 52				85		0

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041) 2015

Department of the Treasury Internal Revenue Service

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20 ____

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income: 146	11	Final year deductions
2a	Ordinary dividends: 6,761		
2b	Qualified dividends: 6,761		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative minimum tax adjustment: 3,637
4c	Unrecaptured section 1250 gain	J	3,552
5	Other portfolio and nonbusiness income: 47		
6	Ordinary business income		
7	Net rental real estate income: 477	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14 E	Other information: 6,954
10	Estate tax deduction	H	-552

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Eldridge Baskin Trust

K-1 Statement (Sch K1 (1041))

Line 12 - Alternative Minimum Tax Items

A	Code A - Adjustment for minimum tax purposes	A	3,637
J	Code J - Exclusion items	J	3,552

Line 14 - Other Information

E	Code E - Net investment income	E	6,954
H	Code H - Adjustment for section 1411 net investment income or deductions	H	-552

Jane E Baskin

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015

Attachment Sequence No. 08

Name(s) shown on return: Eldridge Baskin Trust

Your social security number:

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	235
2	Add the amounts on line 1	235
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	235

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ E Trade Financial	6,444
	Equity 95	4,413
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	10,857

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2015

Name of estate or trust: Eldridge Baskin Trust

Employer identification number:

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4		
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2014 Capital Loss Carryover Worksheet	6	( )	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11		
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	2,668	
13 Capital gain distributions	13		
14 Gain from Form 4797, Part I	14	953	
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2014 Capital Loss Carryover Worksheet	15	( )	
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	3,621	

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		3,621	3,621
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b		953	953
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	3,621	3,621

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:		
a	The loss on line 19, column (3) or b $3,000	20	( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21			
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24	0				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0		
28	Enter the smaller of the amount on line 21 or $2,500			28			
29	Enter the smaller of the amount on line 27 or line 28			29	0		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶					30	0
31	Enter the smaller of line 21 or line 26			31			
32	Subtract line 30 from line 26			32	0		
33	Enter the smaller of line 21 or $12,300			33			
34	Add lines 27 and 30			34	0		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0		
36	Enter the smaller of line 32 or line 35			36			
37	Multiply line 36 by 15% ▶					37	0
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39	0		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0		
41	Multiply line 40 by 20% ▶					41	0
42	Figure the tax on the amount on line 27. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42			
43	Add lines 37, 41, and 42			43	0		
44	Figure the tax on the amount on line 21. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶					45	0

Walkup 00222

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedule.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Eldridge Baskin Trust

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	1307 Ashley Street Columbia, SC 29205
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	1		A			☐
B			B			☐
C			C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties: A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	351		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15	60		
16 Taxes	16	294		
17 Utilities	17			
18 Depreciation expense or depletion	18	1,190		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	1,895		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-1,895		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(424)	( )	( )

23 a Total of all amounts reported on line 3 for all rental properties	23a	0	
b Total of all amounts reported on line 4 for all royalty properties	23b	0	
c Total of all amounts reported on line 12 for all properties	23c	0	
d Total of all amounts reported on line 18 for all properties	23d	1,190	
e Total of all amounts reported on line 20 for all properties	23e	1,895	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(424)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-424

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Schedule E (Form 1040) 2015

Walkup 00223

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Eldridge Baskin Trust

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	-424
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Walkup 00224

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2015

Attachment Sequence No. 27

Name(s) shown on return	Identifying number
Eldridge Baskin Trust	

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	953
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	953
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form 4797 (2015)

Walkup 00225

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A Ashley Street	1/1/1992	11/17/2015
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: *See line 1 before completing.*)	20	42,000			
21 Cost or other basis plus expense of sale	21	60,968			
22 Depreciation (or depletion) allowed or allowable	22	32,316			
23 Adjusted basis. Subtract line 22 from line 21	23	28,652	0	0	0
24 Total gain. Subtract line 23 from line 20	24	13,348	0	0	0
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b	0	0	0	0
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	13,348	0	0	0
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e	0	0	0	0
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g	0	0	0	0
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b	0	0	0	0
c Enter the smaller of line 24 or 27b	27c	0	0	0	0
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b	0	0	0	0
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b	0	0	0	0

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	13,348
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 **	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	0	0

** Line 32 excludes installment sale gain. See Form 6252.

Walkup 00226

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment Sequence No. **51**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions)	1	332
2	Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	332

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	11,136			
b	Qualified dividends included on line 4a	4b	10,857			
c	Subtract line 4b from line 4a				4c	279
d	Net gain from the disposition of property held for investment	4d	3,621			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	3,621			
f	Subtract line 4e from line 4d				4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)				4g	
h	Investment income. Add lines 4c, 4f, and 4g				4h	279
5	Investment expenses (see instructions)				5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-				6	279

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7	53
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	279

For Paperwork Reduction Act Notice, see page 4.
HTA

Form **4952** (2015)

Walkup 00227

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562*.

OMB No. 1545-0172
2015
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Eldridge Baskin Trust	Sch E: Ashley - House and Lot	

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,190
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20	a Class life				S/L	
	b 12-year		12 yrs.		S/L	
	c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,190
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.
HTA

Form 4562 (2015)

Walkup 00228

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.
► Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2015

Attachment Sequence No. **72**

Name(s) shown on your tax return: Eldridge Baskin Trust

Your social security number or EIN:

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	235
2	Ordinary dividends (see instructions)			2	10,857
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-424		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	-424
5a	Net gain or loss from disposition of property (see instructions)	5a	3,621		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	3,621
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	31
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	14,320

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	278		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c	3,542		
d	Add lines 9a, 9b, and 9c			9d	3,820
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	3,820

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	10,500
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	10,500		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	6,879		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	3,621		
19a	Adjusted gross income (see instructions)	19a	6,633		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,300		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **8960** (2015)

Walkup 00229

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.

▶ Information about Form 6252 and its instructions is at *www.irs.gov/form6252*.

OMB No. 1545-0228

2015

Attachment Sequence No. **79**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Do not include interest, whether stated or unstated			5	42,000
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6			
7	Subtract line 6 from line 5	7	42,000		
8	Cost or other basis of property sold	8	45,395		
9	Depreciation allowed or allowable	9	32,316		
10	Adjusted basis. Subtract line 9 from line 8	10	13,079		
11	Commissions and other expenses of sale	11	15,573		
12	Income recapture from Form 4797, Part III (see instructions)	12			
13	Add lines 10, 11, and 12			13	28,652
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions)			14	13,348
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-			15	0
16	Gross profit. Subtract line 15 from line 14			16	13,348
17	Subtract line 13 from line 6. If zero or less, enter -0-			17	0
18	Contract price. Add line 7 and line 17			18	42,000

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after the year of sale, see instructions			19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-			20	0
21	Payments received during year (see instructions). Do not include interest, whether stated or unstated			21	3,000
22	Add lines 20 and 21			22	3,000
23	Payments received in prior years (see instructions). Do not include interest, whether stated or unstated	23			
24	Installment sale income. Multiply line 22 by line 19			24	953
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)			25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)			26	953

Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2015 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	235	0	235
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	10,857	0	10,857
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0	0	0
Gross income from Schedule F	0		0
Ordinary gain from Form 4797	0		0
Other income	75		75
Totals	11,167	0	11,167
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	279				279
11 Taxes	0			0	0
12 Fiduciary fees			0	0	0
14 Attorney, accountant, and return preparer fees.	0		0	0	0
15a Other deductions NOT subject to the 2% floor	0		0	0	0
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor.	1,593		2,102	2,102	3,695
Totals	1,872	0	2,102	2,102	3,974

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 0

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	3,831
Loss(es) reclassified as deductions	1,190
Total deductions to be allocated	5,021

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	235	76	159
Domestic interest	235	76	159
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	10,857	3,505	7,352
US Government interest	0	0	0
Qualified dividends distributable	10,857	3,505	7,352
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	766	247	519
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	75	24	51
Net royalty income	0	0	0
Annuities	0	0	0
Other Income	75	24	51
Capital Gains			
Capital gain allocated to fiduciary	3,621	1,169	2,452
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	15,554	5,021	10,533

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest	159	X	7,431	/	8,081	=	146
US Government interest	0	X	7,431	/	8,081	=	0
Dividends	7,352	X	7,431	/	8,081	=	6,761
Qualified dividends	7,352	X	7,431	/	8,081	=	6,761
US Government interest	0	X	7,431	/	8,081	=	0
Ordinary business income	0					=	0
Schedule C net profit	0	X	7,431	/	8,081	=	0
Schedule E ordinary income	0	X	7,431	/	8,081	=	0
Schedule F net profit	0	X	7,431	/	8,081	=	0
Rental Real Estate	519	X	7,431	/	8,081	=	477
Net other rental income	0	X	7,431	/	8,081	=	0
Other portfolio and nonbusiness income	51					=	47
Net royalty income	0	X	7,431	/	8,081	=	0
Annuities	0	X	7,431	/	8,081	=	0
Other income	51	X	7,431	/	8,081	=	47
Capital Gains							
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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Line 8 (1041) - Other Income

1	From Form 4136 - Credit for Federal Tax Paid on Fuels ☐ Check here if accrual basis.	1	0
2	Other nonpassive income before directly apportioned deductions	2	
3	From Form W2 (Worksheet) - Income in respect of a decedent	3	0
4	From Form 1099-R (Worksheet) - Taxable distributions from pensions, annuities, retirement or profit-sharing plans	4	0
5	From Form 1099-R (Worksheet) - Taxable IRA/SEP/SIMPLE distributions	5	0
6	From Form 1099-MISC (Worksheet) - Substitute payments in lieu of dividends or interest	6	31
7	From Forms K-1 (1065, 1120S) (Worksheets) - Recovery bad debt, etc.	7	44
8	State tax refund (from worksheet below)	8	0
9	Ordinary income from Qualified Electing Fund (8621)	9	0
10	Gain or loss from Mark to Market Election (8621)	10	0
11	Excess Distributions (8621)	11	0
12		12	
13		13	
14		14	
15	Less penalty on early withdrawal of savings	15	0
16	Total other income	16	75
	Income on line 4 retained by the trust		

State and Local Income Tax Refund

Enter state refund information on 1099G (Worksheet).

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0

Worksheet for refunds of amounts deducted in prior years

1	Enter the 2014 income tax refund from Form(s) 1099-G (or similar statement), but do not enter more than the amount on your 2014 Form 1041, line 11	1	0
2	Enter the amount of income tax refunded for years prior to 2014, but not more than the amount deducted for those years.	2	0
3	Total taxable income tax refund	3	0

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Walkup 00233

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 10/28/15)
3084

For the calendar year 2015 or Fiscal Taxable Year Beginning _____ and ending _____ **2015**

Name of Estate or Trust				FEIN
ELDRIDGE BASKIN TRUST				
Name and Title of Fiduciary	**Mailing Address**	**City**	**State**	**ZIP Code** / **County**
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check whether:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
☐ Amended ☒ Simple trust	☒ Testamentary	☒ Resident estate or trust	☐ Yes ☒ No
☐ Estate ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
☐ Grantor Trust			
☐ Electing Small Business Trust			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO If YES, how many? 1 If NO, attach explanation.

- Does the estate or trust have any South Carolina modifications? ☐ YES or ☒ NO
- If the estate or trust has any nonresident beneficiaries, is any income from SC sources? ☐ YES or ☒ NO (or not applicable)
- Does line 22, Federal Form 1041 reflect any taxable income of the fiduciary? ☒ YES or ☐ NO
- If NO to ALL three questions, do NOT complete the remainder of this form.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III)			1	2,802	00
2. Federal fiduciary exemption included in line 1 above			2	300	00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)			3	0	00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 11, Part II) ☐ Addition ☐ Subtraction			4	0	00
5. NET (combine lines 1 to 4)			5	3,102	00
6. South Carolina fiduciary exemption (see instructions)			6	< 300	00 >
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6)			7	2,802	00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule)	8	0 00			
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335)	9	0 00			
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC)	10	< 0 00 >			
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO			11	0	00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV)			12	0	00
13. TOTAL TAX (add lines 11 and 12 and enter here)			13	0	00
14. Amount paid with request for extension and SC Withholding	14	0 00			
15. 2015 Estimated Payments from SC1041ES (and amount applied from 2014 return)	15	0 00			
16. Total Payments (add lines 14 and 15)			16	0	00
17. Overpayment (line 16 less line 13)			17	0	00
18. Late Filing and/or late payment: Penalties 0 00 Interest 0 00 Enter total here	18	0 00			
19. If subject to penalty for Underpayment of Estimated Tax, attach SC2210.	19	0 00			
20. Balance Due (line 13 less line 18 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue **BALANCE DUE**			20	0	00
21. Amount of line 17 to be credited to 2016 Estimated Tax			21	0	00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) **REFUND**			22	0	00

Please Sign Here

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Signature of fiduciary or officer representing fiduciary _____ Date _____ Taxpayer's Email _____

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ Preparer's Printed Name GARY W BALLOWE

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's telephone number
	3/3/2016	☒	

Firm's name (or yours if self-employed) and address: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC — PTIN or FEIN ▶ — ZIP Code ▶ 29205

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Walkup 00234

Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

				Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:				
a. State and local interest	1a	0		
b. State or local taxes measured by income deducted on the federal return	1b	0		
c. Federal net operating loss carryover	1c	0		
d. Out-of state losses	1d			
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	1,190		
f. Total additions to federal income (add lines 1a through 1e)			1f	1,190
2. Subtractions from federal taxable income				
a. Interest on US Government obligations	2a	0		
b. State income tax refunds reported as income on federal return	2b	0		
c. South Carolina net operating loss carryover (attach schedule)	2c			
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0		
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	1,190		
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f	1,190
3. Total (subtract line 2f from line 1f)			3	0
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4	0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition ☐ or Subtraction ☐			5	0

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income 2. Amount	3. Percent	4. Shares of South Carolina Fiduciary Adjustment Addition ☐ or Subtraction ☐
a. JANE E BASKIN ☐	7,431	100.00%	0
b. ☐	0	%	0
c. ☐	0	%	0
d. ☐	0	%	0
e. ☐	0	%	0
f. ☐	0	%	0
g. ☐	0	%	0
h. ☐	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	%	0
Totals	7,431	100.00%	0

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

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Walkup 00235

ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1. Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0		
	19. Federal estate tax (fiduciary) } SC estate tax on income in respect of a decedent, is entered in columns C and D			
	Federal estate tax (beneficiary) }			
	20. Exemption	0		
	21. Total (add lines 18 through 20)	0	0	0
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Loss amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0

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Walkup 00236

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 6/4/15)
3516

For calendar year 2015 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶	Estate or trust's FEIN ▶
Beneficiary's name, address and ZIP code	Estate or trust's name, fiduciary's name, address and ZIP code
JANE E BASKIN C/O WB WALKUP 142 ATRIUM WAY COLUMBIA SC 29223	ELDRIDGE BASKIN TRUST WILLIAM B WALKUP TRUSTEE 142 ATRIUM WAY COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Beneficiary's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts		(B) Plus or Minus SC Adjustments		(C) Amounts Not Allocated or Apportioned to SC		(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1	146	1	0	1	0	1	146
	2 Dividends	2	6,761	2	0	2	0	2	6,761
	3 Net short-term capital gain	3	0	3	0	3	0	3	0
	4 Net long-term capital gain	4	0	4	0	4	0	4	0
	5 Other portfolio and nonbusiness income	5	47	5	0	5	0	5	47
	6 Ordinary business income	6	0	6	0	6	0	6	0
	7 Net rental real estate income	7	477	7	0	7	0	7	477
	8 Other rental income	8	0	8	0	8	0	8	0
Deductions	9 Directly apportioned deductions	9	0	9	0	9	0	9	0
	10 Estate tax deduction	10	0	10	0	10	0	10	0
	11 Final year deductions	11	0	11	0	11	0	11	0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)							12	0
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)								
Credits	13							13	0
	14							14	0
	15							15	0
	16							16	0
	17 Total South Carolina tax credits							17	0

35161017

Walkup 00237

Part I, Line 1e (SC 1041, 41, K1) - SC Fiduciary Adjustment, Additions to Income

1	Federal estate tax deductions on income in respect of decedent	1	0
2	Carryover of capital losses prior to January 1, 1985	2	
3	Any expense deducted on the federal fiduciary return related to any income exempt or not taxable by South Carolina	3	0
4	South Carolina tax exempt income allocable to charitable distributions	4	
5	Nonresident sellers of South Carolina real property and associated tangible personal property that elect out of installment sales treatment for state income tax purposes pursuant to Section 12-8-580 will have an addition to federal taxable income in the year of sale so as to include the entire gain in South Carolina taxable income	5	
6	Domestic production activities	6	0
7	Total depreciation for Federal purposes from Depreciation worksheet	7	1,190
8		8	
9		9	
10		10	
11		11	
12	Total	12	1,190

Expenses Allocated to US Treasury Interest

1	Interest income on US Government Bonds	1	0
2	Total taxable income on Form 1041, Deductions worksheet	2	11,167
3	Ratio of line 1 divided by line 2	3	0.00%
4	Total amount deductible against taxable income on Form 1041, Deductions worksheet	4	3,974
5	Expenses allocated to US Treasury interest (lesser of line 3 times line 4 or line 1)	5	0

Part I, Line 2e (SC 1041, 41, K1) - SC Fiduciary Adjustment, Subtractions from Income

1	Accumulations Distribution (see instructions)	1	
2	Out-of-State Income (see instructions)	2	
3	Reduction of Basis Due to Federal Investment Credit (see instructions)	3	
4	South Carolina Estate Tax deduction on income in respect of a decedent	4	
5	Deductions associated with state and local interest	5	0
6	Total depreciation for South Carolina purposes from Depreciation worksheet	6	1,190
7		7	
8		8	
9		9	
10		10	
11		11	
12	Total	12	1,190

Expenses Allocated to Outstate Municipal Bond Interest

1	Nonresident state municipal bond interest	1	0
2	Nonresident state private activity bond interest	2	0
3	Total nonresident state municipal bond interest	3	0
4	Total tax exempt interest on Form 1041, Deductions worksheet	4	0
5	Ratio of line 3 divided by line 4	5	0.00%
6	Expenses related to total tax exempt income on Form 1041, Deductions worksheet	6	0
7	Expenses allocated to outstate municipal bond interest (line 5 times line 6)	7	0
8	Amount of line 3 allocable to charitable contributions	8	0
9	Net deductions allocated to outstate municipal bond interest (lesser of line 7 plus 8 or line 3)	9	0

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Part II (SC 1041, 41, K1) - Allocation of Fiduciary Adjustment

State additions excluding depreciation and amortization		0
State additions allocated to charity	0.00%	0
State additions allocated to beneficiaries	0.00%	0
State additions allocated to fiduciary	0.00%	0
Depreciation and amortization addition adjustments		1,190
Depreciation allocated to charity	0.00%	0
Depreciation allocated to beneficiaries	0.00%	0
Depreciation allocated to fiduciary	100.00%	1,190
Total Additions		1,190
Additions allocated to charity		0
Additions allocated to beneficiaries		0
Additions allocated to fiduciary		1,190
State subtractions excluding depreciation and amortization		0
State subtractions allocated to charity	0.00%	0
State subtractions allocated to beneficiaries	0.00%	0
State subtractions allocated to fiduciary	0.00%	0
Depreciation and amortization subtraction adjustments		1,190
Depreciation allocated to charity	0.00%	0
Depreciation allocated to beneficiaries	0.00%	0
Depreciation allocated to fiduciary	100.00%	1,190
Total Subtractions		1,190
Subtractions allocated to charity		0
Subtractions allocated to beneficiaries		0
Subtractions allocated to fiduciary		1,190
Net Adjustments		0
Adjustments allocated to charity		0
Adjustments allocated to beneficiaries		0
Adjustments allocated to fiduciary		0

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COPY

Form **8879-F**

IRS *e-file* Signature Authorization for Form 1041

OMB No. 1545-0967

2016

For calendar year 2016, or fiscal year beginning _____, 2016, ending _____, 20_____

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-F and its instructions is at *www.irs.gov/form8879f*.

Department of the Treasury
Internal Revenue Service

Name of estate or trust
Eldridge Baskin Trust

Employer identification number

Name and title of fiduciary
William B Walkup, Trustee

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	25,221
2	Income distribution deduction (Form 1041, line 18)	2	0
3	Taxable income (Form 1041, line 22)	3	10,361
4	Total tax (Form 1041, line 23)	4	1,247
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	1,247

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2016 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☐ I authorize Gary W Ballowe CPA (ERO firm name) to enter my PIN ____ (do not enter all zeros) as my signature on the estate's or trust's 2016 electronically filed income tax return.

☒ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2016 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ____ (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS *e-file* Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2017.

ERO's signature ► _____ Date ► 3/23/2017

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 1041 Comparison

2016

			Prior Year	Current Year	Difference	%
Income	1 Interest income	1	235	3,032	2,797	1190%
	2 Total ordinary dividends	2	10,857	9,608	-1,249	-12%
	3 Business income or (loss) (Schedule C or C-EZ (Form 1040))	3	0	0	0	0%
	4 Capital gain or (loss) (Schedule D (Form 1041))	4	3,621	12,352	8,731	241%
	5 Rents, royalties, partnerships, estates (Sch. E (Form 1040))	5	-424	0	424	100%
	6 Farm income or (loss) (Schedule F (Form 1040))	6	0	0	0	0%
	7 Ordinary gain or (loss) (Form 4797)	7	0	0	0	0%
	8 Other income	8	75	229	154	205%
	9 Total income. Combine lines 1 through 8	9	14,364	25,221	10,857	76%
Deductions	10 Interest	10	279	623	344	123%
	11 Taxes	11	0	0	0	0%
	12 Fiduciary fees	12	0	9,200	9,200	0%
	13 Charitable deduction (from Schedule A, line 7)	13	0	0	0	0%
	14 Attorney, accountant, and return preparer fees	14	0	265	265	0%
	15a Other deductions NOT subject to the 2% floor	15a	0	1,080	1,080	0%
	b Net operating loss deduction	15b	0	0	0	0%
	c Allowable misc. itemized deductions subject to the 2% floor	15c	3,552	3,392	-160	-5%
	16 Total. Add lines 10 through 15c	16	3,831	14,560	10,729	280%
	17 Adjusted total income (loss) (subtract line 16 from line 9)	17	10,533	10,661	128	1%
	18 Income distribution deduction (Schedule B, line 15)	18	7,431	0	-7,431	-100%
	19 Estate tax deduction (including certain generation-skipping taxes)	19	0	0	0	0%
	20 Exemption	20	300	300	0	0%
	21 Total deductions. Add lines 18 through 20	21	7,731	300	-7,431	-96%
Tax and Payments	22 Taxable income. Subtract line 21 from line 17	22	2,802	10,361	7,559	270%
	23 Total tax (from Schedule G, line 7)	23	65	1,247	1,182	1818%
	24a Payments: This year's estimated tax payments	24a	0	0	0	0%
	b Estimated tax payments allocated to beneficiaries (Form 1041-T)	24b	0	0	0	0%
	c Subtract line 24b from line 24a	24c	0	0	0	0%
	d Tax paid with extension of time to file	24d	0	0	0	0%
	e Federal income tax withheld	24e	0	0	0	0%
	h Other Payments	24h	0	0	0	0%
	25 Total payments. Add lines 24c through 24e, and 24h	25	0	0	0	0%
	26 Estimated tax penalty	26	0	0	0	0%
	27 Tax due. Enter amount owed	27	65	1,247	1,182	1818%
	28 Overpayment. Enter amount overpaid	28	0	0	0	0%
	29a Amount of line 28 to be credited to estimated tax	29a	0	0	0	0%
	29b Amount of line 28 to be refunded	29b	0	0	0	0%

Walkup 00241

Form 1041 Comparison (Page 2)

SCHEDULE A Charitable Deduction		Prior Year	Current Year	Difference	%
1 Amounts paid or permanently set aside for charitable purposes from gross income	1	0	0	0	0%
2 Tax-exempt income allocable to charitable contributions	2	0	0	0	0%
3 Subtract line 2 from line 1	3	0	0	0	0%
4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	0	0	0	0%
5 Add lines 3 and 4	5	0	0	0	0%
6 Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	0	0	0	0%
7 Charitable deduction. Subtract line 6 from 5	7	0	0	0	0%
SCHEDULE B Income Distribution Deduction					
1 Adjusted total income (from page 1, line 17)	1	11,052	10,661	-391	-4%
2 Adjusted tax-exempt interest	2	0	0	0	0%
3 Total net gain from Schedule D (Form 1041), line 19, column (1)	3	0	0	0	0%
4 Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4	0	0	0	0%
5 Capital gains for the tax year included on Schedule A, line 1	5	0	0	0	0%
6 Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,621	-12,352	-8,731	-241%
7 Distributable net income (DNI). Combine lines 1 through 6	7	7,431	0	-7,431	-100%
8 Amount of income for tax year determined under the governing instrument	8	0	0	0	0%
9 Income required to be distributed currently	9	12,768	0	-12,768	-100%
10 Other amounts paid, credited, or otherwise required to be distributed	10	0	0	0	0%
11 Total distributions. Add lines 9 and 10	11	12,768	0	-12,768	-100%
12 Enter the amount of tax-exempt income included on line 11	12	0	0	0	0%
13 Tentative income distribution deduction. Subtract line 12 from line 11	13	12,768	0	-12,768	-100%
14 Tentative income distribution deduction. Subtract line 2 from line 7	14	7,431	0	-7,431	-100%
15 Income distribution deduction. Enter smaller of line 13 or line 14	15	7,431	0	-7,431	-100%
SCHEDULE G Tax Computation					
1a Tax on taxable income	1a	65	1,172	1,107	1703%
b Tax on lump-sum distributions (Form 4972) and ESBT	1b	0	0	0	0%
c Alternative minimum tax (Schedule I, line 56)	1c	0	0	0	0%
d Total Tax	1d	65	1,172	1,107	1703%
2a Foreign tax credit (Form 1116)	2a	0	0	0	0%
b General business credit (Form 3800)	2b	0	0	0	0%
c Credit for prior year minimum tax (Form 8801)	2c	0	0	0	0%
d Bond credits (Form 8912)	2d	0	0	0	0%
e Total credits. Add lines 2a through 2d	2e	0	0	0	0%
3 Subtract line 2e from line 1d. If zero or less, enter -0-	3	65	1,172	1,107	1703%
4 Net investment income tax from Form 8960, line 21	4	0	75	75	0%
5 Recapture taxes	5	0	0	0	0%
6 Household employment taxes. Attach Schedule H (Form 1040)	6	0	0	0	0%
7 Total tax. Add lines 3 through 6. Enter here and on page 1, line 23	7	65	1,247	1,182	1818%

Walkup 00242

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2016

Form 1041-V Payment Voucher

- Use this voucher when making a payment with Form 1041
- Do not staple this voucher or your payment to Form 1041
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying by check or money order ▶	Dollars
	1,247

1633

ELDRIDGE BASKIN TRUST
142 ATRIUM WAY
COLUMBIA, SC 29223

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0148

576131870 DD ELDR 05 2 201612 610

Walkup 00243

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

2016 OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2016 or fiscal year beginning , and ending

Name of estate or trust (if a grantor type trust, see the instructions.): Eldridge Baskin Trust

Name and title of fiduciary: William B Walkup, Trustee

Number, street, and room or suite no. (if a P.O. box, see the instructions.): 142 Atrium Way

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

C Employer identification number:

D Date entity created: 9/21/1990

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.
- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes:
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Net operating loss carryback
- ☐ Change in trust's name
- ☐ Change in fiduciary
- ☐ Change in fiduciary's name
- ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	3,032
	2a	Total ordinary dividends	2a	9,608
	b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust 9,608	2b	
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	12,352
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount See attached statement	8	229
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	25,221
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	623
	11	Taxes	11	
	12	Fiduciary fees	12	9,200
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	265
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	1,080
	b	Net operating loss deduction. See instructions	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,392
	16	Add lines 10 through 15c ▶	16	14,580
	17	Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 10,661		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	300
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	10,361
	23	Total tax (from Schedule G, line 7)	23	1,247
	24	Payments: a 2016 estimated tax payments and amount applied from 2015 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004. See instructions	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 _____ ; g Form 4136 _____ ; Total ▶	24h	0
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty. See instructions	26	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	1,247
	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a Credited to 2017 estimated tax ▶ ; b Refunded ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of fiduciary or officer representing fiduciary | Date | ▶ EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	3/23/2017		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **1041** (2016)

Walkup 00244

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	0
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	0
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	10,661
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-12,352
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	0
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law [8]		
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	0
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	0
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	0
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income. See instructions	1a	1,172		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d Total. Add lines 1a through 1c			1d	1,172
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	Total credits. Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	1,172
4	Net investment income tax from Form 8960, line 21			4	75
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23			7	1,247

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2016, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?		X

Walkup 00245

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Information about Schedule I (Form 1041) and its separate instructions is at *www.irs.gov/form1041.*

OMB No. 1545-0092

2016

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	10,661
2	Interest		2	
3	Taxes		3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)		4	3,392
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction. Enter as a positive amount		7	
8	Interest from specified private activity bonds exempt from the regular tax		8	
9	Qualified small business stock (see instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	-837
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24		25	13,416
	Note: *Complete Part II below before going to line 26.*			
26	Income distribution deduction from Part II, line 44	26		
27	Estate tax deduction (from Form 1041, line 19)	27		
28	Add lines 26 and 27		28	0
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25		29	13,416

If line 29 is:

- $23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $23,900, but less than $175,450, go to line 45.
- $175,450 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	13,416
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	0
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35	(11,715)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	1,701
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	0
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	0

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-				43	1,701
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26				44	0

Part III Alternative Minimum Tax

45	Exemption amount				45	$23,900 00
46	Enter the amount from line 29	46				
47	Phase-out of exemption amount	47	$79,850	00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0			
49	Multiply line 48 by 25% (0.25)				49	0
50	Subtract line 49 from line 45. If zero or less, enter -0-				50	0
51	Subtract line 50 from line 46				51	0
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $186,300 or less, multiply line 51 by 26% (0.26). • Over $186,300, multiply line 51 by 28% (0.28) and subtract $3,726 from the result				52	0
53	Alternative minimum foreign tax credit (see instructions)				53	
54	Tentative minimum tax. Subtract line 53 from line 52				54	0
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)				55	1,172
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c				56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51				57	0
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	9,608			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	259			
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	9,867			
61	Enter the smaller of line 57 or line 60				61	0
62	Subtract line 61 from line 57				62	0
63	If line 62 is $186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,726 from the result				63	0
64	Maximum amount subject to the 0% rate	64	$2,550	00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	0			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0			
67	Enter the smaller of line 57 or line 58	67	0			
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	0			
69	Subtract line 68 from line 67	69	0			

Part IV Line 62 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,400	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	0				
73	Add line 71 and line 72	73	0				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (0.15) ▶				76	0	
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (0.20) ▶				79	0	
	If line 69 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (0.25) ▶				82	0	
83	Add lines 63, 76, 79, and 82				83	0	
84	If line 57 is $186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,726 from the result				84	0	
85	Enter the smaller of line 83 or line 84 here and on line 52				85	0	

Walkup 00248

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20 _____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		H	0
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

For Paperwork Reduction Act Notice, see the instructions for Form 1041. IRS.gov/form1041 Schedule K-1 (Form 1041) 2016

HTA

Walkup 00249

SCHEDULE B (Form 1040A or 1040)
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at www.irs.gov/schedulab.

OMB No. 1545-0074
2016
Attachment Sequence No. 08

Name(s) shown on return
Eldridge Baskin Trust

Your social security number

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	266
	Installment Sale Interest	2,766
2	Add the amounts on line 1	3,032
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	3,032

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ E Trade Financial	
	Equity 95	6,200
		3,408
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	9,608

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2016

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	11,456
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	898
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss Carryover Worksheet	15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	12,352

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		12,352	12,352
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b		896	896
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	12,352	12,352

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:		
a	The loss on line 19, column (3) or b $3,000	20	( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21			
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24	0				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0		
28	Enter the smaller of the amount on line 21 or $2,550			28			
29	Enter the smaller of the amount on line 27 or line 28			29	0		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶					30	0
31	Enter the smaller of line 21 or line 26			31			
32	Subtract line 30 from line 26			32	0		
33	Enter the smaller of line 21 or $12,400			33			
34	Add lines 27 and 30			34	0		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0		
36	Enter the smaller of line 32 or line 35			36			
37	Multiply line 36 by 15% (0.15) ▶					37	0
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39	0		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0		
41	Multiply line 40 by 20% (0.20) ▶					41	0
42	Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42			
43	Add lines 37, 41, and 42			43	0		
44	Figure the tax on the amount on line 21. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶					45	0

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Eldridge Baskin Trust

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐	57-1027487	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					
30 Add columns (g) and (j) of line 29a					30
31 Add columns (f), (h), and (i) of line 29b					31 ( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				35
36 Add columns (c) and (e) of line 34b				36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below				37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39 0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at *www.irs.gov/form4797*.

OMB No. 1545-0184

2016

Attachment Sequence No. **27**

Name(s) shown on return	Identifying number
Eldridge Baskin Trust	

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	896
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	896
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*

▶ Attach to your tax return.

OMB No. 1545-0191

2016

Attachment Sequence No. 51

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2016 (see instructions)	1	570
2	Disallowed investment interest expense from 2015 Form 4952, line 7	2	53
3	Total investment interest expense. Add lines 1 and 2	3	623

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	16,061		
b	Qualified dividends included on line 4a	4b	9,608		
c	Subtract line 4b from line 4a			4c	6,453
d	Net gain from the disposition of property held for investment	4d	12,352		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	12,352		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	6,453
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	6,453

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	623

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

▶ Attach to your tax return.
▶ Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2016

Attachment Sequence No. 72

Name(s) shown on your tax return: Eldridge Baskin Trust

Your social security number or EIN:

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	3,032
2	Ordinary dividends (see instructions)			2	9,608
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	12,352		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	12,352
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	229
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	25,221

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	617		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c	4,431		
d	Add lines 9a, 9b, and 9c			9d	5,048
10	Additional modifications (see instructions)			10	10,459
11	Total deductions and modifications. Add lines 9d and 10			11	15,507

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	9,714
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	9,714		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	9,714		
19a	Adjusted gross income (see instructions)	19a	14,376		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,400		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	1,976		
20	Enter the smaller of line 18c or line 19c			20	1,976
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	75

For Paperwork Reduction Act Notice, see your tax return instructions.
HTA

Form **8960** (2016)

Walkup 00256

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.
▶ Use a separate form for each sale or other disposition of property on the installment method.
▶ Information about Form 6252 and its instructions is at *www.irs.gov/form6252*.

OMB No. 1545-0228

2016

Attachment Sequence No. 79

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated		5	
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6		
7	Subtract line 6 from line 5	7	0	
8	Cost or other basis of property sold	8		
9	Depreciation allowed or allowable	9		
10	Adjusted basis. Subtract line 9 from line 8	10	0	
11	Commissions and other expenses of sale	11		
12	Income recapture from Form 4797, Part III (see instructions)	12		
13	Add lines 10, 11, and 12		13	0
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions)		14	0
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-		15	0
16	Gross profit. Subtract line 15 from line 14		16	0
17	Subtract line 13 from line 6. If zero or less, enter -0-		17	0
18	Contract price. Add line 7 and line 17		18	0

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after the year of sale, see instructions		19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-		20	0
21	Payments received during year (see instructions). Don't include interest, whether stated or unstated		21	2,819
22	Add lines 20 and 21		22	2,819
23	Payments received in prior years (see instructions). Don't include interest, whether stated or unstated	23 3,000		
24	Installment sale income. Multiply line 22 by line 19		24	896
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)		25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)		26	896

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2016 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

For Paperwork Reduction Act Notice, see page 4.
HTA

Form **6252** (2016)

Walkup 00257

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at *www.irs.gov/form8582.*

OMB No. 1545-1008

2016

Attachment Sequence No. 88

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

Part I 2016 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )	
d Combine lines 1a, 1b, and 1c			1d 0
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )	
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
c Add lines 2a and 2b			2c ( )
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	13	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
d Combine lines 3a, 3b, and 3c			3d 13
4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4 13

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See instructions for an example.*

5 Enter the smaller of the loss on line 1d or the loss on line 4			5	0
6 Enter $150,000. If married filing separately, see instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	0		
Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*				
8 Subtract line 7 from line 6	8	0		
9 Multiply line 8 by 50% (0.5). Do not enter more than $25,000. If married filing separately, see instructions			9	0
10 Enter the smaller of line 5 or line 9			10	0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.*

11 Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0	
12 Enter the loss from line 4	12	0	
13 Reduce line 12 by the amount on line 10	13	0	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0	
16 Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0	

For Paperwork Reduction Act Notice, see instructions.
HTA

Form **8582** (2016)

Walkup 00258

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	0	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1065): Equity 95	13			13	
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	13	0	0		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶		0	1.00	0

Walkup 00259

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶		0	0	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0	1.00	0	0

Walkup 00260

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	3,032	0	3,032
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	9,608	0	9,608
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0	0	0
Gross income from Schedule F	0		0
Ordinary gain from Form 4797	0		0
Other income	229		229
Totals	12,869	0	12,869
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	623				623
11 Taxes	0			0	0
12 Fiduciary fees	9,200		0	0	9,200
14 Attorney, accountant, and return preparer fees.	265		0	0	265
15a Other deductions NOT subject to the 2% floor	1,080		0	0	1,080
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor.	1,568		2,112	2,112	3,680
Totals	12,736	0	2,112	2,112	14,848

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 10,545

Additional explanation of deduction allocation, if necessary

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Walkup 00261

Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	14,560
Loss(es) reclassified as deductions	0
Total deductions to be allocated	14,560

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	3,032	1,750	1,282
Domestic interest	3,032	1,750	1,282
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	9,608	5,547	4,061
US Government interest	0	0	0
Qualified dividends distributable	9,608	5,547	4,061
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	0	0	0
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	229	132	97
Net royalty income	0	0	0
Annuities	0	0	0
Other income	229	132	97
Capital Gains			
Capital gain allocated to fiduciary	12,352	7,131	5,221
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	25,221	14,560	10,661

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest	1,282	X	0	/	5,440	=	0
US Government interest	0	X	0	/	5,440	=	0
Dividends	4,061	X	0	/	5,440	=	0
Qualified dividends	4,061	X	0	/	5,440	=	0
US Government interest	0	X	0	/	5,440	=	0
Ordinary business income	0					=	0
Schedule C net profit	0	X	0	/	5,440	=	0
Schedule E ordinary income	0	X	0	/	5,440	=	0
Schedule F net profit	0	X	0	/	5,440	=	0
Rental Real Estate	0	X	0	/	5,440	=	0
Net other rental income	0	X	0	/	5,440	=	0
Other portfolio and nonbusiness income	97					=	0
Net royalty income	0	X	0	/	5,440	=	0
Annuities	0	X	0	/	5,440	=	0
Other income	97	X	0	/	5,440	=	0
Capital Gains							
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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Line 8 (1041) - Other Income

1	From Form 4136 - Credit for Federal Tax Paid on Fuels ☐ Check here if accrual basis.	1	0
2	Other nonpassive income before directly apportioned deductions	2	
3	From Form W2 (Worksheet) - Income in respect of a decedent	3	0
4	From Form 1099-R (Worksheet) - Taxable distributions from pensions, annuities, retirement or profit-sharing plans	4	0
5	From Form 1099-R (Worksheet) - Taxable IRA/SEP/SIMPLE distributions	5	0
6	From Form 1099-MISC (Worksheet) - Substitute payments in lieu of dividends or interest	6	0
7	From Forms K-1 (1065, 1120S) (Worksheets) - Recovery bad debt, etc.	7	13
8	State tax refund (from worksheet below)	8	0
9	Ordinary income from Qualified Electing Fund (8621)	9	0
10	Gain or loss from Mark to Market Election (8621)	10	0
11	Excess Distributions (8621)	11	0
12	Lates fees collected on installment sale	12	216
13		13	
14		14	
15	Less penalty on early withdrawal of savings	15	0
16	Total other income	16	229
	Income on line 4 retained by the trust		

State and Local Income Tax Refund

Enter state refund information on 1099G (Worksheet).

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0

Worksheet for refunds of amounts deducted in prior years

1	Enter the 2015 income tax refund from Form(s) 1099-G (or similar statement), but do not enter more than the amount on your 2015 Form 1041, line 11	1	0
2	Enter the amount of income tax refunded for years prior to 2015, but not more than the amount deducted for those years.	2	0
3	Total taxable income tax refund	3	0

Line 15a (1041) - Other Deductions Not Subject To The 2% Floor

List deductible amounts totally allocable to taxable income.

1	From Form 4562 - Depreciation and Amortization not related to a specific business or activity	1	0
2	From Form 8873 - Extraterritorial Income Exclusion	2	0
3	From Form 4684 - Casualty and theft losses	3	0
4	From Form 8582 - Commercial revitalization deduction	4	0
5	Bond premiums	5	
6	From Form K-1 (65 and 20S) (Worksheet) - Medical insurance and other portfolio deductions	6	0
7	From Form 8903 - Domestic production activities deduction	7	0
8	Rental expenses paid in 2016 for property sold in 2015	8	1,080
9		9	0
10		10	0
11	Total other deductions allocable to taxable income	11	1,080

List deductible amounts to be allocated between taxable and nontaxable income.

12		12	0		
13		13	0		
14		14			
15	Total to be allocated	15	0		
16	Ratio of taxable income to nontaxable income	16	1.0000		
17	Multiply line 15 by line 16			17	0
18	Total other deductions			18	1,080

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 8/7/16)
3084

For the calendar year 2016 or Fiscal Taxable Year Beginning _____ and ending _____ **2016**

Name of Estate or Trust					FEIN
ELDRIDGE BASKIN TRUST					
Name and Title of Fiduciary	**Mailing Address**	**City**	**State**	**ZIP Code**	**County Code**
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223	

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check if:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
☐ Address change ☒ Simple trust	☒ Testamentary	☒ Resident estate or trust	☐ Yes ☒ No
☐ Amended return ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
☐ Final return			
☐ Estate			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO If YES, how many? 1 If NO, attach explanation.

- Does the estate or trust have any South Carolina modifications? ☐ YES or ☒ NO
- If the estate or trust has any nonresident beneficiaries, is any income from SC sources? ☐ YES or ☒ NO (or not applicable)
- Does line 22, Federal Form 1041 reflect any taxable income of the fiduciary? ☒ YES or ☐ NO
- If NO to ALL three questions, do NOT complete the remainder of this form.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III)			1	10,381	00
2. Federal fiduciary exemption included in line 1 above			2	300	00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)			3	-5,435	00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 1i, Part II) ☐ Addition ☐ Subtraction			4	0	00
5. NET (combine lines 1 to 4)			5	5,226	00
6. South Carolina fiduciary exemption (see instructions)			6	< 300	00 >
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6)			7	4,926	00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule)	8	60 00			
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335)	9	0 00			
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC)	10	< 0 00 >			
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO			11	60	00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV)			12	0	00
13. TOTAL TAX (add lines 11 and 12 and enter here)			13	60	00
14. Amount paid with request for extension and SC Withholding	14	0 00			
15. 2016 Estimated Payments from SC1041ES (and amount applied from 2015 return)	15	0 00			
16. Total Payments (add lines 14 and 15)			16	0	00
17. Overpayment (line 16 less line 13)			17	0	00
18. Late Filing and/or late payment: Penalties 0 00 Interest 0 00 Enter total here	18	0 00			
19. Penalty for Underpayment of Estimated Tax (Attach SC2210)	19	0 00			
20. Balance Due (line 13 less line 16 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue — BALANCE DUE			20	60	00
21. Amount of line 17 to be credited to 2017 Estimated Tax			21	0	00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) — REFUND			22	0	00

Please Sign Here

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Signature of fiduciary or officer representing fiduciary — Date — Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐

Preparer's Printed Name: GARY W BALLOWE

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☒	Preparer's telephone number
	3/23/2017		(803) 738-2312

Firm's name (or yours if self-employed) and address: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC — PTIN or FEIN — ZIP Code 29205

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Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

				Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:				
a. State and local interest	1a	0		
b. State or local taxes measured by income deducted on the federal return	1b	0		
c. Federal net operating loss carryover	1c	0		
d. Out-of state losses	1d			
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	0		
f. Total additions to federal income (add lines 1a through 1e)			1f	0
2. Subtractions from federal taxable income				
a. Interest on US Government obligations	2a	0		
b. State income tax refunds reported as income on federal return	2b	0		
c. South Carolina net operating loss carryover (attach schedule)	2c			
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0		
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	0		
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f	0
3. Total (subtract line 2f from line 1f)			3	0
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4	0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition ☐ or Subtraction ☐			5	0

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment
	2. Amount	3. Percent	Addition ☐ or Subtraction ☐
a. JANE E BASKIN ☐	0	%	0
b. ☐	0	%	0
c. ☐	0	%	0
d. ☐	0	%	0
e. ☐	0	%	0
f. ☐	0	%	0
g. ☐	0	%	0
h. ☐	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	100.00%	0
Totals	0	100.00%	0

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.
COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.
COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).
COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.
COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

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ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1, Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0		
	19. Federal estate tax (fiduciary)			
	Federal estate tax (beneficiary)			
	20. Exemption	0		
	21. Total (add lines 18 through 20)	0	0	0
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage (from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit	F. Tax to be withheld (net amount of column C, column D and column E lines 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0	
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2		%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0	

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 6/4/15)
3516

For calendar year 2016 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶

Beneficiary's name, address and ZIP code

JANE E BASKIN
C/O WB WALKUP 142 ATRIUM WAY
COLUMBIA SC 29223

Estate or trust's FEIN ▶

Estate or trust's name, fiduciary's name, address and ZIP code

ELDRIDGE BASKIN TRUST
WILLIAM B WALKUP TRUSTEE
142 ATRIUM WAY
COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Beneficiary's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts		(B) Plus or Minus SC Adjustments		(C) Amounts Not Allocated or Apportioned to SC		(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1	0	1	0	1	0	1	0
	2 Dividends	2	0	2	0	2	0	2	0
	3 Net short-term capital gain	3	0	3	0	3	0	3	0
	4 Net long-term capital gain	4	0	4	0	4	0	4	0
	5 Other portfolio and nonbusiness income	5	0	5	0	5	0	5	0
	6 Ordinary business income	6	0	6	0	6	0	6	0
	7 Net rental real estate income	7	0	7	0	7	0	7	0
	8 Other rental income	8	0	8	0	8	0	8	0
Deductions	9 Directly apportioned deductions	9	0	9	0	9	0	9	0
	10 Estate tax deduction	10	0	10	0	10	0	10	0
	11 Final year deductions	11	0	11	0	11	0	11	0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)							12	0
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)								
Credits	13							13	0
	14							14	0
	15							15	0
	16							16	0
	17 Total South Carolina tax credits							17	0

35161017

Walkup 00267

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Go to www.irs.gov/Form1041 for instructions and the latest information.

2017 **COPY** OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2017 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

C Employer identification number

Name and title of fiduciary: William B Walkup, Trustee

D Date entity created: 9/21/1990

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	2,869
	2a	Total ordinary dividends	2a	11,167
	b	Qualified dividends allocable to: (1) Beneficiaries 11,167 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,653
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	17,689
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	1,771
	11	Taxes	11	60
	12	Fiduciary fees. If a portion is subject to the 2% floor, see instructions	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees If a portion is subject to the 2% floor, see instructions.	14	2,893
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Net operating loss deduction. See instructions	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,984
	16	Add lines 10 through 15c ▶	16	8,708
	17	Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 8,981		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	5,328
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	5,628
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3,353
	23	Total tax (from Schedule G, line 7)	23	229
	24	Payments: a 2017 estimated tax payments and amount applied from 2016 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004. See instructions	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	0
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty. See instructions	26	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	229
	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a Credited to 2018 estimated tax ▶ ; b Refunded ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of fiduciary or officer representing fiduciary | Date | ▶ EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	4/10/2018		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

For Paperwork Reduction Act Notice, see the separate instructions. HTA

Form 1041 (2017)

Walkup 00268

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	0
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	0
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	8,981
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,653
7	Distributable net income. Combine lines 1 through 6. If zero or less, enter -0-	7	5,328
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law [8]		
9	Income required to be distributed currently	9	3,019
10	Other amounts paid, credited, or otherwise required to be distributed	10	21,796
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	24,815
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	24,815
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	5,328
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	5,328

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income. See instructions	1a	229		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d Total. Add lines 1a through 1c			1d	229
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	Total credits. Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	229
4	Net investment income tax from Form 8960, line 21			4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	Total tax. Add lines 3 through 6. Enter here and on page 1, line 23			7	229

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2017, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Go to *www.irs.gov/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2017

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)			1	8,981
2	Interest			2	
3	Taxes			3	60
4	Miscellaneous itemized deductions (from Form 1041, line 15c)			4	3,984
5	Refund of taxes			5	( )
6	Depletion (difference between regular tax and AMT)			6	
7	Net operating loss deduction. Enter as a positive amount			7	
8	Interest from specified private activity bonds exempt from the regular tax			8	
9	Qualified small business stock (see instructions)			9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)			10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)			11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)			12	
13	Disposition of property (difference between AMT and regular tax gain or loss)			13	-728
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)			14	
15	Passive activities (difference between AMT and regular tax income or loss)			15	
16	Loss limitations (difference between AMT and regular tax income or loss)			16	
17	Circulation costs (difference between regular tax and AMT)			17	
18	Long-term contracts (difference between AMT and regular tax income)			18	
19	Mining costs (difference between regular tax and AMT)			19	
20	Research and experimental costs (difference between regular tax and AMT)			20	
21	Income from certain installment sales before January 1, 1987			21	( )
22	Intangible drilling costs preference			22	
23	Other adjustments, including income-based related adjustments			23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)			24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24			25	12,297
	Note: *Complete Part II below before going to line 26.*				
26	Income distribution deduction from Part II, line 44	26	9,372		
27	Estate tax deduction (from Form 1041, line 19)	27			
28	Add lines 26 and 27			28	9,372
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25			29	2,925

If line 29 is:

- $24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $24,100, but less than $176,850, go to line 45.
- $176,850 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	12,297	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31		
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	0	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33		
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34		
35	Capital gains computed on a minimum tax basis included on line 25	35	(2,925)	
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36		
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	9,372	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	3,019	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	21,796	
40	Total distributions. Add lines 38 and 39	40	24,815	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41		
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	24,815	

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-			43	9,372
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26			44	9,372

Part III Alternative Minimum Tax

45	Exemption amount			45	$24,100 00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	$80,450 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0		
49	Multiply line 48 by 25% (0.25)			49	0
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	0
51	Subtract line 50 from line 46			51	0
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $187,800 or less, multiply line 51 by 26% (0.26). • Over $187,800, multiply line 51 by 28% (0.28) and subtract $3,756 from the result			52	0
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	0
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	229
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51			57	0
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	297		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	297		
61	Enter the smaller of line 57 or line 60			61	0
62	Subtract line 61 from line 57			62	0
63	If line 62 is $187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,756 from the result			63	0
64	Maximum amount subject to the 0% rate	64	$2,550 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	725		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0		
67	Enter the smaller of line 57 or line 58	67	0		
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	0		
69	Subtract line 68 from line 67	69	0		

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,500	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	725				
73	Add line 71 and line 72	73	725				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (0.15) ▶				76	0	
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (0.20) ▶				79	0	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (0.25) ▶				82	0	
83	Add lines 63, 76, 79, and 82				83	0	
84	If line 57 is $187,800 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,756 from the result				84	0	
85	Enter the smaller of line 83 or line 84 here and on line 52				85	0	

661117

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0092

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2017
For calendar year 2017, or tax year
beginning / 2017 ending

Beneficiary's Share of Income, Deductions, Credits, etc.
▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F [illegible]tifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	1,089	11	Final year deductions
2a	Ordinary dividends	4,239		
2b	Qualified dividends	4,239		
3	Net short-term capital gain			
4a	Net long-term capital gain			
4b	28% rate gain		12 A	Alternative minimum tax adjustment 4,044
4c	Unrecaptured section 1250 gain		J	4,044
5	Other portfolio and nonbusiness income			
6	Ordinary business income			
7	Net rental real estate income		13	Credits and credit recapture
8	Other rental income			
9	Directly apportioned deductions			
			14 E	Other information 5,328
10	Estate tax deduction		H	0

*See attached statement for additional information.
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

For Paperwork Reduction Act Notice, see the instructions for Form 1041. www.irs.gov/Form1041 Schedule K-1 (Form 1041) 2017
HTA

Walkup 00273

Eldridge Baskin Trust

K-1 Statement (Sch K1 (1041))

Line 12 - Alternative Minimum Tax Items

A	Code A - Adjustment for minimum tax purposes	A	4,044
J	Code J - Exclusion items	J	4,044

Line 14 - Other Information

E	Code E - Net investment income	E	5,328
H	Code H - Adjustment for section 1411 net investment income or deductions	H	0

Jane E Baskin

Walkup 00274

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
► Go to *www.irs.gov/F1041* for instructions and the latest information.

OMB No. 1545-0092

2017

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	7,905	11,421		-3,516
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	7,835	1,691		6,144
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	1,025
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet	15	( )
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	3,653

For Paperwork Reduction Act Notice, see the instructions for Form 1041.

HTA

Schedule D (Form 1041) 2017

Walkup 00275

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		3,653	3,653
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b		1,025	1,025
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	3,653	3,653

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
a The loss on line 19, column (3) or b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22				
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23				
24	Add lines 22 and 23	24	0			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0	
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0	
28	Enter the smaller of the amount on line 21 or $2,550			28		
29	Enter the smaller of the amount on line 27 or line 28			29	0	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶					30 0
31	Enter the smaller of line 21 or line 26			31		
32	Subtract line 30 from line 26			32	0	
33	Enter the smaller of line 21 or $12,500			33		
34	Add lines 27 and 30			34	0	
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0	
36	Enter the smaller of line 32 or line 35			36		
37	Multiply line 36 by 15% (0.15) ▶					37 0
38	Enter the amount from line 31			38		
39	Add lines 30 and 36			39	0	
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0	
41	Multiply line 40 by 20% (0.20) ▶					41 0
42	Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42		
43	Add lines 37, 41, and 42			43	0	
44	Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶					45 0

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Eldridge Baskin Trust

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040

▶ Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. 08

Your social security number

Part I Interest

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
Columbia Cash Reserve	706
Installment Sale Interest	2,163

1

2 Add the amounts on line 1 . . . . . 2 2,869

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶ 4 2,869

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ▶

	Amount
E Trade Financial	
Equity 95	6,673
	4,494

5

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶ 6 11,167

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.		X

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Schedule B (Form 1040A or 1040) 2017

Walkup 00277

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: Eldridge Baskin Trust

Social security number or taxpayer identification number:

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- [ ] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- [ ] (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
E*Trade	1/1/2016	12/31/2017	7,905	11,421			-3,516
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			7,905	11,421		0	-3,516

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: Eldridge Baskin Trust

Social security number or taxpayer identification number:

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
E*Trade	1/1/2016	12/31/2017	7,835	1,691			6,144
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			7,835	1,691		0	6,144

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Schedule E (Form 1040) 2017 Attachment Sequence No. 13

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security nu

Eldridge Baskin Trust

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐	57-1027487	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a Totals					
b Totals					

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

HTA

Schedule E (Form 1040) 2017

Walkup 00280

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2017

Attachment Sequence No. **27**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	1,025
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	1,025
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2017)

Walkup 00281

Form **4952**

Department of the Treasury
Internal Revenue Service (09)

Investment Interest Expense Deduction

▶ Go to *www.irs.gov/Form4952* for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2017

Attachment Sequence No. **51**

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2017 (see instructions)	1	1,771
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	1,771

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	14,036		
b	Qualified dividends included on line 4a	4b	11,167		
c	Subtract line 4b from line 4a			4c	2,869
d	Net gain from the disposition of property held for investment	4d	3,653		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	3,653		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	2,869
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	2,869

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	1,771

Walkup 00282

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2017

Attachment Sequence No. **72**

Name(s) shown on your tax return: Eldridge Baskin Trust

Your social security number or EIN:

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	2,889
2	Ordinary dividends (see instructions)			2	11,167
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	3,653		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	3,653
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	17,689

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	1,771		
b	State, local, and foreign income tax (see instructions)	9b	60		
c	Miscellaneous investment expenses (see instructions)	9c	3,984		
d	Add lines 9a, 9b, and 9c			9d	5,815
10	Additional modifications (see instructions)			10	2,893
11	Total deductions and modifications. Add lines 9d and 10			11	8,708

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	8,981
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	8,981		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	5,328		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	3,653		
19a	Adjusted gross income (see instructions)	19a	9,168		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,500		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.
HTA

Form **8960** (2017)

Walkup 00283

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.
▶ Use a separate form for each sale or other disposition of property on the installment method.
▶ Go to *www.irs.gov/Form6252* for the latest information.

OMB No. 1545-0228

2017

Attachment Sequence No. 79

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated		5	
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6		
7	Subtract line 6 from line 5	7	0	
8	Cost or other basis of property sold	8		
9	Depreciation allowed or allowable	9		
10	Adjusted basis. Subtract line 9 from line 8	10	0	
11	Commissions and other expenses of sale	11		
12	Income recapture from Form 4797, Part III (see instructions)	12		
13	Add lines 10, 11, and 12		13	0
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions)		14	0
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-		15	0
16	Gross profit. Subtract line 15 from line 14		16	0
17	Subtract line 13 from line 6. If zero or less, enter -0-		17	0
18	Contract price. Add line 7 and line 17		18	0

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions)		19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-		20	0
21	Payments received during year (see instructions). Don't include interest, whether stated or unstated		21	3,224
22	Add lines 20 and 21		22	3,224
23	Payments received in prior years (see instructions). Don't include interest, whether stated or unstated	23 5,819		
24	Installment sale income. Multiply line 22 by line 19		24	1,025
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)		25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)		26	1,025

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2017 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	2,869	0	2,869
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	11,167	0	11,167
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0	0	0
Gross income from Schedule F	0		0
Ordinary gain from Form 4797	0		0
Other income	0		0
Totals	14,036	0	14,036
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	1,771				1,771
11 Taxes	60			0	60
12 Fiduciary fees	0		0	0	0
14 Attorney, accountant, and return preparer fees.	2,893		0	0	2,893
15a Other deductions NOT subject to the 2% floor	0		0	0	0
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor.	4,168	0	0	0	4,168
Totals	8,892	0	0	0	8,892

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 2,883

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	8,708
Loss(es) reclassified as deductions	0
Total deductions to be allocated	8,708

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	2,869	1,413	1,456
Domestic interest	2,869	1,413	1,456
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	11,167	5,497	5,670
US Government interest	0	0	0
Qualified dividends distributable	11,167	5,497	5,670
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	0	0	0
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	0	0	0
Net royalty income	0	0	0
Annuities	0	0	0
Other income	0	0	0
Capital Gains			
Capital gain allocated to fiduciary	3,653	1,798	1,855
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	17,689	8,708	8,981

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest	1,456	X	5,328	/	7,126	=	1,089
US Government interest	0	X	5,328	/	7,126	=	0
Dividends	5,670	X	5,328	/	7,126	=	4,239
Qualified dividends	5,670	X	5,328	/	7,126	=	4,239
US Government interest	0	X	5,328	/	7,126	=	0
Ordinary business income	0					=	0
Schedule C net profit	0	X	5,328	/	7,126	=	0
Schedule E ordinary income	0	X	5,328	/	7,126	=	0
Schedule F net profit	0	X	5,328	/	7,126	=	0
Rental Real Estate	0	X	5,328	/	7,126	=	0
Net other rental income	0	X	5,328	/	7,126	=	0
Other portfolio and nonbusiness income	0					=	0
Net royalty income	0	X	5,328	/	7,126	=	0
Annuities	0	X	5,328	/	7,126	=	0
Other income	0	X	5,328	/	7,126	=	0
Capital Gains							
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 10/11/17)
3084

For the calendar year 2017 or Fiscal Taxable Year Beginning _____ and ending _____ **2017**

Name of Estate or Trust					FEIN
ELDRIDGE BASKIN TRUST					
Name and Title of Fiduciary	**Mailing Address**	**City**	**State**	**ZIP Code**	**County Code**
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223	

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check If:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
☐ Address change ☒ Simple trust	☐ Testamentary	☒ Resident estate or trust	☐ Yes ☐ No
☐ Amended return ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
☐ Final return ☐ Estate ☐ Grantor Trust			
☐ Electing Small Business Trust			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO If YES, how many? 1 If NO, attach explanation.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III)	1	3,353 00
2. Federal fiduciary exemption included in line 1 above	2	300 00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)	3	0 00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 1i, Part II) ☒ Addition ☐ Subtraction	4	0 00
5. NET (combine lines 1 to 4)	5	3,653 00
6. South Carolina fiduciary exemption (see instructions)	6	< 300 00 >
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6)	7	3,353 00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule)	8	13 00
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335)	9	0 00
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC)	10	< 0 00 >
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO	11	13 00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV)	12	0 00
13. TOTAL TAX (add lines 11 and 12 and enter here)	13	13 00
14. Amount paid with: (a)extension 0 00 (b)SC Withholding 0 00 Enter total	14	0 00
15. Estimated TaxPayments: (a) 0 00 Amount applied from 2016 return: (b) 0 00 Enter total	15	0 00
16. Total Payments (add lines 14 and 15)	16	0 00
17. Overpayment (line 16 less line 13)	17	0 00
18. Late Filing and/or late payment: Penalties 0 00 Interest 0 00 Enter total here	18	0 00
19. Penalty for Underpayment of Estimated Tax (Attach SC2210)	19	0 00
20. Balance Due (line 13 less line 16 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue **BALANCE DUE**	20	13 00
21. Amount of line 17 to be credited to 2018 Estimated Tax	21	0 00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) **REFUND**	22	0 00

Please Sign Here

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Signature of fiduciary or officer representing fiduciary — Date — Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Preparer's Printed Name: GARY W BALLOWE

Paid Preparer's Use Only

Preparer's signature: Gary W Ballowe — Date: 4/10/2018 — Check if self-employed ☒ — Preparer's telephone number: (803) 738-2312

Firm's name (or yours if self-employed) and address: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC — PTIN or FEIN ▶ — ZIP Code ▶ 29205

30841175

Walkup 00287

Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

			Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:			
a. State and local interest	1a	0	
b. State or local taxes measured by income deducted on the federal return	1b	60	
c. Federal net operating loss carryover	1c	0	
d. Out-of state losses	1d		
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	0	
f. Total additions to federal income (add lines 1a through 1e)			1f 60
2. Subtractions from federal taxable income			
a. Interest on US Government obligations	2a	0	
b. State income tax refunds reported as income on federal return	2b	0	
c. South Carolina net operating loss carryover (attach schedule)	2c		
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0	
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	0	
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f 0
3. Total (subtract line 2f from line 1f)			3 60
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4 0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition [X] or Subtraction [ ]			5 60

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment Addition [X] or Subtraction [ ]
	2. Amount	3. Percent	
a. JANE E BASKIN [ ]	5.328	100.00%	60
b. [ ]	0	%	0
c. [ ]	0	%	0
d. [ ]	0	%	0
e. [ ]	0	%	0
f. [ ]	0	%	0
g. [ ]	0	%	0
h. [ ]	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	%	0
Totals	5.328	100.00%	60

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.
COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.
COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).
COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.
COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

30842173

ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1, Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0	[redacted]	[redacted]
	19. Federal estate tax (fiduciary)		[redacted]	[redacted]
	Federal estate tax (beneficiary)		[redacted]	[redacted]
	20. Exemption		[redacted]	[redacted]
	21. Total (add lines 18 through 20)	0	[redacted]	[redacted]
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains, times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0

30843171

1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 6/4/15)
3516

For calendar year 2017 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶

Beneficiary's name, address and ZIP code

JANE E BASKIN
C/O WB WALKUP 142 ATRIUM WAY
COLUMBIA SC 29223

Estate or trust's FEIN ▶

Estate or trust's name, fiduciary's name, address and ZIP code

ELDRIDGE BASKIN TRUST
WILLIAM B WALKUP TRUSTEE
142 ATRIUM WAY
COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Beneficiary's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts		(B) Plus or Minus SC Adjustments		(C) Amounts Not Allocated or Apportioned to SC		(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1	1,089	1	12	1	0	1	1,101
	2 Dividends	2	4,239	2	48	2	0	2	4,287
	3 Net short-term capital gain	3	0	3	0	3	0	3	0
	4 Net long-term capital gain	4	0	4	0	4	0	4	0
	5 Other portfolio and nonbusiness income	5	0	5	0	5	0	5	0
	6 Ordinary business income	6	0	6	0	6	0	6	0
	7 Net rental real estate income	7	0	7	0	7	0	7	0
	8 Other rental income	8	0	8	0	8	0	8	0
Deductions	9 Directly apportioned deductions	9	0	9	0	9	0	9	0
	10 Estate tax deduction	10	0	10	0	10	0	10	0
	11 Final year deductions	11	0	11	0	11	0	11	0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)							12	0
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)								
Credits	13							13	0
	14							14	0
	15							15	0
	16							16	0
	17 Total South Carolina tax credits							17	0

35161017

Walkup 00290

10/8/18

Dear Jane,

I have been serving you now for over 28 years. I have spent all of the following on your care over all those years A. 100% of the net income from the trust. B. 100% of the annuity that I worked so hard to get for you. Your Dad had not set his annuity up for a survivor and I had to work with the Federal Employees Agency in Washington for 6 months to get it for you. C. Very large sums of the principal of the trust each and every year. D. 100% of the land proceeds which you brought to me voluntarily and I invested for you until needed for your care. All of these funds have been spent for your care. Also note that the car was bought with trust funds. And when the Dr. would not certify that you were able to drive I sold the car and put all the proceeds back in the trust. Then all of those funds were spent on your care.

I feel sadness for the false information that is being given to Alex Weatherly. Please see that this is corrected. This is particularly disturbing since I and my staff of four have done so much over the years. Do you have an appreciation for all that we have done over the years and continue to do today? You are not thinking clearly to ask me not to have any direct contact with you. That makes me very sad.

I am going to start giving you the annuity funds of $362.82 directly and will stop sending the check for $120.00. We will do this on a trial basis to see if you will handle this responsibly. Be careful and spend wisely.

My best to you always,

William

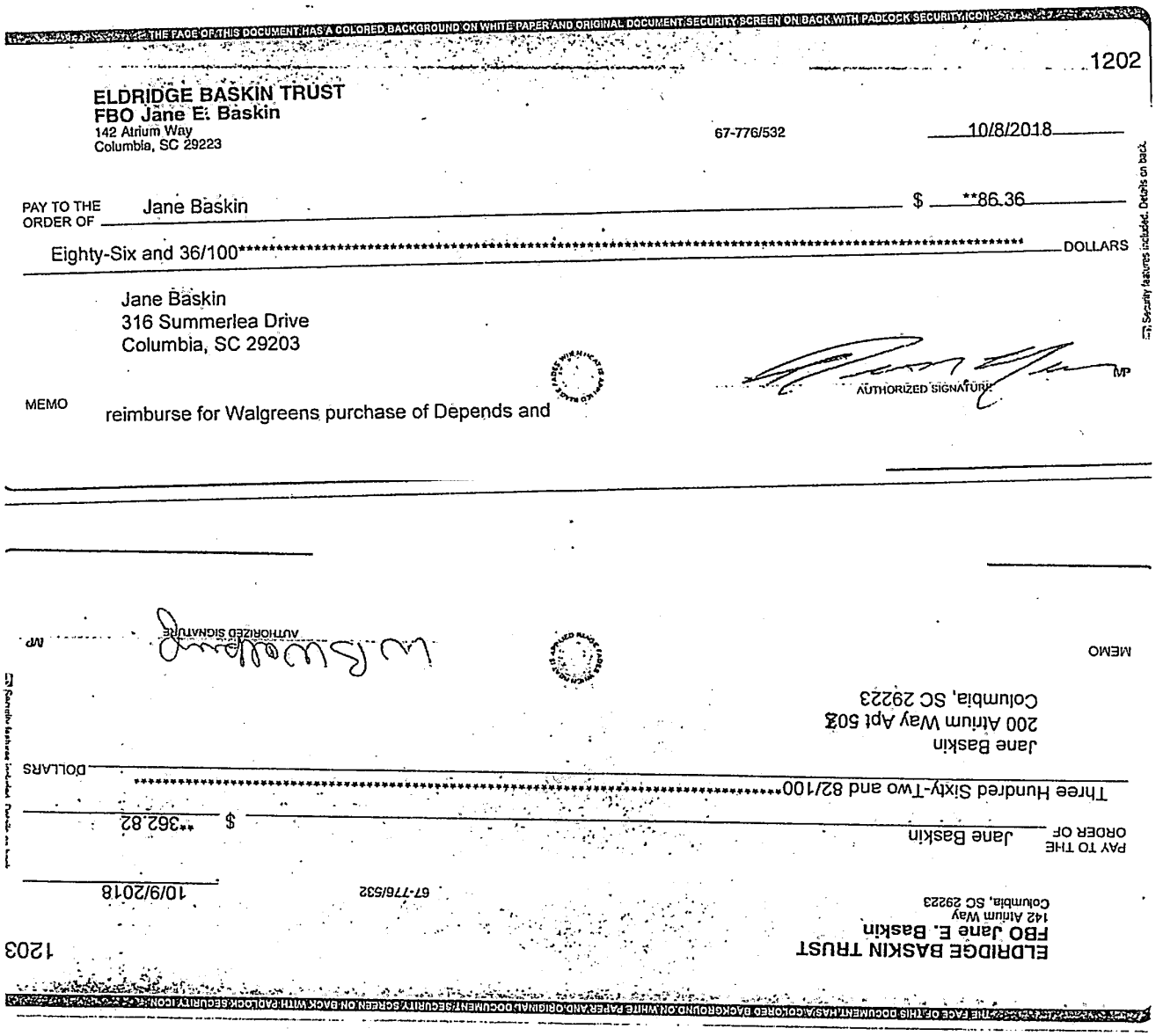
See attached checks

EXHIBIT

26

exhibitsticker.com

Walkup 00178



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON

1202

ELDRIDGE BASKIN TRUST
FBO Jane E. Baskin
142 Atrium Way
Columbia, SC 29223

67-776/532

10/8/2018

PAY TO THE ORDER OF Jane Baskin $ **86.36

Eighty-Six and 36/100********** DOLLARS

Jane Baskin
316 Summerlea Drive
Columbia, SC 29203

MEMO reimburse for Walgreens purchase of Depends and

AUTHORIZED SIGNATURE

MP

Security features included. Details on back.

MEMO

Jane Baskin
200 Atrium Way Apt 503
Columbia, SC 29223

Three Hundred Sixty-Two and 82/100********** DOLLARS

PAY TO THE ORDER OF Jane Baskin $ **362.82

10/9/2018

67-776/532

ELDRIDGE BASKIN TRUST
FBO Jane E. Baskin
142 Atrium Way
Columbia, SC 29223

1203

AUTHORIZED SIGNATURE

MP

Security features included. Details on back.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON

Walkup 00179

BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE 803-252-7693
FAX 803-254-5719
WWW.BRUNERPOWELL.COM

WARREN C. POWELL, JR., P.A.*
HENRY P. WALL
E. WADE MULLINS III, P.A.
WESLEY D. PEEL, P.A.
JOEY R. FLOYD, P.A.
BENJAMIN C. BRUNER, P.A.

JAMES L. BRUNER (RETIRED)
BRIAN P. ROBINSON, P.A.**

CAITLIN C. HEYWARD
CHELSEA J. CLARK
STEVEN R. SPREEUWERS

* ALSO ADMITTED IN DISTRICT OF COLUMBIA
** OF COUNSEL

AUTHOR'S E-MAIL: BBRUNER@BRUNERPOWELL.COM

October 6, 2018

W. Alex Weatherly, Jr., Esquire
Callison, Tighe & Robinson, LLC
P.O. Box 1390
Columbia, SC 29202

Re: Elrdidge Baskin Trust
BPWM File No. 11-2885.100

Dear Alex:

I write to follow-up on this matter since I never received any response to my last correspondence to you on October 6, 2018. Unless I hear from you in the next ten (10) days, I will take the absence of a response as Ms. Baskin's acquiescence to the manner in which Mr. Walkup has been managing the Trust property and making payments to Ms. Baskin over the past four months.

Sincerely yours,

Benjamin C. Bruner

BCB/gh

EXHIBIT
27
exhibitstickers.com

CALLISON TIGHE

May 13, 2019

Benjamin C. Bruner, Esquire
Bruner Powell Wall & Mullins, LLC
Post Office Box 61110
Columbia, South Carolina 29260-1110

Re: Eldridge Baskin Trust
Our File No. 6660.001
BPMW File No. 11-2885.100

Dear Ben:

I am writing in response to your email to me last week to discuss the points raised in your letter dated October 6, 2018.

Before outlining Ms. Baskin's current position regarding this matter, I would like to respond to a few of the comments made in your letter.

A. RESPONSES TO OCTOBER 6, LETTER:

I. **Request for an accounting of all income expenditures by the Trust for the past three (3) years.** Thank you for providing the information you sent with the October 6 letter and previously on May 4, 2017. In reviewing the accounting information, we are unable to locate how Mr. Walkup deposited a check in the amount of approximately $13,600 which Jane received from the sale of property which she specifically asked Mr. Walkup to deposit. Is there another account into which these funds were deposited? Did we received the information on all accounts held by the Trust? Please ask Mr. Walkup to respond to this question specifically.

II. **Request for limited contact.** You requested clarification on the point as to why Ms. Baskin has asked Mr. Walkup to limit his contact with her. Simply stated, Ms. Baskin fears Mr. Walkup. According to Ms. Baskin, he is aggressive with her and tries to exert undue influence over her regarding the choices he wants her to make regarding her finances and other matters. He is not her representative, he is not her agent, and she feels that he has tried to insert himself in that capacity in the past. In order that she need not undergo the emotional stress which he causes her, and in order that there may be an independent individual involved in observing the interaction between Ms. Baskin and Mr. Walkup regarding her finances, she requests that he interact with her through her agent, Michele Moseley, or through me as her attorney.

EXHIBIT
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III. **Disbursement of annuity funds.** Presently, Mr. Walkup sends Ms. Baskin a check for the annuity payment which is disbursed from one of the accounts held by her trust. She has no verification that the amount she is receiving is in fact equal to the amount of the annuity payment or that the annuity payment is in fact going into the Trust and then being disbursed to her. Her preference would be that arrangements be made so that the annuity checks are paid directly to her and sent to her by the issuer of the annuity. In lieu thereof, she requests that copies of the annuity checks received by Mr. Walkup be provided to her along with the checks that he is sending her.

IV. **Disbursement of Trust income.** You make a number of statements in this extensive section of your letter concerning which you have no personal knowledge and which are no doubt based on Mr. Walkup's opinion. Ms. Baskin would challenge Mr. Walkup's assertions regarding the motivations of her father. Ms. Baskin has said there are substantial facts surrounding how Mr. Baskin's Will was executed which would indicate that Mr. Walkup initially tried to cut Ms. Baskin out of the Will altogether and only after Mr. Baskin, while on his deathbed, demanded that Mr. Walkup change the Will so as to include the Trust for Ms. Baskin, did Mr. Walkup have Ben Boyd, the attorney which Mr. Walkup hired, revise the Will.

Ms. Baskin resents Mr. Walkup's continued assertions about the $10,000 credit card charges. The fact that he serves as her trustee does not give him the right to know every little thing about her finances. Had he properly supported her through the Trust, she would have felt no need to use her credit card in order to cover her expenses. In the grand scheme of things, the $10,000 was not covered by Mr. Walkup from the Trust but by Ms. Baskin. Furthermore, the expenses were merely for items Mr. Walkup should have been paying for anyway.

Regarding Mr. Walkup's assertions concerning what statements have and have not been made by Ms. Baskin's caregivers, let me simply assure you that statements have been made by caregivers that are contrary to those facts which Mr. Walkup relayed to you.

As to the HVAC system, Ms. Baskin has received three (3) different estimates, copies of which are enclosed. Only the most expensive of the estimates is willing to provide financing. It would be a savings to the Trust and Ms. Baskin if the less expensive option could be selected and financed through the Trust. One of the HVAC companies who inspected the work performed by the contractor hired by Mr. Walkup has also given ample evidence of the substandard nature of the work performed by Mr. Walkup's contractor. Given that the home is heated by gas, and the recent news events concerning the improper repair and maintenance of gas heated living facilities here in the Columbia area, it is shocking to think that Mr. Walkup would have exposed Ms. Baskin to the dangers of an inadequately heated and maintained gas furnace.

V. **Disbursements of principal and authority to make living arrangements.** Mr. Baskin made it clear in his Will that, "...the sole purpose of the trust created [under the Will] to provide the well being of Jane E. Baskin so long as she shall live". Notwithstanding the discretion given to Mr. Walkup as trustee, Mr. Baskin made it clear that this purpose was to be, "...born in mind by the trustee when considering the matter of any encroachment upon the principal of the trust created [under the Will]."

It is clear from the paultry sums that Mr. Walkup has distributed on behalf of Ms. Baskin, and from the unbelievable growth in the principal of the trust, that he has managed it primarily for the benefit of the remainderman and not for Ms. Baskin.

As to the remaining assertions made in your letter, all I can say is that the testimony of witnesses will bear out who is right about those statements.

Enclosed is the proposed budget that Ms. Baskin would like the trustee to abide by in making encroachments upon the principal of the trust for her benefit.

VI. **Request for additional distributions.** As mentioned previously, enclosed are estimates for the proper repair of the HVAC system, along with the report of one inspector who has indicated that the work done thus far by Mr. Walkup's HVAC contractor has been substandard.

VII. **Future selection of caregivers, living expenses, etc.** Ms. Baskin is delighted to know that Mr. Walkup will stop hiring caregivers who he charges with the task of acting as his "spies" in order to try to build a case for him to try to have Ms. Baskin committed.

VIII. **Plans for successor trustee.** You indicate that Mr. Walkup says that the statements that he should retire are false. Prior to your involvement in this matter, Mr. Walkup made those exact statements to me. Accordingly, he is obviously getting to the age where he is not able to remember what he has or has not said. If Mr. Walkup is ready to retire, we are glad to provide information regarding who acceptable potential successors might be.

B. DEMANDS BY MS. BASKIN:

Having responded to the assertions made in your prior letter, Ms. Baskin hereby demands the following:

1. Mr. Walkup should either return the $13,600 that she gave him to deposit on her behalf or show exactly where it was deposited and demonstrate how it has been utilized exclusively for her benefit.

2. Ms. Baskin desires to hire Edward Herbert to complete the installation and repair of the HVAC system at the Summerlea residence. Ms. Baskin wants Mr. Walkup's immediate commitment to pay the cost of the repairs in accordance with Mr. Herbert's estimate.

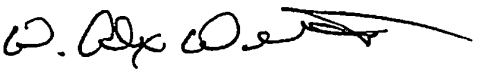
3. Since the time of your letter, Mr. Walkup has raised the rate paid to Ms. Baskin's primary caregivers to $15.00 per hour. He has also re-hired caregivers that he has in the past terminated because he thought they were inadequate. Per your statements above regarding the selection of future caregivers, Ms. Baskin demands the immediate right to hire all future caregivers and to receive Mr. Walkup's assurance that so long as they are paid not more than $15.00 per hour during normal working hours and not more than $20.00 per hour for last minute work on the weekends, that he will make such payments.

4. Ms. Baskin demands that Mr. Walkup immediately begin disbursing her a monthly amount of $6,500 in order to cover the cost consistent with the monthly budget outlined in the enclosed statement.

5. Ms. Baskin demands that Mr. Walkup provide her with quarterly statements showing all Trust receipts and disbursements for all accounts.

Please do not hesitate to contact me if you would like to discuss these demands. Otherwise, please confirm in writing that Mr. Walkup will begin immediately to comply therewith.

Yours sincerely,



W. Alex Weatherly, Jr.

WAWjr/tsl
Enclosures

Jane Baskin Monthly Budget

Description	Amount
Caregiving	$4,700.00
Rent	$1,200.00
Electricity	$100.00
Water	$30.00
Cable	$60.00
Cell Phone	$50.00
Pharmacy	$122.00
Miscellaneous	$238.00
	$6,500.00

Herbert Heating & Air

205 Juarez Court • Columbia, SC 29206 803-606-5041

February 18, 2019

Attn: Michelle Moseley and Alex Weatherly

Address for work completed – 316 Summerlea Rd.

Upon inspection of the Heating and Air unit at the above referenced address, the following items should be addressed as they are not up to code.

1. Wiring at condenser unit not up to code
2. Line set is not the right size for cooling system
3. Duct work needs to be replaced as it's rusted out in places
4. Insulation on duct is not up to R Factor
5. Drain line is not up to code
6. No flue line connected to gas furnace. Flue line cannot be installed into old chimney. Has to have a power vent installed to blow flue gasses to outside
7. Gas furnace is 80,000 btu with a 5 ton drive. Too much air flow for square footage of house.
8. No gas line connected to gas furnace.
9. Unit not level on pad

Edward W. Herbert Jr.

MM368

Alex Weatherly

From: michele <michele@mdmoseley.com>
Sent: Thursday, September 17, 2020 9:12 PM
To: Alex Weatherly
Subject: Quote for loan for Jane's house
Attachments: Jane's house loan from Pat.docx

EXHIBIT NO. #27
WITNESS: Moseley
DATE 11-10-2020
THOMPSON COURT REPORTING INC.

Alex,

I wanted to give you a breakdown on the loan we wanted to receive from Pat. Look at it and let me know what you think and how you want to handle this. I really need to get things moving like next week because we're almost into October and I'm trying really hard to get Jane in there by Christmas. We're requesting $30,000 to complete the work. I think that should take care of it and it there is any left over we can put it back into the loan. Thanks for everything! Michele Moseley

EXHIBIT
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exhibitsticker.com

1

Baskin 0239

Michele Moseley

1805 Forest Trace Drive

Columbia, SC 29204

September 17, 2020

This is a quote for work to be done at Jane Baskin's house to make it handicap accessible. This quote is figured as close to accurate but there may be some variables as the work begins.

Heating & Air – Herbie quoted about $9,000

Termite treatment - $1,000

Mold treatment - $1,000

Denise Bruner - $100 for drawing up plans for Jane's bedroom and bathroom

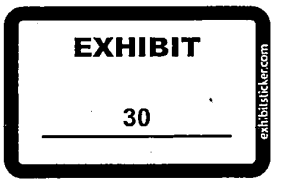
Ron Callahan - $19,000 construction and purchase of items such as stove, hot water heater, ac unit of some kind for Jane's bedroom, all electrical needed as well (including inter-connected smoke detectors throughout house), etc.

Total amount for loan $30,000

Alex Weatherly

From: michele <michele@mdmoseley.com>
Sent: Wednesday, September 30, 2020 8:13 PM
To: Alex Weatherly
Subject: Loan for Jane
Attachments: Jane's house loan from Pat.docx

Hey Alex! I don't have details on my brother's construction because there are many variables. We will have to work in the termite damage and we're not sure to what extent it will be. Hopefully this will be enough info. Thanks! Michele



Baskin 0241

Michele Moseley

1805 Forest Trace Drive

Columbia, SC 29204

September 17, 2020

This is a quote for work to be done at Jane Baskin's house to make it handicap accessible. This quote is figured as close to accurate but there may be some variables as the work begins.

Heating & Air – Herbie quoted about $9,000

Termite treatment - $1,500

Mold treatment - $500

Denise Bruner - $100 for drawing up plans for Jane's bedroom and bathroom

Ron Callahan - $13,900 construction materials and purchase of items such as stove, hot water heater, ac unit of some kind for Jane's bedroom, all electrical needed as well (including inter-connected smoke detectors throughout house), etc.

Total amount for loan $25,000

Alex Weatherly

From: michele <michele@mdmoseley.com>
Sent: Thursday, October 08, 2020 8:37 AM
To: Alex Weatherly
Subject: FW: Invoice from Classic Systems
Attachments: Inv_29451_from_Classic_Systems_LLC_17860.pdf

Here's the invoice for the mold removal. Can I pick a check up today?

Sent from my Verizon, Samsung Galaxy smartphone

------ Original message ------
From: larryharris@sc.rr.com
Date: 10/7/20 10:19 AM (GMT-05:00)
To: michele@mdmoseley.com
Subject: Invoice from Classic Systems

Classic Systems, LLC

Invoice *Due: 10/07/2020*
29451

Amount Due: $500.00

Dear Michele Mosley :

Your invoice appears below. Please remit payment at your earliest convenience.

Thank you for your business - we appreciate it very much.

Sincerely,

Classic Systems
803-755-6699

EXHIBIT

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Baskin 0243

Invoice

Classic Systems, LLC

2610 Divinci Rd.
West Columbia, SC 29170
803-755-6699

Date	Invoice #
10/7/2020	29451

Bill To
Michele Mosley 316 Summerlea Drive Columbia, SC

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			10/7/2020			

Quantity	Item Code	Description	Price Each	Amount
1	Mold Treatment	Hepa Vacuum, Wipe surface and Fogging with Sani-Shield	500.00	500.00
		10% Hydrogen Peroxide		
		SC Sales Tax	7.00%	0.00
			Total	$500.00

Baskin 0244

SOWELL + DuRANT

October 12, 2020

VIA EMAIL

The Honorable Amy McCulloch
Richland County Probate Court
1701 Main Street
Columbia SC 29201

Re: Jane E. Baskin vs. William B. Walkup
Probate Case No.: 2020-GC-40-72

Dear Judge McCulloch:

Pursuant to your instruction at the status conference on Thursday, October 8, 2020, we are providing the information you requested. The Trust holds the following assets: Equity 95 Account, E-Trade Account, a Rental House on Ashley Street, an account at Columbia Cash Reserves, and a checking account at Wells Fargo.

When Mr. Walkup started managing the Trust in September 1990, the Trust had an approximate value of $175,549. Currently, the Trust has net assets of $577,284.26 and pays all expense for Ms. Baskin, except groceries. Mr. Walkup has prepared a summary identified as item 1 below.

Regarding Columbia Cash Reserves ("CCR"), it, at times, loans money to the Trust to bridge the Trust expenses. Since there is a substantial amount of greatly appreciated assets in the Trust, sale of those assets creates large tax bills. Therefore, borrowing is a management tool to reduce taxes and also to continue to grow the assets. For example, in 2019 the Equity 95 and E-Trade Equity Accounts grew by a net of $152,189.

We have attached to this email a link providing the following:

1. Summary of the Baskin Trust prepared by Mr. Walkup;
2. 2018 and 2019 Summary of Stock Partnership Values (Equity 95);
3. E-Trade Statements for 2018, 2019, and August and September 2020 statements;
4. August 2020 Statement for Columbia Cash Reserves;
5. Columbia Cash Reserves QuickBooks Statements for 2019;
6. Wells Fargo QuickBooks Statement for 2019;
7. E-Trade QuickBooks Statement for 2019;

BESS J. DuRANT
Member

sowelldurant.com
803.722.1100

803-722-1102 (direct)
bdurant@sowelldurant.com

1325 Park Street, Suite 100
Columbia, SC 29201

8. LNA Quickbooks Statement for CCR debt for 2019;
9. Audited Financial Statements of Equity 95 Investment Partnership;
10. Trust Tax Return for 2018 and 2019; and,
11. Wells Fargo Statements for 2018, 2019 and August and September 2020.

In addition to the material you requested, we are providing in this link a letter dated October 6, 2018 letter from Ben Bruner (Walkup's former attorney) to Alex Weatherly (Baskin's former attorney) with a three year accounting beginning August 2015, 2016, 2017 and 2018 (partial). Therefore, we have now provided this Court with an accounting of years 2015 (partial), 2016, 2017, 2018 (full), 2019, and statements of the last two months of 2020.

I believe this satisfies your request made at the October 8 status conference. If not, please let me know how I can do so. Additionally, we still request a scheduling order. We would gladly prepare one, while working with Mr. Detwiler on it.

Finally, due to the time-sensitive nature of this request, we have not redacted any personal identifying information. Consequently, we respectfully request that these documents not be filed "as is." If you would like for them to be filed, we will redact them.

Thank you for your consideration.

Very truly yours,

BDR

Bess J. DuRant

BJD:aak

cc: Rick Detwiler (via Email)

BRUNER, POWELL, WALL & MULLINS, LLC

ATTORNEYS AND COUNSELORS AT LAW
1735 ST. JULIAN PLACE, SUITE 200
POST OFFICE BOX 61110
COLUMBIA, SOUTH CAROLINA 29260-1110
TELEPHONE 803-252-7693
FAX 803-254-5719
WWW.BRUNERPOWELL.COM

WARREN C. POWELL, JR., P.A.*
HENRY P. WALL
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JAMES L. BRUNER (RETIRED)
BRIAN P. ROBINSON, P.A.**

CAITLIN C. HEYWARD
CHELSEA J. CLARK
STEVEN R. SPREEUWERS

* ALSO ADMITTED IN DISTRICT OF COLUMBIA
** OF COUNSEL

AUTHOR'S E-MAIL: BBRUNER@BRUNERPOWELL.COM

October 6, 2018

W. Alex Weatherly, Jr., Esquire
Callison, Tighe & Robinson, LLC
P.O. Box 1390
Columbia, SC 29202

Re: Elrdidge Baskin Trust
BPWM File No. 11-2885.100

Dear Alex:

I write in response to your August 13, 2018 letter, in which you outline changes which Ms. Baskin proposes to the administration of the Trust created under the Will of Eldridge Baskin. I will address each of the eight points you raise in turn.

I. Request for an Accounting of all Income and Expenditures by the Trust for the Past Three Years.

You expressed a concern with transparency in the reporting of Trust income and expenditures for at least the past three years. On May 4, 2017, in response to a prior request, we provided you a detailed description of the current trust assets, values and bank account balances; the previous four (4) years of tax returns (which show the amount of Trust income each year); and an accounting of all expenditures to or on behalf of Ms. Baskin during the prior twelve (12) months. The three-year accounting you have requested, and which is enclosed, includes the same tax returns and format of accounting. If there are any specific documents other than the ones provided which you believe are required for you to have a clear picture on what the Trustee is distributing to or on behalf of Ms. Baskin, please advise.

II. Request for Limited Contact

Your client has asked that the Trustee "limit his contact with her solely to personal interaction having nothing to do with finances (i.e., family matters, etc.) and such interaction as is necessary for him to make the distributions he is obligated to make under the Trust." I confess I am not sure what, as a practical matter, your client is requesting. As you are aware, Ms. Baskin's father was Mr. Walkup's mother's first cousin. All of Mr. Walkup's interaction with Ms. Baskin has been either in his capacity as Trustee, as her family member, or both. Limiting his contact to family matters or to Trust matters would have no practical impact. We need more clarification on this point to understand exactly what is being requested.

III. Disbursement of Annuity Funds

Ms. Baskin has requested that the annuity payments received by Mr. Walkup be disbursed directly to her. Mr. Walkup worked diligently for months after Eldridge Baskin's death to secure this annuity for Ms. Baskin. As you will see on the enclosed documents, the annuity benefit is currently $362.82 per month. In the past, the Trustee applied those funds to Ms. Baskin's living expenses. Based upon Ms. Baskin's demand that the money be disbursed to her rather than the Trustee using the money to pay her expenses as he has in the past, the Trustee is willing to disburse the money directly to her monthly after it is received. The Trustee will begin doing this immediately in lieu of the $120 per month cash disbursements.

IV. Disbursement of Trust Income

According to your letter, Ms. Baskin wants "the authority, acting either alone or through her personally selected attorney-in-fact, to make arrangements for where she lives, who her caregivers are, etc." I am not aware of anything Mr. Walkup has done to prevent her from doing that.

As to disbursement of income, the operative terms of the Trust provide, "So long as my daughter, Jane E. Baskin, shall live, the trustee shall pay to or apply for the benefit of my said daughter all of the net income of the trust in such manner as my trustee shall deem suitable." Thus, your interpretation that the Trustee "is obligated to pay 'all of the income' to her" is inaccurate. Nothing in the trust document obligates the Trustee to pay all income directly to Ms. Baskin. Rather, the Trustee's obligation is to either pay net income to Ms. Baskin *or* apply that net income for the benefit of her as the Trustee deems suitable. He has done that year after year since the inception of the Trust in 1990. As you can see from the enclosed documents, there is no net income of the Trust which has not been either paid to or applied for the benefit of Ms. Baskin.

The reason why Mr. Baskin gave the Trustee broad discretion to pay bills directly, rather than disburse the money to Ms. Baskin, was his deep concern about Ms. Baskin's ability to manage her finances. Indeed, it was those concerns which led Ms. Baskin's father to form the Trust in the first place and ask Mr. Walkup to serve as Trustee. Events during Mr. Walkup's tenure as Trustee have proven the concerns Ms. Baskin's father had were legitimate. For example, Ms. Baskin asked the Trustee at one time to pay off over $10,000 in credit card charges she ran up on fourteen (14) different credit cards. When the Trustee asked her what she bought, Ms. Baskin finally responded, "Things." Since she was not willing to provide any documentation to support the charges or to warrant the Trustee exercising his discretion to encroach upon Trust principal, those expenses were not paid.

Michelle Moseley, who we understand is the attorney-in-fact to whom you refer, has recently become highly involved in Ms. Baskin's affairs. While I understand based on our

conversations that Mrs. Moseley has nothing but good intentions, you must also be aware that Mrs. Moseley has apparently hired herself and is submitting invoices directly to the Trustee demanding payment $20/hr. for walking the dog and $75 for cleaning Ms. Baskin's apartment. This sort of self-dealing raises suspicions not only because of Ms. Baskin's physical impairment and need for assistance but also because the caregivers assisting Ms. Baskin charge only $13 per hour and clean while they are there. Furthermore, certain facts stated in your letters indicate Ms. Baskin and/or Mrs. Moseley are making representations to you that are either inaccurate or are flat out lies. In your May 1, 2018 letter, you said Jenny Vega, one of Ms. Baskin's caregivers, is not available at certain times on weekends, holidays, etc. After receiving that letter, the Trustee asked Ms. Baskin whether Ms. Vega ever took any vacation, whether Ms. Vega was asked to work longer hours, whether Ms. Vega refused to work additional hours, whether the Trustee was asked to have Ms. Vega work longer hours, whether the Trustee was asked to hire additional help, and whether any prior request was made of the Trustee to install a new air conditioning unit. The response to each question was "No."

In March of last year, Anne Webster sent you and Mr. Walkup an e-mail disproving the accusations Ms. Baskin has made against Mr. Walkup. Ann is Jane's first cousin. Each year until recently, Ann would come to Columbia, pick up Jane, and take her to North Carolina so they could visit for two weeks. During that time, Ann would care for Jane. In her email, Anne explained that Ms. Baskin claimed Mr. Walkup took items from her apartment because she could not find a copy of a check that may never have existed in the first place. She never had two inches of standing water in her apartment. Mr. Walkup never hurt her toe; Ms. Baskin injured her foot when she fell one night and did not tell Mr. Walkup about it because she did not want him to know about it. And finally, Ms. Baskin claims Mr. Walkup "is mean" to her because he will not give her free access to the money in the Trust. Notably, Ann explained, "Please recognize that when Jane gets terribly upset, she makes charges the way, a child does, without realizing that facts will not back her up. Sometimes she has false memories of situations. At other times she lies to support her agenda. That this behavior comes from a person who elicits sympathy because of her physical condition often obfuscates the truth of the issue." If you have any legitimate issues to raise, I am happy to discuss them with my client. The issues that have been raised, however, have all been disproven.

You also said Mr. Walkup refused to complete installation of the HVAC system which, according to your clients, was purchased some time ago, delivered, but never installed. I now have a clearer understanding of this issue after discussing it with Mr. Walkup. What you describe as a "pittance" offered toward that repair was not for the air conditioning unit. It was the reasonable cost to complete the wiring and connect the gas to the furnace. The contractor who installed the furnace connected all duct work, and when he returned to the house to finish connecting the gas he found that the locks on the house had been changed. He then had a severe stroke and is still in the hospital. The work remaining to complete the installation will take 1 to 2 hours and is not expensive. That is the work for which the Trustee was offering to pay. Who is saying the Trustee refuses to complete the repair? Despite the representations your client and her attorney-in-fact

have made about Mr. Walkup, the Trustee is willing to complete the repair to the furnace. As noted below, if your client would like the Trustee to fund replacement of the HVAC system, she is certainly free to make that request with supporting documentation. Your letter did not include any quotes.

The Trustee has always paid Ms. Baskin's living expenses, either from Trust net income or, when he deemed appropriate, from Trust principal, and he has every intention of continuing to pay Ms. Baskin the net income or applying it for her benefit as he deems suitable, just as the Trust terms provide.

V. Disbursements of Principal & Authority to Make Living Arrangements

You state Ms. Baskin's position that the Trustee has an obligation to make reasonable distributions of principal from the Trust to provide for her well-being. Historically, the Trustee has, in fact, exercised his discretion to make reasonable and necessary distributions from Trust principal when appropriate. At the same time, he has exercised his discretion to deny paying for expenses that were not warranted. Rent, utilities, and medical expenses, among others, have been paid while credit card bills for "things" have not. On average over the past three years, the Trust has generated a net income of $916.33 per year. The Trustee exercised his discretion to encroach on principal an average of $19,519 per year to cover Ms. Baskin's living expenses—after applying annuity funds to pay her living costs and other needs. The Trustee intends to continue abiding by the Trust terms for the benefit of Ms. Baskin, even if she disagrees.

In your letter, you recognize the extraordinary job Mr. Walkup has done managing the Trust assets. For over twenty-eight years the Trust and annuity funds have paid for all of Ms. Baskin's expenses, and as you rightly point out the Trust still more than doubled in value. Mr. Walkup's management of the trust made it possible to buy Ms. Baskin a lift chair, a mattress, appliances, a car, and everything else she has asked for excepts paying off the fourteen credit cards. Your statement that the Trust will triple in value if circumstances do not change fails to acknowledge that Ms. Baskin's circumstances have, in fact, changed and continue to change. Ms. Baskin's cost of living has grown in recent years with rent and caretakers. In addition, the cost of care she needs will rise considerably in the very near future. Skilled care in an assisted living facility can run $100,000 per year.

Your claim that Ms. Baskin is being deprived of basic life necessities is news. The Trust pays Ms. Baskin's rent, utilities, medical bills, drug costs, phone bills, care giver expenses, and dog boarding costs. In addition, Ms. Baskin receives cash each month, birthday money, Christmas money, and she received cash when she traveled to North Carolina to visit her cousin. If there are basic life necessities of which Ms. Baskin is being deprived, please specify what those are.

As I stated above, the Trustee intends to continue abiding by the Trust terms and reserves his right to exercise his discretion with respect to encroaching on principal. The Trustee is amenable to considering an annual budget if Ms. Baskin would like to propose one.

VI. Requests for Additional Distributions

You also state Ms. Baskin wants the freedom to make requests for distributions over and above the net income and annual principal distribution. Ms. Baskin is, and has always been, free to request that the Trustee make additional disbursements. When those additional disbursements would require the Trustee to encroach on principal, Ms. Baskin will need to provide documentation to satisfy the Trustee that Trust principal is not being invaded due to irresponsible or unnecessary spending.

With respect to the Summerlea Drive house, please provide the quotes so we can understand what work is being proposed and why. The Trustee also would like the opportunity to have someone inspect the HVAC system. There is currently no power to the furnace, and that must be reconnected before the system can be operated and properly evaluated. The Trustee needs this additional information before he can make a determination on the matter.

While your letter suggests the Trustee is preventing Ms. Baskin from renting or selling the home, I note that most companies these days allow owners to finance a new HVAC system. It may well be that Ms. Baskin can have the new system she wants installed, finance it, and pay for it out of rental income from the house or from the sale of the house. Has Ms. Baskin considered that option? She would not need the Trustee's agreement to do that. I discussed with you the possibility of the Trust extending a loan to Ms. Baskin to pay for the system secured by a mortgage, as opposed to a disbursement from Trust principal. Either way, Ms. Baskin would be borrowing money to install the new system. The latter is an option we can discuss further if you would like.

VII. Future Selection of Caregivers, Living Expenses, etc.

You also say Ms. Baskin would like the freedom to choose her own caregivers, her expenditures for other living expenses, her residence, etc. She has that freedom, but like everyone else she is limited by her means. Without charging any additional fee, Mr. Walkup has assisted with the vetting and hiring of caregivers, paying bills, etc. He has managed to find skilled caregivers who cook, clean and care for Ms. Baskin at a reasonable hourly rate. That has netted Ms. Baskin significant savings over decades, which leaves more principal in the Trust to cover her future needs. By contrast, the caregivers Ms. Baskin's power of attorney has found charge at least 150% per hour for the same service. Nonetheless, because Ms. Baskin says she no longer wants Mr. Walkup hiring her caregivers, he will stop.

The Trustee plans to continue paying living expenses (e.g., rent, utilities, medical bills, phone bill) directly. He has serious concerns about the viability of simply handing over to Ms. Baskin the amount of money she is requesting. With the disbursement of annuity payments, Ms. Baskin will have increased cash flow to spend as she chooses, understanding that spending habits may affect the Trustee's decision on future disbursements from principal. In addition to disbursing the annuity, the Trustee will agree to pay Ms. Baskin's necessary living expenses as he has in the past, with the exception of the cash she received each month. The Trustee is willing to discuss an interim arrangement with Ms. Baskin where she takes more responsibility for her finances and reports all income and expenditures but in the meantime he will continue paying those expenses directly. In other words, Ms. Baskin has the freedom to choose caregivers, where she lives, and other living expenses, provided the costs are prudent, and the Trustee will pay those expenses directly so long as they are reasonable. At this time, it is unclear to us exactly how much money your client is requesting and what she means by "living expenses." Please provide a proposed budget to help shed light on that.

VIII. Plan for a Successor Trustee.

Mr. Walkup takes issue with the claim that he indicated multiple times he should retire. He did not, and those statements are false. Nonetheless, the Trustee is open to exploring whether we can agree on who will succeed him as Trustee when he can no longer serve. Please provide the names you propose, and I will discuss them with him.

I trust this responds to the points you raised in your letter. The Trustee is willing to consider reasonable steps moving forward, provided we can find arrangements that adequately address his concerns. As a starting point, however, if your client is demanding more money from the Trust we will need a proposed annual budget, list of needs not being met, and outstanding debts. If you would like to discuss any of these issues, please write or call me anytime.

Sincerely yours,

Benjamin C. Bruner

BCB/gh

Eldridge Baskin Trust
Balance Sheet
As of December 31, 2017

COPY

	FMV Dec 31, 17
ASSETS	
Current Assets	
Checking/Savings	
Columbia Cash Reserves	44,119.13
Wells Fargo	2,842.03
Total Checking/Savings	46,961.16
Other Current Assets	
Brenda Willams Loan	31,432.54
Total Other Current Assets	31,432.54
Total Current Assets	78,393.70
Fixed Assets	
E*Trade - Investment Account	246,242.95
Equity 95 Partnership	231,744.17
Total Fixed Assets	477,987.12
TOTAL ASSETS	556,380.82
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Trustee Fees due for 2017	4,600.00 *
LNA 687 CCR	119.95
Total Other Current Liabilities	4,719.95
Total Current Liabilities	4,719.95
Total Liabilities	4,719.95
Equity	551,660.87

* Note: Trustee fees would be over $10,000 at other institutions.

1990 Probate included $135,000 securities and $7,000 cash for a total of $142,000.
As of 12/31/17, these assets had grown to $524,947.66 in spite of all of the expenses to care for Jane.

Eldridge Baskin Trust
Analysis of Income and Distributions
For the Three Years ended 12/31/17

	TOTAL
Trust Ordinary Income/Expense	
Distributable Income - Dividends and Interest	38,204.68
Trust Expenses	
Paid	30,856.28
Trustee fees payable for 2017	4,600.00
Total Expenses	35,456.28
Net Distributable Income from Trust	2,748.40
Trust Distributions paid for and to Jane	61,306.07
Net Distributions paid from Trust Principle	-58,557.67
Annuity Check Received for Jane	13,780.20
Distributions paid for and to Jane from Trust	61306.07
Distributions paid for and to Jane from annuity check	13,780.20
Total Distributions paid for and to Jane	75,086.27

Note: Trustee fees would be over $10,000 at other institutions.

3 yrs ending 8/22/18

10:31 AM
08/22/18
Accrual Basis

Eldridge Baskin Trust
Wells Fargo **Account QuickReport**
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Wells Fargo							
Deposit	08/01/2015		U. S. Treasury Civil ...	Deposit	Jane - Annuity ...	398.77	1,280.92
Check	08/06/2015	1028	Tammy Frankenfield		Jane - Miscella...	-195.00	1,679.69
Check	08/11/2015	Draft	SCE&G		Jane - Summe...	-78.47	1,484.69
Check	08/17/2015	1029	Roger J. Alan	Landscaping	Jane - Summe...	-88.00	1,406.22
Check	08/20/2015	1030	Tammy Frankenfield		Jane - Miscella...	-165.00	1,318.22
Check	08/20/2015	1031	Atrium Aptartments	Janes Electric...	Jane - Utilities	-81.24	1,153.22
Deposit	09/01/2015			Deposit	Jane - Annuity ...	398.77	1,071.98
Check	09/03/2015	1032	Tammy Frankenfield	House cleaning	Jane - Miscella...	-180.00	1,470.75
Check	09/08/2015	1033	Hawthorne Pharmacy		Jane - Medical ...	-65.44	1,290.75
Check	09/10/2015	Draft	SCE&G		Jane - Summe...	-54.78	1,225.31
Transfer	09/14/2015			Funds Transfer	Coulmbia Cash...	1,500.00	1,170.53
Check	09/14/2015	1034	Ryan Stender		Renovations 2...	-72.00	2,670.53
Check	09/14/2015	1035	Brett Burkett		Renovations 2...	-55.00	2,598.53
Check	09/14/2015	1036	Zach Salley		Renovations 2...	-55.00	2,543.53
Check	09/14/2015	1037	Jerry Ziegler		Renovations 2...	-1,000.00	2,488.53
Check	09/17/2015	1038	Tammy Frankenfield		-SPLIT-	-218.46	1,488.53
Check	09/17/2015	1039	Ryan Stender		Renovations 2...	-264.00	1,270.07
Transfer	09/21/2015			Funds Transfer	Coulmbia Cash...	1,500.00	1,006.07
Check	09/21/2015	1040	JG's Cleaning Service	VOID:	Renovations 2...	0.00	2,506.07
Check	09/21/2015	1041	Atrium Place Apartm...	Efectric Bill	Jane - Utilities	-79.74	2,506.07
Check	09/22/2015	1042	Jessie Goodwin	45-26820853	Renovations 2...	-675.00	2,426.33
Check	09/24/2015	1044	Ellin Baskin	New walker re...	Jane - Medical ...	-217.95	1,751.33
Check	09/24/2015	1043	City of Columbia	Solid waste pi...	Renovations 2...	-100.00	1,533.38
Deposit	10/01/2015			Deposit	Jane - Annuity ...	398.77	1,433.38
Check	10/01/2015	1045	Brett Burkett		Renovations 2...	-50.00	1,832.15
Check	10/01/2015	1046	Tammy Frankenfield	Cleaning/erra...	Jane - Miscella...	-180.00	1,782.15
Check	10/01/2015	1047	SCE&G		Renovations 2...	-7.33	1,602.15
Deposit	10/06/2015			Deposit	E*Trade Cash ...	3,186.21	1,594.82
Check	10/06/2015	1048	Atrium Place Apartm...		Jane - Rent	-855.00	4,781.03
Bill Pmt -Check	10/08/2015	1049	Eye Physicians & S ...		Accounts Paya...	-20.00	3,926.03
Bill Pmt -Check	10/08/2015	1050	Hawthorne Pharmacy		Accounts Paya...	-76.10	3,906.03
Check	10/09/2015	1051	Quality Installation		Renovations 2...	-1,625.00	3,829.93
Check	10/12/2015	Draft	SCE&G		Jane - Summe...	-42.31	2,204.93
Check	10/15/2015	1052	Brett Burkett		Renovations 2...	-75.00	2,162.62
Check	10/15/2015	1053	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-150.00	2,087.62
Check	10/15/2015	1054	City of Columbia	Water on so ...	Renovations 2...	-65.00	1,937.62
Check	10/16/2015	1055	Jessie Goodwin	45-26820853	Renovations 2...	-525.00	1,872.62
Check	10/19/2015	1056	Zach Salley		Renovations 2...	-80.00	1,347.62
Deposit	10/20/2015		ETrade	Deposit	E*Trade Cash ...	9,000.00	1,267.62
Check	10/20/2015	1057	Jessie Goodwin	45-26820853	Renovations 2...	-560.00	10,267.62
Check	10/20/2015	1058	SmithAmericana		Renovations 2...	-1,492.00	9,707.62
Check	10/20/2015	1061	Chase Card Services		Renovations 2...	-4,248.10	8,215.62
Check	10/22/2015	1059	Atrium Place Apartm...		Jane - Utilities	-61.43	3,967.52
Check	10/23/2015	1060	Jessie Goodwin	45-26820853	Renovations 2...	-415.00	3,906.09
Check	10/27/2015	1062	Dan Horne	Helping Jane ...	Jane - Miscella...	-200.00	3,491.09
Check	10/30/2015	1063	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-195.00	3,291.09
Check	10/30/2015	1064	Quality Pest Services		Renovations 2...	-125.00	3,096.09
Check	11/02/2015	1065	SCE&G		Renovations 2...	-23.85	2,971.09
							2,947.24

Eldridge Baskin Trust
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	11/05/2015	1067	Hawthorne Pharmacy		Jane - Medical ...	-76.10	2,871.14
Check	11/09/2015	draft	SCE&G		Jane - Summe...	-27.21	2,843.93
Check	11/09/2015	1068	City of Columbia		Renovations 2...	-20.00	2,823.93
Bill Pmt -Check	11/10/2015	1069	Redi Carpet	Bathroom	Accounts Paya...	-86.58	2,737.35
Check	11/12/2015	1070	Tammy Frankenfield	Cleaning and ...	Jane - Miscella...	-210.00	2,527.35
Check	11/12/2015	1071	Jane Baskin	Board the Dog	Jane - Miscella...	-175.00	2,352.35
Check	11/16/2015	1072	Chase Card Services	Charges by J...	Renovations 2...	-569.47	1,782.88
Deposit	11/16/2015			auto deposit o...	Jane - Annuity ...	398.77	2,181.65
Check	11/17/2015	1073	Atrium Place Apartm...	Electricity	Jane - Utilities	-47.08	2,134.57
Check	11/19/2015	1074	Sherwin Williams		Summerlea Re...	-311.42	1,823.15
Bill Pmt -Check	11/20/2015	1075	AllState		Accounts Paya...	-351.10	1,472.05
Check	11/23/2015	1076	SCE&G	Final Bill	Renovations 2...	-16.05	1,456.00
Check	11/30/2015	1077	Redi Carpet	Hallway	Renovations 2...	-114.99	1,341.01
Deposit	12/01/2015			Deposit	Jane - Annuity ...	398.77	1,739.78
Check	12/03/2015	1078	U. S. Treasury Civil ...	cleaning and ...	Jane - Miscella...	-210.00	1,529.78
Check	12/04/2015	1079	Tammy Frankenfield		Jane - Medical ...	-76.10	1,453.68
Check	12/04/2015	1080	Hawthorne Pharmacy		Jane - Miscella...	-200.00	1,253.68
Check	12/09/2015	Draft	Jane Baskin	Christmas Mo...	Jane - Summe...	-23.94	1,229.74
Transfer	12/14/2015		SCE&G		Coulmbia Cash...	500.00	1,729.74
Bill Pmt -Check	12/14/2015	1081		Funds Transfer	Accounts Paya...	-325.00	1,404.74
Bill Pmt -Check	12/14/2015	1082	Curtis Lawhorn		Accounts Paya...	-60.00	1,344.74
Check	12/21/2015	1083	Verifirst Background...		Jane - Miscella...	-286.68	1,058.06
Check	12/22/2015	1084	Tammy Frankenfield		Jane - Utilities	-43.73	1,014.33
Check	12/28/2015	1086	Atrium Place Apartm...	apt electric bill...	Jane - Phone	-165.04	849.29
Transfer	12/28/2015		Walkup & Associates	Reimburseme...	Coulmbia Cash...	300.00	1,149.29
Check	12/28/2015	1085		Funds Transfer	Janes - Propert...	0.00	1,149.29
Check	12/29/2015	1087	Richland County Tre...	VOID Dick pai...	Renovations 2...	-16.00	1,133.29
Deposit	01/01/2016		Chase Card Services		Jane - Annuity ...	398.77	1,532.06
Check	01/04/2016	1088		Deposit	Jane - Miscella...	-195.00	1,337.06
Deposit	01/04/2016		Tammy Frankenfield	House cleanin...	Ashley Street L...	490.00	1,827.06
Check	01/05/2016	1089	Brenda Williams	January Instal...	Jane - Medical ...	-80.03	1,747.03
Check	01/11/2016	Draft	Hawthorne Pharmacy		Jane - Summe...	-32.69	1,714.34
Check	01/14/2016	1090	SCE&G	Summerlea	-SPLIT-	-388.23	1,326.11
Check	01/22/2016	1091	Tammy Frankenfield		Jane - Utilities	-72.59	1,253.52
Check	01/22/2016	1092	Atrium Place Apartm...	Apt 501 light bill	Jane - Summe...	-160.00	1,093.52
Deposit	02/01/2016		Quality Pest Services		Jane - Annuity ...	378.94	1,472.46
Check	02/01/2016	1094		Deposit	Rental Expense	-144.00	1,328.46
Check	02/01/2016	1093	SmithAmericana		Jane - Miscella...	-270.00	1,058.46
Transfer	02/01/2016		Tammy Frankenfield	cleaning and ...	Coulmbia Cash...	300.00	1,358.46
Check	02/01/2016	1095		Funds Transfer	Jane - Medical ...	-85.31	1,273.15
Deposit	02/08/2016		Hawthorne Pharmacy		-SPLIT-	600.00	1,873.15
Check	02/09/2016	draft	Brenda Williams	February Pay...	Jane - Summe...	-101.99	1,771.16
Check	02/11/2016	1096	SCE&G		Jane - Miscella...	-240.00	1,531.16
Check	02/19/2016		Tammy Frankenfield	cleaning and ...	Jane - Utilities	-84.16	1,447.00
Check	02/25/2016	1098	Atrium Aptartments	Electric bill Ap...	Jane - Miscella...	-277.50	1,169.50
Deposit	03/01/2016		Tammy Frankenfield	2/16-2/15	Jane - Annuity ...	378.94	1,548.44
Check	03/01/2016	1099		Deposit	Jane - Medical ...	-157.02	1,391.42
Deposit	03/07/2016		Hawthorne Pharmacy		Coulmbia Cash...	600.00	1,991.42
Check	03/07/2016	1100		Deposit	-SPLIT-	-490.00	1,501.42
			Walkup Management				

Eldridge Baskin Trust
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/07/2016	1101	Internal Revenue Se...		Income Taxes ...	-65.00	1,436.42
Check	03/11/2016		SCE&G		Jane - Summe...	-46.39	1,390.03
Check	03/14/2016	1102	Tammy Frankenfield	March1,3,9,1...	Jane - Miscella...	-270.00	1,120.03
Check	03/22/2016	1103	Atrium Place Apartm...		Jane - Utilities	-74.68	1,045.35
Deposit	04/01/2016			Deposit	Jane - Annuity ...	378.94	1,424.29
Check	04/04/2016	1104	Walkup & Associates	Cell phone rei...	Jane - Phone	-81.46	1,342.83
Deposit	04/07/2016			Deposit	Coulmbia Cash...	600.00	1,942.83
Check	04/11/2016	Draft	SCE&G		Jane - Summe...	-49.04	1,893.79
Check	04/12/2016	1105	Verifirst Background...		Jane - Summe...	-73.76	1,820.03
Check	04/19/2016	1106	Atrium Place Apartm...	SCE&G	Jane - Utilities	-53.63	1,766.40
Check	04/25/2016	1107	Deborah Barnes	Cleaning and ...	Jane - Miscella...	-397.50	1,368.90
Bill Pmt -Check	04/26/2016	1108	Hawthorne Pharmacy		Accounts Paya...	-169.10	1,199.80
Deposit	05/01/2016			Deposit	Jane - Annuity ...	378.94	1,578.74
Check	05/10/2016	Draft	SCE&G		Jane - Summe...	-50.42	1,528.32
Check	05/16/2016	1109	Jane Baskin	Reimburse for...	Jane - Medical ...	-402.00	1,126.32
Transfer	05/20/2016			Funds Transfer	Coulmbia Cash...	600.00	1,726.32
Check	05/20/2016	1110	Atrium Place Apartm...	apt 502 light bill	Jane - Utilities	-48.95	1,677.37
Check	05/20/2016	1111	Deborah Barnes	251-15-8237	Jane - Miscella...	-352.50	1,324.87
Deposit	06/01/2016			Deposit	Jane - Annuity ...	378.94	1,703.81
Check	06/02/2016	1113	Hawthorne Pharmacy		Jane - Medical ...	-87.57	1,616.24
Check	06/02/2016	1112	Mary G. Metropol, D...		Jane - Medical ...	-147.00	1,469.24
Check	06/10/2016	Draft	SCE&G		Jane - Summe...	-46.29	1,422.95
Deposit	06/20/2016		Brenda Williams	Deposit	-SPLIT-	600.00	2,022.95
Check	06/23/2016	1114	Atrium Place Apartm...	Jane's Light Bill	Jane - Utilities	-52.81	1,970.14
Check	06/24/2016	1115	Deborah Barnes	251-15-8237	Jane - Miscella...	-482.50	1,487.64
Deposit	07/01/2016			Deposit	Jane - Annuity ...	378.94	1,866.58
Check	07/01/2016	1116	Hawthorne Pharmacy		Jane - Medical ...	-89.14	1,777.44
Check	07/11/2016	Draft	SCE&G		Jane - Summe...	-48.35	1,729.09
Check	07/19/2016	1117	Atrium Aptartments	Apt SCE&G	Jane - Utilities	-74.65	1,654.44
Check	07/28/2016	1118	Deborah Barnes	251-15-8237	Jane - Miscella...	-435.00	1,219.44
Check	07/29/2016	1119	Hawthorne Pharmacy		Jane - Medical ...	-96.61	1,122.83
Deposit	08/01/2016		U. S. Treasury Civil ...	Deposit	Jane - Annuity ...	378.94	1,501.77
Check	08/10/2016	Draft	SCE&G		Jane - Summe...	-47.02	1,454.75
Transfer	08/11/2016			Funds Transfer	Coulmbia Cash...	800.00	2,254.75
Check	08/11/2016		Amer Mod Select In...	Insurance	Jane - Summe...	-713.00	1,541.75
Check	08/19/2016	1121	SCE&G	Apt light bill	Jane - Utilities	-81.04	1,460.71
Deposit	08/22/2016		Brenda Williams	Deposit	-SPLIT-	505.00	1,965.71
Check	08/26/2016	1122	Deborah Barnes	251-15-8237	Jane - Miscella...	-450.00	1,515.71
Check	08/30/2016	1123	Hawthorne Pharmacy		Jane - Medical ...	-138.04	1,377.67
Deposit	09/01/2016		Brenda Williams	Deposit	-SPLIT-	600.00	1,977.67
Deposit	09/01/2016		United States Treas...	Deposit	Jane - Annuity ...	378.94	2,356.61
Check	09/12/2016	Draft	SCE&G		Jane - Summe...	-47.69	2,308.92
Check	09/16/2016	1124	Sheila Wolfe		Jane - Miscella...	-240.00	2,068.92
Check	09/19/2016	1125	Verifirst Background...		Jane - Summe...	-20.00	2,048.92
Check	09/19/2016	1126	Jane Baskin	Reimburse for...	Jane - Medical ...	-610.86	1,438.06
Check	09/19/2016	1127	Deborah Barnes	251-15-8237	Jane - Miscella...	-240.00	1,198.06
Check	09/20/2016	1128	Atrium Aptartments		Jane - Utilities	-81.97	1,116.09
Deposit	09/23/2016			Deposit	Coulmbia Cash...	2,000.00	3,116.09
Check	09/23/2016	1129	Sheila Wolfe		Jane - Miscella...	-400.00	2,716.09

Eldridge Baskin Trust
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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	09/27/2016	1130	William B. Walkup	Reimburse for...	Jane - Miscella...	-16.18	2,699.91
Check	09/30/2016	1131	Sheila Wolfe		Jane - Miscella...	-300.00	2,399.91
Check	09/30/2016	1132	Hawthorne Pharmacy		Jane - Medical ...	-83.51	2,316.40
Deposit	10/01/2016			Deposit	Jane - Annuity ...	378.94	2,695.34
Check	10/01/2016	1134	Sheila Wolfe		Jane - Miscella...	-375.00	2,320.34
Check	10/07/2016	1133	Sheila Wolfe	250-45-8864	Jane - Miscella...	-315.00	2,005.34
Check	10/11/2016	Draft	SCE&G		Jane - Summe...	-48.50	1,956.84
Check	10/20/2016	1135	Columbia Eye Clinic		Jane - Medical ...	-30.00	1,926.84
Check	10/21/2016	1136	Atrium Place Apartm...		Jane - Utilities	-61.87	1,864.97
Check	10/21/2016	1137	Sheila Wolfe		Jane - Miscella...	-345.00	1,519.97
Check	10/28/2016		Sheila Wolfe		Jane - Miscella...	-405.00	1,114.97
Check	10/31/2016	1139	Hawthorne Pharmacy		Jane - Medical ...	-83.51	1,031.46
Deposit	11/01/2016			Deposit	Jane - Annuity ...	378.94	1,410.40
Check	11/04/2016	1140	Sheila Wolfe		Jane - Miscella...	-360.00	1,050.40
Check	11/08/2016	Draft	SCE&G		Jane - Summe...	-46.69	1,003.71
Transfer	11/14/2016			Funds Transfer	Columbia Cash...	500.00	1,503.71
Check	11/14/2016	1141	Sheila Wolfe		Jane - Miscella...	-360.00	1,143.71
Transfer	11/15/2016			Funds Transfer	Columbia Cash...	400.00	1,543.71
Check	11/17/2016	1142	AllState	Premium for 2...	Ashley St Escr...	-336.10	1,207.61
Check	11/17/2016	1143	Atrium Aptartments	Apt Electric Bill	Jane - Utilities	-53.48	1,154.13
Transfer	11/21/2016			Funds Transfer	Columbia Cash...	500.00	1,654.13
Check	11/21/2016	1144	Sheila Wolfe		Jane - Miscella...	-390.00	1,264.13
Deposit	12/01/2016			Deposit	Jane - Annuity ...	378.94	1,643.07
Deposit	12/02/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,943.07
Check	12/02/2016	1145	Sheila Wolfe		Jane - Miscella...	-420.00	1,523.07
Deposit	12/05/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,823.07
Check	12/05/2016	1146	Hawthorne Pharmacy	VOID:	Jane - Medical ...	0.00	1,823.07
Check	12/08/2016	Draft	SCE&G		Jane - Summe...	-44.84	1,778.23
Bill Pmt -Check	12/20/2016	1147	Richland County Tre...		Accounts Paya...	-137.95	1,640.28
Deposit	12/22/2016		Brenda Williams	Deposit	-SPLIT-	300.00	1,940.28
Deposit	12/29/2016		AllState	Roof claim	Ashley Street L...	425.45	2,365.73
Deposit	12/30/2016		Brenda Williams	Deposit	-SPLIT-	600.00	2,965.73
Deposit	01/02/2017			Deposit	Jane - Annuity ...	379.94	3,345.67
Check	01/10/2017	Draft	SCE&G		Jane - Summe...	-47.56	3,298.11
Deposit	01/23/2017		Brenda Williams	Deposit	-SPLIT-	600.00	3,898.11
Deposit	02/03/2017			Deposit	Jane - Annuity ...	367.36	4,265.47
Check	02/03/2017	1148	Columbia Cash Res...		Columbia Cash...	-2,500.00	1,765.47
Deposit	02/06/2017		Brenda Williams	Deposit	-SPLIT-	600.00	2,365.47
Check	02/08/2017	Draft	SCE&G		Jane - Summe...	-49.99	2,315.48
Deposit	02/16/2017		Brenda Williams	Deposit	Ashley Street L...	300.00	2,615.48
Deposit	03/01/2017			Deposit	Jane - Annuity ...	367.36	2,982.84
Deposit	03/02/2017		Brenda Williams	Deposit	Ashley Street L...	325.00	3,307.84
Deposit	03/06/2017			Deposit	-SPLIT-	600.00	3,907.84
Check	03/09/2017	1149	Walkup & Associates	April thru Dec...	Jane - Phone	-244.53	3,663.31
Bill Pmt -Check	03/09/2017	1149	Walkup & Associate...	January thru ...	Accounts Paya...	-81.51	3,581.80
Check	03/10/2017	draft	SCE&G		Jane - Summe...	-47.56	3,534.24
Transfer	03/24/2017			Funds Transfer	Columbia Cash...	1,250.00	4,784.24
Check	03/24/2017	1150	Department of Treas...		Income Taxes ...	-1,247.00	3,537.24
Check	03/24/2017	1151	SC Dept of Revenue		Income Taxes ...	-60.00	3,477.24

Eldridge Baskin Trust
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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/27/2017	1152	Walkup Management		Tax Prep fees	-290.00	3,187.24
Deposit	04/03/2017			Deposit	Jane - Annuity ...	367.36	3,554.60
Deposit	04/06/2017		Brenda Williams	Deposit	-SPLIT-	600.00	4,154.60
Check	04/07/2017	Draft	SCE&G		Jane - Summe...	-47.27	4,107.33
Deposit	05/01/2017			Deposit	Jane - Annuity ...	367.36	4,474.69
Check	05/04/2017	1153	Columbia Cash Res...		Columbia Cash...	-3,000.00	1,474.69
Check	05/10/2017	Draft	SCE&G		Jane - Summe...	-50.24	1,424.45
Deposit	06/01/2017			Deposit	Jane - Annuity ...	367.36	1,791.81
Check	06/12/2017		SCE&G		Jane - Summe...	-48.14	1,743.67
Bill Pmt -Check	06/13/2017	1156	Walkup & Associate...		Accounts Paya...	-81.51	1,662.16
Bill Pmt -Check	06/13/2017	1155	Bruner Powell Wall ...		Accounts Paya...	-530.76	1,131.40
Check	06/13/2017	1154	Bruner Powell Wall ...	VOID:	Legal Fee	0.00	1,131.40
Deposit	06/26/2017		Brenda Williams	Deposit	-SPLIT-	200.00	1,331.40
Deposit	07/03/2017			Deposit	Jane - Annuity ...	367.36	1,698.76
Deposit	07/06/2017		Brenda Williams	Deposit	Ashley Street L...	600.00	2,298.76
Check	07/11/2017	DRAFT	SCE&G		Jane - Summe...	-50.40	2,248.36
Check	07/13/2017	1157	Jenny Vega	Caretaker 32....	Jane - Miscella...	-481.69	1,766.67
Check	07/13/2017	1158	Columbia Cash Res...	per CJW	Columbia Cash...	-500.00	1,266.67
Deposit	08/01/2017			Deposit	Jane - Annuity ...	367.36	1,634.03
Check	08/10/2017	Draft	SCE&G		Jane - Summe...	-49.27	1,584.76
Deposit	09/01/2017			Deposit	Jane - Annuity ...	367.36	1,952.12
Check	09/11/2017	Draft	SCE&G		Jane - Summe...	-49.15	1,902.97
Deposit	10/02/2017			Deposit	Jane - Annuity ...	367.36	2,270.33
Deposit	11/01/2017			Deposit	Jane - Annuity ...	367.36	2,637.69
Deposit	12/01/2017			Deposit	Jane - Annuity ...	367.36	3,005.05
Bill Pmt -Check	12/07/2017	1159	Walkup & Associate...		Accounts Paya...	-163.02	2,842.03
Deposit	01/01/2018			Deposit	Jane - Annuity ...	378.36	3,220.39
Deposit	02/01/2018			Deposit	Jane - Annuity ...	362.82	3,583.21
Transfer	02/05/2018			Funds Transfer	Columbia Cash...	-2,500.00	1,083.21
Deposit	03/01/2018			Deposit	Jane - Annuity ...	362.82	1,446.03
Bill Pmt -Check	03/20/2018	1161	Walkup & Associate...		Accounts Paya...	-81.51	1,364.52
Deposit	04/01/2018			Deposit	Jane - Annuity ...	362.82	1,727.34
Check	04/01/2018	1163	Bank of America	Payment on J...	Jane - Miscella...	-542.24	1,185.10
Check	04/01/2018	1162	Jane Baskin	New Phone p...	Jane - Phone	-82.00	1,103.10
Check	04/16/2018	1164	Jane Baskin	Walgreens for...	Jane - Miscella...	-24.82	1,078.28
Deposit	05/01/2018			Deposit	Jane - Annuity ...	362.82	1,441.10
Bill Pmt -Check	05/14/2018	1165	Bruner Powell Wall ...		Accounts Paya...	-70.25	1,370.85
Bill Pmt -Check	05/14/2018	1166	Walkup & Associate...		Accounts Paya...	-59.52	1,311.33
Deposit	06/01/2018			Deposit	Jane - Annuity ...	362.82	1,674.15
Check	06/18/2018	1167	Jada Randolph	VOID: 6 hours...	Jane-Caregiver	0.00	1,674.15
Check	06/18/2018	1168	Jarvonna Bryant	Check for Jad...	Jane-Caregiver	-78.00	1,596.15
Deposit	07/01/2018			Deposit	Jane - Annuity ...	362.82	1,958.97
Check	07/09/2018	1169	Michaelis Mattress	New Mattress	Jane - Miscella...	-559.34	1,399.63
Total Wells Fargo						118.71	1,399.63
TOTAL						118.71	1,399.63

3 yrs ending 8/22/18

10:33 AM
08/22/18
Accrual Basis

Columbia Cash Reserves Investment Partnership
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
2500 · Partners							2,477.62
BASK · ELDRIDGE BASKIN TRUST FBO JANE							2,477.62
Check	08/07/2015	15187	American Modern Insurance	VOID: 085 004 730 21 89	FLEX · Wells F...	0.00	2,477.62
General Journal	08/10/2015	ach		VOID: Trustee Fees	WBW · WILLI...	0.00	2,477.62
Check	08/31/2015	15251	Atrium Place Apartments		FLEX · Wells F...	-855.00	1,622.62
General Journal	08/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	29.07	1,651.69
Check	09/14/2015	15286	Eldridge Baskin Trust		FLEX · Wells F...	-1,500.00	151.69
Check	09/21/2015	15300	Eldridge Baskin Trust		FLEX · Wells F...	-1,500.00	-1,348.31
Check	09/21/2015	15302	Cardmember Service		FLEX · Wells F...	-119.14	-1,467.45
Check	09/29/2015	15328	Richard B. Newsome	Jane's Cash	FLEX · Wells F...	-120.00	-1,587.45
Deposit	10/21/2015	1002	E*Trade Securities, LLC	From Baskin Trust E*Trade	FLEX · Wells F...	16,000.00	14,412.55
General Journal	10/22/2015	ach		H1 FYE16 Mgment Fees	CORP · WBW ...	-1,075.24	13,337.31
Check	10/28/2015	15410	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	13,217.31
Check	10/30/2015	15428	Atrium Place Apartments		FLEX · Wells F...	-855.00	12,362.31
General Journal	10/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	11.81	12,374.12
Check	11/04/2015	15445	Jerry L. Ziegler	Ashley Street Renovations	FLEX · Wells F...	0.00	12,374.12
Check	11/04/2015	15446	Jerry L. Ziegler	Ashley Street Renovations	FLEX · Wells F...	-2,000.00	10,374.12
Deposit	11/17/2015		Brenda Williams	Earnest Money on Ashley	FLEX · Wells F...	3,000.00	13,374.12
Check	11/24/2015	15504	Richard B. Newsome	for Jane's cash	FLEX · Wells F...	-120.00	13,254.12
Check	11/30/2015	15525	City of Columbia, SC		FLEX · Wells F...	-23.43	13,230.69
Check	12/01/2015	15529	Atrium Place Apartments		FLEX · Wells F...	-855.00	12,375.69
Check	12/04/2015	15542	Curtis Longhorn	Ashley House Work	FLEX · Wells F...	-770.00	11,605.69
Check	12/09/2015	15553	Dianna Stevens	Summerlea Work	FLEX · Wells F...	-41.17	11,564.52
General Journal	12/11/2015	ach		1/2 Reimburse for Sprayer	WBW · WILLI...	-127.73	11,436.79
Check	12/14/2015	15563	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	10,936.79
Check	12/18/2015	15581	Dianna Stevens	Summerlea Work	FLEX · Wells F...	-445.50	10,491.29
Check	12/23/2015	15596	Dianna Stevens	Per Bill over phone	FLEX · Wells F...	-1,500.00	8,991.29
Check	12/28/2015	15614	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	8,871.29
Check	12/28/2015	15632	Eldridge Baskin Trust		FLEX · Wells F...	-300.00	8,571.29
Check	12/29/2015	15642	Lowes/Synchrony Bank	Summerlea Repairs	FLEX · Wells F...	0.00	8,571.29
Check	12/29/2015	15644	Lowes/Synchrony Bank	Summerlea Repairs	FLEX · Wells F...	-206.24	8,365.05
Check	12/30/2015	15598	Richand Co. Treasurer	Ashley Street Prop Taxes	FLEX · Wells F...	-321.01	8,044.04
Check	12/30/2015	15599	Richland Co. Treasurer	Summerlea Prop Taxes	FLEX · Wells F...	-395.70	7,648.34
Check	12/30/2015	15652	Antoinette Hamilton	Summerlea Work	FLEX · Wells F...	-122.78	7,525.56
General Journal	12/31/2015	ach		NET TAXABLE INTEREST	7103X · TB Ne...	92.79	7,618.35
General Journal	01/01/2016	ach		Trustee Fee 2015	WBW · WILLI...	-4,600.00	3,018.35
General Journal	01/01/2016	ach	Richand Co. Treasurer	check 15598 returned by count...	FLEX · Wells F...	321.01	3,339.36
Check	01/12/2016	15676	Atrium Place Apartments		FLEX · Wells F...	-855.00	2,484.36
Check	01/29/2016	15739	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	2,364.36
Check	02/01/2016	15741	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-855.00	1,509.36
Check	02/01/2016	15745	Eldridge Baskin Trust		FLEX · Wells F...	-300.00	1,209.36
Check	02/01/2016	15746	Eldridge Baskin Trust	VOID:	FLEX · Wells F...	0.00	1,209.36
Check	02/26/2016	15963	Richard B. Newsome		FLEX · Wells F...	-120.00	1,089.36
General Journal	02/29/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	13.84	1,103.20
Check	03/01/2016	15989	Atrium Place Apartments	J Baskin Rent	FLEX · Wells F...	-855.00	248.20
Deposit	03/04/2016	1003	E*Trade Clearing, LLC	From Baskin E*Trade Acct	FLEX · Wells F...	8,000.00	8,248.20
Deposit	03/07/2016	71002...	Brenda Williams	Deposit	FLEX · Wells F...	500.00	8,748.20
Deposit	03/07/2016	71002...	Brenda Williams	Deposit	FLEX · Wells F...	100.00	8,848.20
Check	03/07/2016	16005	Eldridge Baskin Trust		FLEX · Wells F...	-600.00	8,248.20

Columbia Cash Reserves Investment Partnership
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Type	Date	Num	Name	Memo	Split	Amount	Balance
General Journal	03/22/2016	ach		Trust Distribution to Jane	BASK-JA · Jan...	-10.00	8,238.20
Check	03/24/2016	16054	Jane Baskin	Birthday $	FLEX · Wells F...	-200.00	8,038.20
Check	03/25/2016	16059	Tammy Frankenfield		FLEX · Wells F...	-270.00	7,768.20
Check	03/30/2016	16071	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	7,648.20
Check	03/31/2016	16081	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-855.00	6,793.20
General Journal	04/01/2016	ach		Trustee Fee 2016	WBW · WILLI...	-4,600.00	2,193.20
Deposit	04/06/2016	207	Nathaniel Carroll	for Brenda Williams (Ashley Str...	FLEX · Wells F...	600.00	2,793.20
General Journal	04/07/2016	ach		2nd Half Baskin Tr Mgment Fe...	CORP · WBW ...	-1,075.24	1,717.96
Check	04/07/2016	16103	Eldridge Baskin Trust	Move Previous Day Payment to...	FLEX · Wells F...	-600.00	1,117.96
Check	04/29/2016	16154	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	997.96
General Journal	04/30/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	34.91	1,032.87
Check	05/02/2016	16176	Atrium Place Apartments	Jane Baskin Apt.	FLEX · Wells F...	-855.00	177.87
Deposit	05/06/2016	0147	Brenda Williams	Ashley Street	FLEX · Wells F...	600.00	777.87
Check	05/10/2016	16191	Verifirst Background Screening, ...	Summerlea Background Check	FLEX · Wells F...	-20.00	757.87
Check	05/20/2016	16215	Eldridge Baskin Trust		FLEX · Wells F...	-600.00	157.87
Check	05/27/2016	16241	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	37.87
Check	05/31/2016	16255	Atrium Place Apartments		FLEX · Wells F...	-870.00	-832.13
Check	06/16/2016	16289	The Waters Firm, LLC	Invoice 15-02-02-05312016	FLEX · Wells F...	-355.00	-1,187.13
Check	06/22/2016	16296	Richland County Treasurer	R-2015-168028	FLEX · Wells F...	-587.80	-1,774.93
Deposit	06/23/2016	22354...	Allstate	Insurance Refund	FLEX · Wells F...	7.00	-1,767.93
Check	06/29/2016	16313	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	-1,887.93
General Journal	06/30/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	-2.14	-1,890.07
Check	07/01/2016	16338	Atrium Place Apartments		FLEX · Wells F...	-870.00	-2,760.07
General Journal	07/01/2016	ach		Shift check #16203 to Trust	BASK-JA · Jan...	-259.34	-3,019.41
Check	07/28/2016	16393	Richard B. Newsome	For Jane's Cash	FLEX · Wells F...	-120.00	-3,139.41
Deposit	07/28/2016	1004	Eldridge Baskin Trust	From Bask Tr E*Trade Acct	FLEX · Wells F...	20,000.00	16,860.59
Check	08/01/2016	16409	Atrium Place Apartments		FLEX · Wells F...	-870.00	15,990.59
Check	08/10/2016	16437	Eldridge Baskin Trust	to Baskin Trust Checkink	FLEX · Wells F...	-800.00	15,190.59
Check	08/30/2016	16491	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	15,070.59
General Journal	08/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	54.51	15,125.10
Check	09/01/2016	16495	Atrium Place Apartments	For Jane Baskin	FLEX · Wells F...	-870.00	14,255.10
Check	09/23/2016	16547	Eldridge Baskin Trust		FLEX · Wells F...	-2,000.00	12,255.10
Check	09/29/2016	16557	Richard B. Newsome	For Cash	FLEX · Wells F...	-120.00	12,135.10
Check	10/03/2016	16575	Atrium Place Apartments	Jane Baskin Rent	FLEX · Wells F...	-870.00	11,265.10
General Journal	10/17/2016	ach		2017 (1st half) Mgment. Fees	CORP · WBW ...	-1,036.47	10,228.63
Check	10/28/2016	16627	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	10,108.63
General Journal	10/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	100.67	10,209.30
Check	11/01/2016	16654	Atrium Place Apartments		FLEX · Wells F...	-870.00	9,339.30
Check	11/14/2016	16667	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	8,839.30
Check	11/15/2016	16673	Eldridge Baskin Trust		FLEX · Wells F...	-400.00	8,439.30
Check	11/21/2016	16693	Eldridge Baskin Trust		FLEX · Wells F...	-500.00	7,939.30
Check	11/28/2016	16709	Sheila Wolfe		FLEX · Wells F...	-350.00	7,589.30
Check	11/29/2016	16716	Richard B. Newsome	for cash	FLEX · Wells F...	-120.00	7,469.30
Check	11/30/2016	16715	Richard B. Newsome	VOID: for cash	FLEX · Wells F...	0.00	7,469.30
Check	12/01/2016	16730	Atrium Place Apartments		FLEX · Wells F...	-870.00	6,599.30
Deposit	12/07/2016	300	Nathaniel Carroll	for Brenda Williams (Ashley Str...	FLEX · Wells F...	600.00	7,199.30
General Journal	12/31/2016	ach		NET TAXABLE INTEREST	7103X · TB Ne...	64.23	7,263.53
Deposit	02/06/2017	1148	Eldridge Baskin Trust	Deposit	FLEX · Wells F...	2,500.00	9,763.53
General Journal	02/28/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	63.62	9,827.15

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Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	03/24/2017	17516	Eldridge Baskin Trust		PBC · Wells F...	-1,250.00	8,577.15
General Journal	04/03/2017	ach		E*Trade Acct Mgment Fee	CORP · WBW ...	-1,036.47	7,540.68
Check	04/17/2017	17590	SmithAmericana	Invoice # 17-0274	PBC · Wells F...	0.00	7,540.68
Check	04/17/2017	17646	SmithAmericana	Replaces Check # 15590 (Less...	PBC · Wells F...	-740.00	6,800.68
Check	04/18/2017	17588	Atrium Place		PBC · Wells F...	-63.09	6,737.59
Check	04/18/2017	17589	Atrium Place Apartments	April Rent	PBC · Wells F...	-870.00	5,867.59
Check	04/21/2017	17591	Sheila Wolfe		PBC · Wells F...	-480.00	5,387.59
Check	04/28/2017	17625	Sheila Wolfe		PBC · Wells F...	-450.00	4,937.59
General Journal	04/30/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	65.58	5,003.17
Check	05/02/2017	17630	Hawthorne Pharmacy		PBC · Wells F...	-87.66	4,915.51
Deposit	05/04/2017	1153	Eldridge Baskin Trust	Deposit	PBC · Wells F...	3,000.00	7,915.51
Check	05/04/2017	17636	Sheila Wolfe		PBC · Wells F...	-465.00	7,450.51
Check	05/11/2017	17647	Sheila Wolfe		PBC · Wells F...	-510.00	6,940.51
Check	05/11/2017	17648	William B. Walkup (c/o Dewees)	Refund from Chris Smith	PBC · Wells F...	-59.60	6,880.91
Check	05/16/2017	17656	Atrium Place Apartments	May Rent	PBC · Wells F...	-870.00	6,010.91
Check	05/18/2017	17662	Jenny Vega	24.83 hr @ $13/hr	PBC · Wells F...	-322.79	5,688.12
Check	05/22/2017	17666	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-1,801.62	3,886.50
Check	05/25/2017	17678	Jenny Vega	(31.83 x $13) + $12	PBC · Wells F...	-425.79	3,460.71
Check	05/25/2017	17679	Atrium Place Apartments	Jane's Power Bill	PBC · Wells F...	-74.35	3,386.36
Check	06/01/2017	17697	Atrium Place Apartments	Jane Baskin June Rent	PBC · Wells F...	-870.00	2,516.36
Check	06/02/2017	17701	Jenny Vega		PBC · Wells F...	-400.79	2,115.57
Check	06/07/2017	17705	Verifirst Background Screening, ...	VOID:	PBC · Wells F...	0.00	2,115.57
Check	06/07/2017	17706	Verifirst Background Screening, ...		PBC · Wells F...	-72.20	2,043.37
Check	06/07/2017	17707	Hawthorne Pharmacy		PBC · Wells F...	-90.89	1,952.48
Deposit	06/07/2017	71002...	Brenda Williams	Deposit	PBC · Wells F...	500.00	2,452.48
Deposit	06/07/2017	71002...	Brenda Williams	Deposit	PBC · Wells F...	100.00	2,552.48
Check	06/08/2017	17716	Jenny Vega		PBC · Wells F...	-373.83	2,178.65
Check	06/15/2017	17725	Jenny Vega		PBC · Wells F...	-407.29	1,771.36
Check	06/23/2017	17742	Jenny Vega		PBC · Wells F...	-413.79	1,357.57
Check	06/23/2017	17744	Atrium Place Apartments	J Baskin Power Bill	PBC · Wells F...	-97.14	1,260.43
Check	06/30/2017	17770	Atrium Place Apartments	July Rent	PBC · Wells F...	-870.00	390.43
Check	06/30/2017	17775	Jenny Vega		PBC · Wells F...	-396.50	-6.07
Check	06/30/2017	17778	Hawthorne Pharmacy		PBC · Wells F...	-92.74	-98.81
General Journal	06/30/2017	ach		from Loan Advance	LNA687 · Eldri...	5,000.00	4,901.19
General Journal	06/30/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	30.21	4,931.40
Check	07/07/2017	17782	Jenny Vega		PBC · Wells F...	-416.00	4,515.40
Deposit	07/13/2017	1158	Eldridge Baskin Trust	from trust checking	PBC · Wells F...	500.00	5,015.40
Check	07/20/2017	17795	Bruner, Powell, Wall & Mullins, L...		PBC · Wells F...	-292.50	4,722.90
Check	07/20/2017	17797	Jenny Vega		PBC · Wells F...	-422.50	4,300.40
Check	07/28/2017	17810	Jenny Vega		PBC · Wells F...	-422.50	3,877.90
Check	08/01/2017	17824	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	3,007.90
Check	08/04/2017	17831	Jenny Vega		PBC · Wells F...	-422.50	2,585.40
Check	08/10/2017	17832	Jenny Vega		PBC · Wells F...	-429.00	2,156.40
Check	08/14/2017	17839	American Modern Insurance		PBC · Wells F...	-121.21	2,035.19
Check	08/17/2017	17854	Jenny Vega		PBC · Wells F...	-429.00	1,606.19
Deposit	08/24/2017	157	Brenda Williams	This check went NSF	PBC · Wells F...	700.00	2,306.19
Check	08/24/2017	17868	Jenny Vega	33 hrs. + $21.62 reimburse	PBC · Wells F...	-450.62	1,855.57
Deposit	08/29/2017	20730...	Brenda Williams	Replaces 8/24/17 NSF Check +...	PBC · Wells F...	700.00	2,555.57
Check	08/29/2017	eft	Wells Fargo Bank, N.A.	NSF Check Brenda Williams	PBC · Wells F...	-700.00	1,855.57

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Check	08/31/2017	17900	Richard B. Newsome		PBC · Wells F...	-60.00	1,795.57
Check	08/31/2017	17902	Jenny Vega		PBC · Wells F...	-429.00	1,366.57
Check	08/31/2017	17904	Hawthorne Pharmacy		PBC · Wells F...	-92.48	1,274.09
General Journal	08/31/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	27.27	1,301.36
Check	09/01/2017	17906	Atrium Place Apartments	September Rent	PBC · Wells F...	-870.00	431.36
General Journal	09/07/2017	ach		From Baskin Tr Loan	LNA687 · Eldri...	5,000.00	5,431.36
Check	09/08/2017	17914	Jenny Vega		PBC · Wells F...	-475.46	4,955.90
Deposit	09/11/2017	158	Brenda Williams	Deposit	PBC · Wells F...	700.00	5,655.90
Check	09/11/2017	eft	Brenda Williams	Brenda Williams Check # 158 ...	PBC · Wells F...	-700.00	4,955.90
Check	09/12/2017	17918	American Modern Insurance		PBC · Wells F...	-76.31	4,879.59
Check	09/14/2017	17924	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-270.00	4,609.59
Check	09/14/2017	17925	Jenny Vega	$13 x 28 (+ $46.81 reimburse)	PBC · Wells F...	-410.81	4,198.78
Check	09/21/2017	17931	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	3,769.78
Check	09/21/2017	17934	Richard B. Newsome		PBC · Wells F...	-60.00	3,709.78
Check	09/25/2017	17937	Atrium Place Apartments	Jane's Power Bill	PBC · Wells F...	-205.34	3,504.44
Check	09/29/2017	17957	Jenny Vega		PBC · Wells F...	-429.00	3,075.44
Check	10/02/2017	17960	Atrium Place Apartments		PBC · Wells F...	-870.00	2,205.44
Check	10/05/2017	17965	Jenny Vega	34 x $13 + $8.99	PBC · Wells F...	-450.99	1,754.45
Check	10/09/2017	17970	Richard B. Newsome	For Jane's Cash	PBC · Wells F...	-90.00	1,664.45
Check	10/12/2017	17973	Jenny Vega		PBC · Wells F...	-429.00	1,235.45
Deposit	10/13/2017	1013	E*Trade Financial	From Baskin Tr E*Trade	PBC · Wells F...	50,000.00	51,235.45
Check	10/18/2017	17979	Richard B. Newsome	For Cash	PBC · Wells F...	-60.00	51,175.45
Check	10/19/2017	17981	Jenny Vega	33 * $13 + $61.61 Reimburse	PBC · Wells F...	-490.61	50,684.84
Check	10/23/2017	17985	SCE & G		PBC · Wells F...	-79.13	50,605.71
Check	10/24/2017	17988	Jane Baskin	Eyeglasses reimbursement	PBC · Wells F...	-688.61	49,917.10
Check	10/27/2017	17996	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	49,488.10
Check	10/31/2017	18012	Richard B. Newsome	For Cash	PBC · Wells F...	-120.00	49,368.10
General Journal	10/31/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	130.65	49,498.75
Check	11/01/2017	18016	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	48,628.75
Check	11/02/2017	18020	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	48,199.75
Check	11/03/2017	18021	Hawthorne Pharmacy		PBC · Wells F...	-120.05	48,079.70
Deposit	11/08/2017		Brenda Williams	Ashley Street	PBC · Wells F...	500.00	48,579.70
Check	11/10/2017	18035	Jenny Vega	33 x $13 (+ $36.36 reimburse)	PBC · Wells F...	-465.36	48,114.34
Check	11/16/2017	18044	Jenny Vega	33 x $13	PBC · Wells F...	-429.00	47,685.34
Check	11/20/2017	18051	Allstate Insurance Company	Ashley St. Property Insurance	PBC · Wells F...	-336.10	47,349.24
Deposit	11/20/2017	50023...	Brenda Williams	Ashley St. Payment	PBC · Wells F...	500.00	47,849.24
Deposit	11/20/2017	50023...	Brenda Williams	Ashley St. Payment	PBC · Wells F...	200.00	48,049.24
Check	11/22/2017	18055	Jenny Vega	37 X $13	PBC · Wells F...	-481.00	47,568.24
Check	11/22/2017	18056	Atrium Place Apartments	Power Bill Reimburse	PBC · Wells F...	-68.62	47,499.62
Check	11/27/2017	18058	Bruner, Powell, Wall & Mullins, L...	Legal Fees	PBC · Wells F...	-271.16	47,228.46
Check	11/29/2017	18070	Richard B. Newsome	for cash	PBC · Wells F...	-120.00	47,108.46
Check	12/01/2017	18080	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	46,238.46
Check	12/01/2017	18083	Jenny Vega	33 x 13 (plus $22.64 reimburse)	PBC · Wells F...	-451.64	45,786.82
Check	12/05/2017	18094	Hawthorne Pharmacy		PBC · Wells F...	-120.77	45,666.05
Check	12/07/2017	18095	Jenny Vega	41 x $13 (+ $32.97 Reimburse)	PBC · Wells F...	-565.97	45,100.08
Check	12/11/2017	18098	Jane Baskin	Chrislmas Money	PBC · Wells F...	-200.00	44,900.08
Check	12/14/2017	18106	Jenny Vega	36.5 hr * $13/hr	PBC · Wells F...	-474.50	44,425.58
Deposit	12/20/2017		Brenda Williams	Deposit	PBC · Wells F...	622.00	45,047.58
Check	12/21/2017	18131	Jenny Vega	34.5 hr @ $13/hr (+ $41.46 rei...	PBC · Wells F...	-489.96	44,557.62

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Check	12/28/2017	18116	Richland Co. Treasurer	Ashley Street	PBC · Wells F...	-277.78	44,279.84
Check	12/29/2017	18145	Richard B. Newsome	For Cash	PBC · Wells F...	-120.00	44,159.84
Check	12/29/2017	18162	Jenny Vega	33 hrs @ $13/hr	PBC · Wells F...	-429.00	43,730.84
General Journal	12/31/2017	ach		NET TAXABLE INTEREST	7103X · TB Ne...	388.31	44,119.15
General Journal	12/31/2017	ach		ROUNDING	TBround · TB ...	-0.02	44,119.13
Check	01/02/2018	18172	Atrium Place Apartments		PBC · Wells F...	-870.00	43,249.13
Check	01/02/2018	18176	Hawthorne Pharmacy		PBC · Wells F...	-44.35	43,204.78
General Journal	01/02/2018	ach		Reimburse: Jenny Vega Christ...	WBW · WILLI...	-25.00	43,179.78
Check	01/04/2018	18184	Jenny Vega	12/29 to 1/4 34hrs	PBC · Wells F...	-442.00	42,737.78
Check	01/08/2018	18185	Atrium Place Apartments	Power Bill Reimburse	PBC · Wells F...	-77.22	42,660.56
Check	01/11/2018	18191	Jenny Vega	34 hrs @ $13/hr	PBC · Wells F...	-442.00	42,218.56
Deposit	01/12/2018	163	Brenda Williams	Deposit	PBC · Wells F...	650.00	42,868.56
Check	01/12/2018	eft	Wells Fargo Bank, N.A.	Brenda Williams Check #163 N...	PBC · Wells F...	-650.00	42,218.56
Check	01/12/2018	eft	Wells Fargo Bank, N.A.	Bank Fee NSF Check	PBC · Wells F...	-12.00	42,206.56
Check	01/17/2018	18198	Bruner, Powell, Wall & Mullins, L...		PBC · Wells F...	-186.62	42,019.94
Check	01/18/2018	18201	Jenny Vega	34.5 hrs @ $13/hr (+ $76.93 Re...	PBC · Wells F...	-525.43	41,494.51
Check	01/26/2018	18218	Richard B. Newsome	For Jane's Cash	PBC · Wells F...	-120.00	41,374.51
Check	01/26/2018	18219	Jenny Vega	35 hrs. @ $13/hr	PBC · Wells F...	-455.00	40,919.51
Deposit	01/29/2018	44292...	Navy Federal CU	Brenda Williams	PBC · Wells F...	650.00	41,569.51
Check	01/29/2018	18323	Atrium Place Apartments	J Baskin Power Bill Reimburse	PBC · Wells F...	-120.45	41,449.06
Check	02/01/2018	18340	Jenny Vega	34.5 hrs @ $13/hr	PBC · Wells F...	-448.50	41,000.56
Check	02/01/2018	18342	Hawthorne Pharmacy		PBC · Wells F...	-73.70	40,926.86
Deposit	02/05/2018	1160	Eldridge Baskin Trust	Deposit	PBC · Wells F...	2,500.00	43,426.86
Check	02/08/2018	18347	Atrium Place Apartments		PBC · Wells F...	-870.00	42,556.86
Check	02/08/2018	18349	Jenny Vega	35 hrs @ $13/yr	PBC · Wells F...	-455.00	42,101.86
Deposit	02/12/2018	10768...	Brenda Williams	Deposit	PBC · Wells F...	300.00	42,401.86
Deposit	02/12/2018	10768...	Brenda Williams	Deposit	PBC · Wells F...	200.00	42,601.86
Check	02/16/2018	18357	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	42,146.86
Check	02/22/2018	18381	Atrium Place Apartments	Reimburse for power bill	PBC · Wells F...	-111.19	42,035.67
Check	02/23/2018	18380	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	41,580.67
Deposit	02/26/2018	11448...	Brenda Williams	Deposit	PBC · Wells F...	300.00	41,880.67
Deposit	02/26/2018	11448...	Brenda Williams	Deposit	PBC · Wells F...	200.00	42,080.67
Check	02/27/2018	18390	Jane Baskin		PBC · Wells F...	-120.00	41,960.67
General Journal	02/28/2018	ach		NET TAXABLE INTEREST	7103X · TB Ne...	339.74	42,300.41
Check	03/01/2018	18408	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	41,430.41
Check	03/02/2018	18410	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	40,975.41
Check	03/05/2018	18414	Jane Baskin	Birthday $	PBC · Wells F...	-200.00	40,775.41
Check	03/05/2018	18416	Hawthorne Pharmacy		PBC · Wells F...	-7.08	40,768.33
Deposit	03/06/2018	20767...	Brenda Williams	Ashley Street	PBC · Wells F...	600.00	41,368.33
Check	03/09/2018	18421	Jenny Vega	35 hrs @ $13/hr	PBC · Wells F...	-455.00	40,913.33
Check	03/15/2018	18427	Jenny Vega	35 hrs @ $13/hr + $47.76	PBC · Wells F...	-502.76	40,410.57
Check	03/22/2018	18434	Jenny Vega	35.833 hrs @ $13/hr + $28.52 r...	PBC · Wells F...	-504.35	39,906.22
Check	03/29/2018	18454	Jenny Vega	36 hrs @ $13/hr	PBC · Wells F...	-468.00	39,438.22
Check	03/30/2018	18461	Jane Baskin		PBC · Wells F...	-120.00	39,318.22
Check	04/02/2018	18470	Atrium Place Apartments	Jane Baskin Apt.	PBC · Wells F...	-870.00	38,448.22
Check	04/02/2018	18471	Hawthorne Pharmacy		PBC · Wells F...	-126.52	38,321.70
Check	04/05/2018	18487	Jenny Vega	38 hrs @ $13/hr (+ $4 receipt)	PBC · Wells F...	-498.00	37,823.70
Check	04/10/2018	18493	Walkup Management, Inc.	Tax Prep	PBC · Wells F...	-325.00	37,498.70
Check	04/10/2018	18494	United States Treasury		PBC · Wells F...	-229.00	37,269.70

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Check	04/10/2018	18495	SC Dept. of Revenue		PBC · Wells F...	-13.00	37,256.70
Check	04/12/2018	18502	Jenny Vega	38.5 hrs @ $13/hr (+$100)	PBC · Wells F...	-600.50	36,656.20
Check	04/20/2018	18520	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	36,149.20
Deposit	04/23/2018		Brenda Williams	Deposit	PBC · Wells F...	600.00	36,749.20
Check	04/26/2018	18533	Jenny Vega	74.88 hrs @ $13/hr (+ $74.88)	PBC · Wells F...	0.00	36,749.20
Check	04/27/2018	18537	Jenny Vega	37 hrs @ $13/hr (+$74.88 Rei...	PBC · Wells F...	-555.88	36,193.32
Check	04/30/2018	18538	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	35,323.32
Check	04/30/2018	18539	Jane Baskin		PBC · Wells F...	-120.00	35,203.32
General Journal	04/30/2018	ach		NET TAXABLE INTEREST	7103X · TB Ne...	391.55	35,594.87
Check	05/03/2018	18558	Hawthorne Pharmacy		PBC · Wells F...	-122.84	35,472.03
Check	05/04/2018	18560	Jenny Vega	38.5 hrs @ $13/hr	PBC · Wells F...	-500.50	34,971.53
Check	05/08/2018	18563	Atrium Place Apartments	J Baskin Power	PBC · Wells F...	-99.87	34,871.66
Check	05/10/2018	18579	Jenny Vega	38.5 hrs @ $13/hr (+ $9.80 Rei...	PBC · Wells F...	-510.30	34,361.36
Check	05/17/2018	18586	Jenny Vega	35.5 hrs @ $13/hr	PBC · Wells F...	-461.50	33,899.86
Check	05/23/2018	18596	Atrium Place Apartments	Jane Baskin Power Bill	PBC · Wells F...	-84.17	33,815.69
Check	05/25/2018	18600	Jenny Vega	42.5 hrs @ $13/hr	PBC · Wells F...	-552.50	33,263.19
Check	05/25/2018	18601	Jenny Vega	Reimbursement	PBC · Wells F...	-60.67	33,202.52
Check	05/31/2018	18622	Jane Baskin		PBC · Wells F...	-120.00	33,082.52
Check	06/01/2018	18631	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	32,575.52
Check	06/01/2018	18633	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	31,705.52
Check	06/01/2018	18634	Hawthorne Pharmacy		PBC · Wells F...	-115.48	31,590.04
Deposit	06/05/2018	71003...	Brenda Williams	Deposit	PBC · Wells F...	500.00	32,090.04
Deposit	06/05/2018	71003...	Brenda Williams	Deposit	PBC · Wells F...	110.00	32,200.04
Check	06/08/2018	18643	Jenny Vega	31 hrs @ $13/hr	PBC · Wells F...	0.00	32,200.04
Check	06/08/2018	18645	Jenny Vega	37 hrs @ $13/hr	PBC · Wells F...	-481.00	31,719.04
Check	06/12/2018	18652	Bruner, Powell, Wall & Mullins, L...		PBC · Wells F...	-1,320.30	30,398.74
Check	06/15/2018	18659	Jenny Vega	37.5 hrs @ $13/hr	PBC · Wells F...	-487.50	29,911.24
Check	06/15/2018	18660	Jane Baskin	Reimbursement	PBC · Wells F...	-76.64	29,834.60
Check	06/21/2018	18664	Jenny Vega	36 hrs @ $13/hr	PBC · Wells F...	-468.00	29,366.60
Check	06/29/2018	18673	Jane Baskin		PBC · Wells F...	-120.00	29,246.60
Check	06/29/2018	18686	Jenny Vega	38.5 hrs @ $13/hr	PBC · Wells F...	-500.50	28,746.10
Check	06/29/2018	18687	Jane Baskin	Reimbursement	PBC · Wells F...	-41.02	28,705.08
General Journal	06/30/2018	ach		NET TAXABLE INTEREST	7103X · TB Ne...	288.19	28,993.27
Check	07/02/2018	18691	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-870.00	28,123.27
Check	07/03/2018	18699	Hawthorne Pharmacy		PBC · Wells F...	-7.08	28,116.19
Check	07/06/2018	18704	Jenny Vega	33 hrs @ $13/hr	PBC · Wells F...	-429.00	27,687.19
Check	07/12/2018	18712	Jenny Vega	40 hrs @ $13/hr	PBC · Wells F...	-520.00	27,167.19
Deposit	07/16/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	27,667.19
Deposit	07/16/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	28,167.19
Check	07/20/2018	18721	Jenny Vega	43 hrs @ $13/hr	PBC · Wells F...	-559.00	27,608.19
Check	07/20/2018	18722	Jane Baskin	Reimbursement	PBC · Wells F...	-49.72	27,558.47
Check	07/26/2018	18733	Jenny Vega	41 hrs @ $13/hr	PBC · Wells F...	-533.00	27,025.47
Deposit	07/30/2018		Brenda Williams	Deposit	PBC · Wells F...	500.00	27,525.47
Check	07/30/2018	18741	Hawthorne Pharmacy		PBC · Wells F...	-222.28	27,303.19
Check	07/31/2018	18748	Jane Baskin		PBC · Wells F...	-120.00	27,183.19
Check	08/01/2018	18753	Atrium Place Apartments	Jane Baskin Rent	PBC · Wells F...	-990.00	26,193.19
Check	08/01/2018	18754	Atrium Place Apartments	Baskin Power Reimburse	PBC · Wells F...	-111.48	26,081.71
Check	08/03/2018	18761	Jenny Vega	37.5 hrs @ $13/hr	PBC · Wells F...	-487.50	25,594.21
Check	08/09/2018	18772	Jenny Vega	40.5 hrs @ $13/hr	PBC · Wells F...	-526.50	25,067.71

Columbia Cash Reserves Investment Partnership
Account QuickReport
As of August 22, 2018

Type	Date	Num	Name	Memo	Split	Amount	Balance
Check	08/09/2018	18773	Jane Baskin	Reimbursement	PBC · Wells F...	-37.98	25,029.73
Check	08/10/2018	18776	Bruner, Powell, Wall & Mullins, L...	Baskin Legal Fees	PBC · Wells F...	-832.49	24,197.24
Deposit	08/13/2018	3289	Brenda Williams	Ashley Street	PBC · Wells F...	500.00	24,697.24
Deposit	08/13/2018	3290	Brenda Williams	Ashley Street	PBC · Wells F...	100.00	24,797.24
Check	08/16/2018	18782	Jenny Vega	39 hrs @ $13/hr	PBC · Wells F...	-507.00	24,290.24
Total BASK · ELDRIDGE BASKIN TRUST FBO JANE						21,812.62	24,290.24
Total 2500 · Partners						21,812.62	24,290.24
TOTAL						21,812.62	24,290.24

COPY

Form **8879-F**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for Form 1041

For calendar year 2015, or fiscal year beginning _____, 2015, ending _____, 20_____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-F and its instructions is at *www.irs.gov/form8879f.*

OMB No. 1545-0967

2015

Name of estate or trust
Eldridge Baskin Trust

Employer identification number

Name and title of fiduciary
William B Walkup, Trustee

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	14,364
2	Income distribution deduction (Form 1041, line 18)	2	7,431
3	Taxable income (Form 1041, line 22)	3	2,802
4	Total tax (Form 1041, line 23)	4	65
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	65

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2015 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☐ I authorize Gary W Ballowe CPA (ERO firm name) to enter my PIN [ ] (do not enter all zeros) as my signature on the estate's or trust's 2015 electronically filed income tax return.

☒ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2015 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [ ] (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS *e-file* Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2016.

ERO's signature ▶ _____ Date ▶ 3/3/2016

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2015

OMB No. 1545-0092

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2015 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

C Employer identification number:

Name and title of fiduciary: William B Walkup, Trustee

D Date entity created: 9/21/1990

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	235
	2a	Total ordinary dividends	2a	10,857
	b	Qualified dividends allocable to: (1) Beneficiaries 10,857 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,621
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	-424
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount See attached statement	8	75
	9	**Total income.** Combine lines 1, 2a, and 3 through 8 ▶	9	14,364
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	279
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions **not** subject to the 2% floor (attach schedule)	15a	
	b	Net operating loss deduction (see instructions)	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,552
	16	Add lines 10 through 15c ▶	16	3,831
	17	Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 10,533		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	7,431
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	7,731
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	2,802
	23	**Total tax** (from Schedule G, line 7)	23	65
	24	**Payments:** a 2015 estimated tax payments and amount applied from 2014 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004 (see instructions)	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	0
	25	**Total payments.** Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty (see instructions)	26	
	27	**Tax due.** If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	65
	28	**Overpayment.** If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a **Credited to 2016 estimated tax** ▶ ; b **Refunded** ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	3/3/2016		

Firm's name ▶ Gary W Ballowe CPA | Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Phone no.

For Paperwork Reduction Act Notice, see the separate instructions. Form **1041** (2015)

HTA

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1		
2	Tax-exempt income allocable to charitable contributions (see instructions)	2		
3	Subtract line 2 from line 1	3	0	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4		
5	Add lines 3 and 4	5	0	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6		
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0	

Schedule B Income Distribution Deduction

1	Adjusted total income (see instructions) . . . . . See attached worksheet	1	11,062	
2	Adjusted tax-exempt interest	2		
3	Total net gain from Schedule D (Form 1041), line 19, column (1) (see instructions)	3		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4		
5	Capital gains for the tax year included on Schedule A, line 1 (see instructions)	5		
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,621	
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	7,431	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law . . . 8			
9	Income required to be distributed currently	9	12,768	
10	Other amounts paid, credited, or otherwise required to be distributed	10		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	12,768	
12	Enter the amount of tax-exempt income included on line 11	12		
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	12,768	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	7,431	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	7,431	

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income (see instructions)	1a	65			
	b Tax on lump-sum distributions. Attach Form 4972	1b				
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c				
	d Total. Add lines 1a through 1c ▶			1d	65	
2a	Foreign tax credit. Attach Form 1116	2a				
b	General business credit. Attach Form 3800	2b				
c	Credit for prior year minimum tax. Attach Form 8801	2c				
d	Bond credits. Attach Form 8912	2d				
e	Total credits. Add lines 2a through 2d ▶			2e	0	
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	65	
4	Net investment income tax from Form 8960, line 21			4		
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5		
6	Household employment taxes. Attach Schedule H (Form 1040)			6		
7	**Total tax.** Add lines 3 through 6. Enter here and on page 1, line 23 ▶			7	65	

	Other Information	Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2015, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here (see instructions) ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here (see instructions) ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

► Attach to Form 1041.

► Information about Schedule I (Form 1041) and its separate instructions is at *www.irs.gov/form1041*.

OMB No. 1545-0092

2015

Name of estate or trust

Employer identification number

Eldridge Baskin Trust

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)			1	10,533
2	Interest			2	
3	Taxes			3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)			4	3,552
5	Refund of taxes			5	( )
6	Depletion (difference between regular tax and AMT)			6	
7	Net operating loss deduction. Enter as a positive amount			7	
8	Interest from specified private activity bonds exempt from the regular tax			8	
9	Qualified small business stock (see instructions)			9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)			10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)			11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)			12	
13	Disposition of property (difference between AMT and regular tax gain or loss)			13	-677
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)			14	
15	Passive activities (difference between AMT and regular tax income or loss)			15	85
16	Loss limitations (difference between AMT and regular tax income or loss)			16	
17	Circulation costs (difference between regular tax and AMT)			17	
18	Long-term contracts (difference between AMT and regular tax income)			18	
19	Mining costs (difference between regular tax and AMT)			19	
20	Research and experimental costs (difference between regular tax and AMT)			20	
21	Income from certain installment sales before January 1, 1987			21	( )
22	Intangible drilling costs preference			22	
23	Other adjustments, including income-based related adjustments			23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)			24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24			25	13,493
	Note: *Complete Part II below before going to line 26.*				
26	Income distribution deduction from Part II, line 44	26	11,068		
27	Estate tax deduction (from Form 1041, line 19)	27			
28	Add lines 26 and 27			28	11,068
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25			29	2,425

If line 29 is:

- $23,800 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust is not liable for the alternative minimum tax.
- Over $23,800, but less than $174,650, go to line 45.
- $174,650 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions) .See worksheet.			30	14,012
31	Adjusted tax-exempt interest (other than amounts included on line 8)			31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-			32	0
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)			33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)			34	
35	Capital gains computed on a minimum tax basis included on line 25			35	(2,944)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount			36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-			37	11,068
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)			38	12,768
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)			39	
40	Total distributions. Add lines 38 and 39			40	12,768
41	Tax-exempt income included on line 40 (other than amounts included on line 8)			41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40			42	12,768

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-				43	11,068	
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26				44	11,068	

Part III Alternative Minimum Tax

45	Exemption amount				45	$23,800	00
46	Enter the amount from line 29	46					
47	Phase-out of exemption amount	47	$79,450	00			
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0				
49	Multiply line 48 by 25% (.25)				49	0	
50	Subtract line 49 from line 45. If zero or less, enter -0-				50	0	
51	Subtract line 50 from line 46				51	0	
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $185,400 or less, multiply line 51 by 26% (.26). • Over $185,400, multiply line 51 by 28% (.28) and subtract $3,708 from the result				52	0	
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax. Subtract line 53 from line 52				54	0	
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)				55	65	
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c				56	0	

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you did not complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51				57	0	
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58					
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you did not complete Schedule D for the regular tax or the AMT, enter -0-	59	276				
60	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	276				
61	Enter the smaller of line 57 or line 60				61	0	
62	Subtract line 61 from line 57				62	0	
63	If line 62 is $185,400 or less, multiply line 62 by 26% (.26). Otherwise, multiply line 62 by 28% (.28) and subtract $3,708 from the result				63	0	
64	Maximum amount subject to the 0% rate	64	$2,500	00			
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	134				
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0				
67	Enter the smaller of line 57 or line 58	67	0				
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	0				
69	Subtract line 68 from line 67	69	0				

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,300	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	134				
73	Add line 71 and line 72	73	134				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (.15) ▶				76	0	
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (.20) ▶				79	0	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (.25) ▶				82	0	
83	Add lines 63, 76, 79, and 82				83	0	
84	If line 57 is $185,400 or less, multiply line 57 by 26% (.26). Otherwise, multiply line 57 by 28% (.28) and subtract $3,708 from the result				84	0	
85	Enter the smaller of line 83 or line 84 here and on line 52				85	0	

661113

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20 ____

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0092

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income 146	11	Final year deductions
2a	Ordinary dividends 6,761		
2b	Qualified dividends 6,761		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative minimum tax adjustment 3,637
4c	Unrecaptured section 1250 gain	J	3,552
5	Other portfolio and nonbusiness income 47		
6	Ordinary business income		
7	Net rental real estate income 477	13	Credits and credit recapture
8	Other rental income		
9	Directly apportioned deductions		
		14 E	Other information 6,954
		H	-552
10	Estate tax deduction		

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Eldridge Baskin Trust

K-1 Statement (Sch K1 (1041))

Line 12 - Alternative Minimum Tax Items

A	Code A - Adjustment for minimum tax purposes	A	3,637
J	Code J - Exclusion items	J	3,552

Line 14 - Other Information

E	Code E - Net investment income	E	6,954
H	Code H - Adjustment for section 1411 net investment income or deductions	H	-552

Jane E Baskin

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Eldridge Baskin Trust

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2015

Attachment Sequence No. 08

Your social security number

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	235
2	Add the amounts on line 1	235
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	235

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ E Trade Financial	
	Equity 95	6,444
		4,413
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	10,857

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2015

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2014 Capital Loss Carryover Worksheet	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	2,668
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	953
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2014 Capital Loss Carryover Worksheet	15	( )
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	3,621

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		3,621	3,621
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b		953	953
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	3,621	3,621

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

a The loss on line 19, column (3) or b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22				
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23				
24	Add lines 22 and 23	24	0			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0	
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0	
28	Enter the smaller of the amount on line 21 or $2,500			28		
29	Enter the smaller of the amount on line 27 or line 28			29	0	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶					30 0
31	Enter the smaller of line 21 or line 26			31		
32	Subtract line 30 from line 26			32	0	
33	Enter the smaller of line 21 or $12,300			33		
34	Add lines 27 and 30			34	0	
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0	
36	Enter the smaller of line 32 or line 35			36		
37	Multiply line 36 by 15% ▶					37 0
38	Enter the amount from line 31			38		
39	Add lines 30 and 36			39	0	
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0	
41	Multiply line 40 by 20% ▶					41 0
42	Figure the tax on the amount on line 27. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42		
43	Add lines 37, 41, and 42			43	0	
44	Figure the tax on the amount on line 21. Use the 2015 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44		
45	**Tax on all taxable income.** Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶					45 0

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Eldridge Baskin Trust

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	1307 Ashley Street Columbia, SC 29205
B	
C	

1b	Type of Property (from list below)
A	1
B	
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A			☐
B			☐
C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	351		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15	60		
16 Taxes	16	294		
17 Utilities	17			
18 Depreciation expense or depletion	18	1,190		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	1,895		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-1,895		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(424)	( )	( )

23 a	Total of all amounts reported on line 3 for all rental properties	23a	0
b	Total of all amounts reported on line 4 for all royalty properties	23b	0
c	Total of all amounts reported on line 12 for all properties	23c	0
d	Total of all amounts reported on line 18 for all properties	23d	1,190
e	Total of all amounts reported on line 20 for all properties	23e	1,895

24	Income. Add positive amounts shown on line 21. Do not include any losses	24	0
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(424)
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-424

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Schedule E (Form 1040) 2015

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Eldridge Baskin Trust

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐	57-1027487	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					

30 Add columns (g) and (j) of line 29a 30

31 Add columns (f), (h), and (i) of line 29b . . . . . 31 ( )

32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below 32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a 35

36 Add columns (c) and (e) of line 34b . . . . . 36 ( )

37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below 37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 0

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40

41 Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶ 41 -424

42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42

43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules 43

HTA

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2015

Attachment Sequence No. **27**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	953
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	953
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2015)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A Ashley Street	1/1/1992	11/17/2015
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (Note: *See line 1 before completing.*)	20	42,000			
21 Cost or other basis plus expense of sale	21	60,968			
22 Depreciation (or depletion) allowed or allowable	22	32,316			
23 Adjusted basis. Subtract line 22 from line 21	23	28,652	0	0	0
24 Total gain. Subtract line 23 from line 20	24	13,348	0	0	0
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a	25b	0	0	0	0
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	13,348	0	0	0
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e	0	0	0	0
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g	0	0	0	0
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b	0	0	0	0
c Enter the smaller of line 24 or 27b	27c	0	0	0	0
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the smaller of line 24 or 28a	28b	0	0	0	0
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the smaller of line 24 or 29a (see instructions)	29b	0	0	0	0

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	13,348
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	0
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 **	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	0	0

** Line 32 excludes installment sale gain. See Form 6252.

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment Sequence No. **51**

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions)	1	332
2	Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	332

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	11,136		
b	Qualified dividends included on line 4a	4b	10,857		
c	Subtract line 4b from line 4a			4c	279
d	Net gain from the disposition of property held for investment	4d	3,621		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	3,621		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	279
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	279

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7	53
8	**Investment interest expense deduction.** Enter the smaller of line 3 or 6. See instructions	8	279

For Paperwork Reduction Act Notice, see page 4.

HTA

Form **4952** (2015)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Eldridge Baskin Trust	Sch E: Ashley - House and Lot	

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ►	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,190
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19	a 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property						
	h Residential rental property			25 yrs.		S/L	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property			27.5 yrs.	MM	S/L	
				39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20	a Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,190
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form 4562 (2015)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.
► Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2015

Attachment Sequence No. **72**

Name(s) shown on your tax return

Eldridge Baskin Trust

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	235
2	Ordinary dividends (see instructions)			2	10,857
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	-424		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	-424
5a	Net gain or loss from disposition of property (see instructions)	5a	3,621		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	3,621
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	31
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	14,320

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	278		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c	3,542		
d	Add lines 9a, 9b, and 9c			9d	3,820
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	3,820

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	10,500
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	10,500		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	6,879		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	3,621		
19a	Adjusted gross income (see instructions)	19a	6,633		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,300		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **8960** (2015)

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.

▶ Information about Form 6252 and its instructions is at *www.irs.gov/form6252*.

OMB No. 1545-0228

2015

Attachment Sequence No. **79**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Do not include interest, whether stated or unstated		5	42,000
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6		
7	Subtract line 6 from line 5	7	42,000	
8	Cost or other basis of property sold	8	45,395	
9	Depreciation allowed or allowable	9	32,316	
10	Adjusted basis. Subtract line 9 from line 8	10	13,079	
11	Commissions and other expenses of sale	11	15,573	
12	Income recapture from Form 4797, Part III (see instructions)	12		
13	Add lines 10, 11, and 12		13	28,652
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions)		14	13,348
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-		15	0
16	**Gross profit.** Subtract line 15 from line 14		16	13,348
17	Subtract line 13 from line 6. If zero or less, enter -0-		17	0
18	**Contract price.** Add line 7 and line 17		18	42,000

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after the year of sale, see instructions		19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-		20	0
21	Payments received during year (see instructions). Do not include interest, whether stated or unstated		21	3,000
22	Add lines 20 and 21		22	3,000
23	Payments received in prior years (see instructions). Do not include interest, whether stated or unstated	23		
24	**Installment sale income.** Multiply line 22 by line 19		24	953
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)		25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)		26	953

Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2015 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	235	0	235
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	10,857	0	10,857
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0	0	0
Gross income from Schedule F	0		0
Ordinary gain from Form 4797	0		0
Other income	75		75
Totals	11,167	0	11,167
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	279				279
11 Taxes	0			0	0
12 Fiduciary fees			0	0	0
14 Attorney, accountant, and return preparer fees.	0		0	0	0
15a Other deductions NOT subject to the 2% floor	0		0	0	0
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor.	1,593		2,102	2,102	3,695
Totals	1,872	0	2,102	2,102	3,974

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 0

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	3,831
Loss(es) reclassified as deductions	1,190
Total deductions to be allocated	5,021

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	235	76	159
Domestic interest	235	76	159
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	10,857	3,505	7,352
US Government interest	0	0	0
Qualified dividends distributable	10,857	3,505	7,352
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	766	247	519
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	75	24	51
Net royalty income	0	0	0
Annuities	0	0	0
Other income	75	24	51
Capital Gains			
Capital gain allocated to fiduciary	3,621	1,169	2,452
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	15,554	5,021	10,533

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest	159	X	7,431	/	8,081	=	146
US Government interest	0	X	7,431	/	8,081	=	0
Dividends	7,352	X	7,431	/	8,081	=	6,761
Qualified dividends	7,352	X	7,431	/	8,081	=	6,761
US Government interest	0	X	7,431	/	8,081	=	0
Ordinary business income	0					=	0
Schedule C net profit	0	X	7,431	/	8,081	=	0
Schedule E ordinary income	0	X	7,431	/	8,081	=	0
Schedule F net profit	0	X	7,431	/	8,081	=	0
Rental Real Estate	519	X	7,431	/	8,081	=	477
Net other rental income	0	X	7,431	/	8,081	=	0
Other portfolio and nonbusiness income	51					=	47
Net royalty income	0	X	7,431	/	8,081	=	0
Annuities	0	X	7,431	/	8,081	=	0
Other income	51	X	7,431	/	8,081	=	47
Capital Gains							
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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Line 8 (1041) - Other Income

1	From Form 4136 - Credit for Federal Tax Paid on Fuels ☐ Check here if accrual basis.	1	0
2	Other nonpassive income before directly apportioned deductions	2	
3	From Form W2 (Worksheet) - Income in respect of a decedent	3	0
4	From Form 1099-R (Worksheet) - Taxable distributions from pensions, annuities, retirement or profit-sharing plans	4	0
5	From Form 1099-R (Worksheet) - Taxable IRA/SEP/SIMPLE distributions	5	0
6	From Form 1099-MISC (Worksheet) - Substitute payments in lieu of dividends or interest	6	31
7	From Forms K-1 (1065, 1120S) (Worksheets) - Recovery bad debt, etc.	7	44
8	State tax refund (from worksheet below)	8	0
9	Ordinary income from Qualified Electing Fund (8621)	9	0
10	Gain or loss from Mark to Market Election (8621)	10	0
11	Excess Distributions (8621)	11	0
12		12	
13		13	
14		14	
15	Less penalty on early withdrawal of savings	15	0
16	Total other income	16	75
	Income on line 4 retained by the trust		

State and Local Income Tax Refund

Enter state refund information on 1099G (Worksheet).

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0

Worksheet for refunds of amounts deducted in prior years

1	Enter the 2014 income tax refund from Form(s) 1099-G (or similar statement), but do not enter more than the amount on your 2014 Form 1041, line 11	1	0
2	Enter the amount of income tax refunded for years prior to 2014, but not more than the amount deducted for those years.	2	0
3	Total taxable income tax refund	3	0

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1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 10/28/15)
3084

For the calendar year 2015 or Fiscal Taxable Year Beginning _____ and ending _____ **2015**

Name of Estate or Trust	FEIN
ELDRIDGE BASKIN TRUST	

Name and Title of Fiduciary	Mailing Address	City	State	ZIP Code	County
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223	

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check whether:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
☐ Amended ☒ Simple trust	☒ Testamentary	☒ Resident estate or trust	☐ Yes ☒ No
☐ Estate ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
☐ Grantor Trust			
☐ Electing Small Business Trust			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO if YES, how many? 1 If NO, attach explanation.

- Does the estate or trust have any South Carolina modifications? ☐ YES or ☒ NO
- If the estate or trust has any nonresident beneficiaries, is any income from SC sources? ☐ YES or ☒ NO (or not applicable)
- Does line 22, Federal Form 1041 reflect any taxable income of the fiduciary? ☒ YES or ☐ NO
- If NO to ALL three questions, do NOT complete the remainder of this form.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III)			1	2,802 00
2. Federal fiduciary exemption included in line 1 above			2	300 00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)			3	0 00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 1i, Part II) ☐ Addition ☐ Subtraction			4	0 00
5. NET (combine lines 1 to 4)			5	3,102 00
6. South Caroline fiduciary exemption (see instructions)			6	< 300 00 >
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6)			7	2,802 00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule)	8	0 00		
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335)	9	0 00		
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC)	10	< 0 00 >		
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO			11	0 00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV)			12	0 00
13. TOTAL TAX (add lines 11 and 12 and enter here)			13	0 00
14. Amount paid with request for extension and SC Withholding	14	0 00		
15. 2015 Estimated Payments from SC1041ES (and amount applied from 2014 return)	15	0 00		
16. Total Payments (add lines 14 and 15)			16	0 00
17. Overpayment (line 16 less line 13)			17	0 00
18. Late Filing and/or late payment: Penalties 0 00 Interest 0 00 Enter total here	18	0 00		
19. If subject to penalty for Underpayment of Estimated Tax, attach SC2210.	19	0 00		
20. Balance Due (line 13 less line 16 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue BALANCE DUE			20	0 00
21. Amount of line 17 to be credited to 2016 Estimated Tax			21	0 00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) REFUND			22	0 00

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Please Sign Here

Signature of fiduciary or officer representing fiduciary — Date — Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐ — Preparer's Printed Name: GARY W BALLOWE

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☒	Preparer's telephone number
	3/3/2016		

Firm's name (or yours if self-employed) and address: GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC — PTIN or FEIN — ZIP Code 29205

30841027

Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

			Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:			
a. State and local interest	1a	0	
b. State or local taxes measured by income deducted on the federal return	1b	0	
c. Federal net operating loss carryover	1c	0	
d. Out-of state losses	1d		
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	1,190	
f. Total additions to federal income (add lines 1a through 1e)			1f 1,190
2. Subtractions from federal taxable income			
a. Interest on US Government obligations	2a	0	
b. State income tax refunds reported as income on federal return	2b	0	
c. South Carolina net operating loss carryover (attach schedule)	2c		
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0	
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	1,190	
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f 1,190
3. Total (subtract line 2f from line 1f)			3 0
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4 0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition ☐ or Subtraction ☐			5 0

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income 2. Amount	3. Percent	4. Shares of South Carolina Fiduciary Adjustment Addition ☐ or Subtraction ☐
a. JANE E BASKIN ☐	7,431	100.00%	0
b. ☐	0	%	0
c. ☐	0	%	0
d. ☐	0	%	0
e. ☐	0	%	0
f. ☐	0	%	0
g. ☐	0	%	0
h. ☐	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	%	0
Totals	7,431	100.00%	0

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

30842025

ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1, Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0		
	19. Federal estate tax (fiduciary) / Federal estate tax (beneficiary) — SC estate tax on income in respect of a decedent; is entered in columns C and D			
	20. Exemption	0		
	21. Total (add lines 18 through 20)	0	0	0
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficieries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains lines, Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 5/4/15)
3516

For calendar year 2015 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶	Estate or trust's FEIN ▶
Beneficiary's name, address and ZIP code	Estate or trust's name, fiduciary's name, address and ZIP code
JANE E BASKIN C/O WB WALKUP 142 ATRIUM WAY COLUMBIA SC 29223	ELDRIDGE BASKIN TRUST WILLIAM B WALKUP TRUSTEE 142 ATRIUM WAY COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Beneficiary's Share of Current Year Income, Deductions, Credits, etc.	(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	146	0	0	146
	2 Dividends	6,761	0	0	6,761
	3 Net short-term capital gain	0	0	0	0
	4 Net long-term capital gain	0	0	0	0
	5 Other portfolio and nonbusiness income	47	0	0	47
	6 Ordinary business income	0	0	0	0
	7 Net rental real estate income	477	0	0	477
	8 Other rental income	0	0	0	0
Deductions	9 Directly apportioned deductions	0	0	0	0
	10 Estate tax deduction	0	0	0	0
	11 Final year deductions	0	0	0	0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)				0
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)				
Credits	13				0
	14				0
	15				0
	16				0
	17 Total South Carolina tax credits				0

35161017

Part I, Line 1e (SC 1041, 41, K1) - SC Fiduciary Adjustment, Additions to Income

1	Federal estate tax deductions on income in respect of decedent	1	0
2	Carryover of capital losses prior to January 1, 1985	2	
3	Any expense deducted on the federal fiduciary return related to any income exempt or not taxable by South Carolina	3	0
4	South Carolina tax exempt income allocable to charitable distributions	4	
5	Nonresident sellers of South Carolina real property and associated tangible personal property that elect out of installment sales treatment for state income tax purposes pursuant to Section 12-8-580 will have an addition to federal taxable income in the year of sale so as to include the entire gain in South Carolina taxable income	5	
6	Domestic production activities	6	0
7	Total depreciation for Federal purposes from Depreciation worksheet	7	1,190
8		8	
9		9	
10		10	
11		11	
12	Total	12	1,190

Expenses Allocated to US Treasury Interest

1	Interest income on US Government Bonds	1	0
2	Total taxable income on Form 1041, Deductions worksheet	2	11,167
3	Ratio of line 1 divided by line 2	3	0.00%
4	Total amount deductible against taxable income on Form 1041, Deductions worksheet	4	3,974
5	Expenses allocated to US Treasury interest (lesser of line 3 times line 4 or line 1)	5	0

Part I, Line 2e (SC 1041, 41, K1) - SC Fiduciary Adjustment, Subtractions from Income

1	Accumulations Distribution (see instructions)	1	
2	Out-of-State Income (see instructions)	2	
3	Reduction of Basis Due to Federal Investment Credit (see instructions)	3	
4	South Carolina Estate Tax deduction on income in respect of a decedent	4	
5	Deductions associated with state and local interest	5	0
6	Total depreciation for South Carolina purposes from Depreciation worksheet	6	1,190
7		7	
8		8	
9		9	
10		10	
11		11	
12	Total	12	1,190

Expenses Allocated to Outstate Municipal Bond Interest

1	Nonresident state municipal bond interest	1	0
2	Nonresident state private activity bond interest	2	0
3	Total nonresident state municipal bond interest	3	0
4	Total tax exempt interest on Form 1041, Deductions worksheet	4	0
5	Ratio of line 3 divided by line 4	5	0.00%
6	Expenses related to total tax exempt income on Form 1041, Deductions worksheet	6	0
7	Expenses allocated to outstate municipal bond interest (line 5 times line 6)	7	0
8	Amount of line 3 allocable to charitable contributions	8	0
9	Net deductions allocated to outstate municipal bond interest (lesser of line 7 plus 8 or line 3)	9	0

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Part II (SC 1041, 41, K1) - Allocation of Fiduciary Adjustment

State additions excluding depreciation and amortization		0
State additions allocated to charity	0.00%	0
State additions allocated to beneficiaries	0.00%	0
State additions allocated to fiduciary	0.00%	0
Depreciation and amortization addition adjustments		1,190
Depreciation allocated to charity	0.00%	0
Depreciation allocated to beneficiaries	0.00%	0
Depreciation allocated to fiduciary	100.00%	1,190
Total Additions		1,190
Additions allocated to charity		0
Additions allocated to beneficiaries		0
Additions allocated to fiduciary		1,190
State subtractions excluding depreciation and amortization		0
State subtractions allocated to charity	0.00%	0
State subtractions allocated to beneficiaries	0.00%	0
State subtractions allocated to fiduciary	0.00%	0
Depreciation and amortization subtraction adjustments		1,190
Depreciation allocated to charity	0.00%	0
Depreciation allocated to beneficiaries	0.00%	0
Depreciation allocated to fiduciary	100.00%	1,190
Total Subtractions		1,190
Subtractions allocated to charity		0
Subtractions allocated to beneficiaries		0
Subtractions allocated to fiduciary		1,190
Net Adjustments		0
Adjustments allocated to charity		0
Adjustments allocated to beneficiaries		0
Adjustments allocated to fiduciary		0

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COPY

Form **8879-F**

IRS *e-file* Signature Authorization for Form 1041

OMB No. 1545-0967

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016, or fiscal year beginning _____, 2016, ending _____, 20_____

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-F and its instructions is at *www.irs.gov/form8879f.*

Name of estate or trust
Eldridge Baskin Trust

Employer identification number

Name and title of fiduciary
William B Walkup, Trustee

Part I Tax Return Information (Whole Dollars Only)

1	Total income (Form 1041, line 9)	1	25,221
2	Income distribution deduction (Form 1041, line 18)	2	0
3	Taxable income (Form 1041, line 22)	3	10,361
4	Total tax (Form 1041, line 23)	4	1,247
5	Tax due or overpayment (Form 1041, line 27 or 28)	5	1,247

Part II Declaration and Signature Authorization of Fiduciary (Be sure to get a copy of the estate's or trust's return)

Under penalties of perjury, I declare that I am a fiduciary of the above estate or trust and that I have examined a copy of the estate's or trust's 2016 electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the estate's or trust's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the estate's or trust's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the estate's or trust's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the estate's or trust's electronic income tax return and, if applicable, the estate's or trust's consent to electronic funds withdrawal.

Fiduciary's PIN: check one box only

☐ I authorize Gary W Ballowe CPA (ERO firm name) to enter my PIN [ ] (do not enter all zeros) as my signature on the estate's or trust's 2016 electronically filed income tax return.

☒ As a fiduciary or officer representing the fiduciary of the estate or trust, I will enter my PIN as my signature on the estate's or trust's 2016 electronically filed income tax return.

Signature of fiduciary or officer representing the fiduciary ► _____ Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [ ] (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the estate or trust indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS *e-file* Application and Participation; and Pub. 4164, Modernized e-file (MeF) Guide for Software Developers and Transmitters, Processing Year 2017.

ERO's signature ► _____ Date ► 3/23/2017

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 1041 Comparison

2016

			Prior Year	Current Year	Difference	%
Income	1 Interest income	1	235	3,032	2,797	1190%
	2 Total ordinary dividends	2	10,857	9,608	-1,249	-12%
	3 Business income or (loss) (Schedule C or C-EZ (Form 1040))	3	0	0	0	0%
	4 Capital gain or (loss) (Schedule D (Form 1041))	4	3,621	12,352	8,731	241%
	5 Rents, royalties, partnerships, estates (Sch. E (Form 1040))	5	-424	0	424	100%
	6 Farm income or (loss) (Schedule F (Form 1040))	6	0	0	0	0%
	7 Ordinary gain or (loss) (Form 4797)	7	0	0	0	0%
	8 Other income	8	75	229	154	205%
	9 Total income. Combine lines 1 through 8	9	14,364	25,221	10,857	76%
Deductions	10 Interest	10	279	623	344	123%
	11 Taxes	11	0	0	0	0%
	12 Fiduciary fees	12	0	9,200	9,200	0%
	13 Charitable deduction (from Schedule A, line 7)	13	0	0	0	0%
	14 Attorney, accountant, and return preparer fees	14	0	265	265	0%
	15a Other deductions NOT subject to the 2% floor	15a	0	1,080	1,080	0%
	b Net operating loss deduction	15b	0	0	0	0%
	c Allowable misc. itemized deductions subject to the 2% floor	15c	3,552	3,392	-160	-5%
	16 Total. Add lines 10 through 15c	16	3,831	14,560	10,729	280%
	17 Adjusted total income (loss) (subtract line 16 from line 9)	17	10,533	10,661	128	1%
	18 Income distribution deduction (Schedule B, line 15)	18	7,431	0	-7,431	-100%
	19 Estate tax deduction (including certain generation-skipping taxes)	19	0	0	0	0%
	20 Exemption	20	300	300	0	0%
	21 Total deductions. Add lines 18 through 20	21	7,731	300	-7,431	-96%
Tax and Payments	22 Taxable income. Subtract line 21 from line 17	22	2,802	10,361	7,559	270%
	23 Total tax (from Schedule G, line 7)	23	65	1,247	1,182	1818%
	24a Payments: This year's estimated tax payments	24a	0	0	0	0%
	b Estimated tax payments allocated to beneficiaries (Form 1041-T)	24b	0	0	0	0%
	c Subtract line 24b from line 24a	24c	0	0	0	0%
	d Tax paid with extension of time to file	24d	0	0	0	0%
	e Federal income tax withheld	24e	0	0	0	0%
	h Other Payments	24h	0	0	0	0%
	25 Total payments. Add lines 24c through 24e, and 24h	25	0	0	0	0%
	26 Estimated tax penalty	26	0	0	0	0%
	27 Tax due. Enter amount owed	27	65	1,247	1,182	1818%
	28 Overpayment. Enter amount overpaid	28	0	0	0	0%
	29a Amount of line 28 to be credited to estimated tax	29a	0	0	0	0%
	29b Amount of line 28 to be refunded	29b	0	0	0	0%

Form 1041 Comparison (Page 2)

SCHEDULE A Charitable Deduction		Prior Year	Current Year	Difference	%
1 Amounts paid or permanently set aside for charitable purposes from gross income	1	0	0	0	0%
2 Tax-exempt income allocable to charitable contributions	2	0	0	0	0%
3 Subtract line 2 from line 1	3	0	0	0	0%
4 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	0	0	0	0%
5 Add lines 3 and 4	5	0	0	0	0%
6 Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	0	0	0	0%
7 Charitable deduction. Subtract line 6 from 5	7	0	0	0	0%
SCHEDULE B Income Distribution Deduction					
1 Adjusted total income (from page 1, line 17)	1	11,052	10,661	-391	-4%
2 Adjusted tax-exempt interest	2	0	0	0	0%
3 Total net gain from Schedule D (Form 1041), line 19, column (1)	3	0	0	0	0%
4 Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4	0	0	0	0%
5 Capital gains for the tax year included on Schedule A, line 1	5	0	0	0	0%
6 Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,621	-12,352	-8,731	-241%
7 Distributable net income (DNI). Combine lines 1 through 6	7	7,431	0	-7,431	-100%
8 Amount of income for tax year determined under the governing instrument	8	0	0	0	0%
9 Income required to be distributed currently	9	12,768	0	-12,768	-100%
10 Other amounts paid, credited, or otherwise required to be distributed	10	0	0	0	0%
11 Total distributions. Add lines 9 and 10	11	12,768	0	-12,768	-100%
12 Enter the amount of tax-exempt income included on line 11	12	0	0	0	0%
13 Tentative income distribution deduction. Subtract line 12 from line 11	13	12,768	0	-12,768	-100%
14 Tentative income distribution deduction. Subtract line 2 from line 7	14	7,431	0	-7,431	-100%
15 Income distribution deduction. Enter smaller of line 13 or line 14	15	7,431	0	-7,431	-100%
SCHEDULE G Tax Computation					
1a Tax on taxable income	1a	65	1,172	1,107	1703%
b Tax on lump-sum distributions (Form 4972) and ESBT	1b	0	0	0	0%
c Alternative minimum tax (Schedule I, line 56)	1c	0	0	0	0%
d Total Tax	1d	65	1,172	1,107	1703%
2a Foreign tax credit (Form 1116)	2a	0	0	0	0%
b General business credit (Form 3800)	2b	0	0	0	0%
c Credit for prior year minimum tax (Form 8801)	2c	0	0	0	0%
d Bond credits (Form 8912)	2d	0	0	0	0%
e Total credits. Add lines 2a through 2d	2e	0	0	0	0%
3 Subtract line 2e from line 1d. If zero or less, enter -0-	3	65	1,172	1,107	1703%
4 Net investment income tax from Form 8960, line 21	4	0	75	75	0%
5 Recapture taxes	5	0	0	0	0%
6 Household employment taxes. Attach Schedule H (Form 1040)	6	0	0	0	0%
7 Total tax. Add lines 3 through 6. Enter here and on page 1, line 23	7	65	1,247	1,182	1818%

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2016

Form 1041-V Payment Voucher

- Use this voucher when making a payment with Form 1041
- Do not staple this voucher or your payment to Form 1041
- Make your check or money order payable to the "United States Treasury"
- Write your Social Security Number (SSN) on your check or money order

Amount you are paying by check or money order ▶	Dollars
	1,247

1833

ELDRIDGE BASKIN TRUST
142 ATRIUM WAY
COLUMBIA, SC 29223

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI, OH 45999-0148

576131870 DD ELDR 05 2 201612 610

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Information about Form 1041 and its separate instructions is at www.irs.gov/form1041.

2016 OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2016 or fiscal year beginning _____ and ending _____

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

C Employer identification number

Name and title of fiduciary: William B Walkup, Trustee

D Date entity created: 9/21/1990

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐

☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	3,032
	2a	Total ordinary dividends	2a	9,608
	b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust 9,608		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	12,352
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount See attached statement	8	229
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	25,221
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	623
	11	Taxes	11	
	12	Fiduciary fees	12	9,200
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	265
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	1,080
	b	Net operating loss deduction. See instructions	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,392
	16	Add lines 10 through 15c ▶	16	14,560
	17	Adjusted total income or (loss). Subtract line 16 from line 9 | 17 | 10,661		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	300
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	10,361
	23	Total tax (from Schedule G, line 7)	23	1,247
	24	Payments: a 2016 estimated tax payments and amount applied from 2015 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004. See instructions	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 _____ ; g Form 4136 _____ ; Total ▶	24h	0
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty. See instructions	26	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	1,247
	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a Credited to 2017 estimated tax ▶ ; b Refunded ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date | ▶ EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	3/23/2017		

Firm's name ▶ Gary W Ballowe CPA

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 | Firm's EIN ▶ | Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **1041** (2016)

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	0
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	0
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	10,661
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-12,352
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	0
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8		
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	0
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	0
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	0
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0

Schedule G Tax Computation (see instructions)

1	**Tax:** a Tax on taxable income. See instructions	1a	1,172		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d **Total.** Add lines 1a through 1c			1d	1,172
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	**Total credits.** Add lines 2e through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	1,172
4	Net investment income tax from Form 8960, line 21			4	75
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 3 through 6. Enter here and on page 1, line 23			7	1,247

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2016, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ▶ ☐		X
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Information about Schedule I (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2016

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	10,661
2	Interest		2	
3	Taxes		3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)		4	3,392
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction. Enter as a positive amount		7	
8	Interest from specified private activity bonds exempt from the regular tax		8	
9	Qualified small business stock (see instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	-637
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24		25	13,416
	Note: *Complete Part II below before going to line 26.*			
26	Income distribution deduction from Part II, line 44	26		
27	Estate tax deduction (from Form 1041, line 19)	27		
28	Add lines 26 and 27		28	0
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25		29	13,416

If line 29 is:

- $23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $23,900, but less than $175,450, go to line 46.
- $175,450 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)		30	13,416
31	Adjusted tax-exempt interest (other than amounts included on line 8)		31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		32	0
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)		33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		34	
35	Capital gains computed on a minimum tax basis included on line 25		35	(11,715)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		37	1,701
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		39	
40	Total distributions. Add lines 38 and 39		40	0
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40		42	0

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-	43	1,701
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26	44	0

Part III Alternative Minimum Tax

45	Exemption amount			45	$23,900 00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	$79,650 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0		
49	Multiply line 48 by 25% (0.25)			49	0
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	0
51	Subtract line 50 from line 46			51	0
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $186,300 or less, multiply line 51 by 26% (0.26). • Over $186,300, multiply line 51 by 28% (0.28) and subtract $3,726 from the result			52	0
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	0
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	1,172
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51			57	0
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	9,608		
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	259		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	9,867		
61	Enter the **smaller** of line 57 or line 60			61	0
62	Subtract line 61 from line 57			62	0
63	If line 62 is $186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,726 from the result			63	0
64	Maximum amount subject to the 0% rate	64	$2,550 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	0		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0		
67	Enter the **smaller** of line 57 or line 58	67	0		
68	Enter the **smaller** of line 66 or line 67. This amount is taxed at 0%	68	0		
69	Subtract line 68 from line 67	69	0		

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,400	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	0				
73	Add line 71 and line 72	73	0				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (0.15) ▶				76	0	
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (0.20) ▶				79	0	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (0.25) ▶				82	0	
83	Add lines 63, 76, 79, and 82				83	0	
84	If line 57 is $186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,726 from the result				84	0	
85	Enter the smaller of line 83 or line 84 here and on line 52				85	0	

661113

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20 ____

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0092

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction	H	0

*See attached statement for additional information.

Note. A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

SCHEDULE B
(Form 1040A or 1040)
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074
2016
Attachment Sequence No. 08

Name(s) shown on return
Eldridge Baskin Trust

Your social security number

Part I Interest

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	266
	Installment Sale Interest	2,766
2	Add the amounts on line 1	3,032
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	3,032

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ E Trade Financial	
	Equity 95	6,200
		3,408
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	9,608

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back		X

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Name of estate or trust

Eldridge Baskin Trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

2016

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824			4	0
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet			6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►			7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost or other basis	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824			11	0
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts			12	11,456
13 Capital gain distributions			13	
14 Gain from Form 4797, Part I			14	896
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss Carryover Worksheet			15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►			16	12,352

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		12,352	12,352
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b		896	896
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	12,352	12,352

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:
a The loss on line 19, column (3) or b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21			
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24	0				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0		
28	Enter the **smaller** of the amount on line 21 or $2,550			28			
29	Enter the **smaller** of the amount on line 27 or line 28			29	0		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%					30	0
31	Enter the **smaller** of line 21 or line 26			31			
32	Subtract line 30 from line 26			32	0		
33	Enter the **smaller** of line 21 or $12,400			33			
34	Add lines 27 and 30			34	0		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0		
36	Enter the **smaller** of line 32 or line 35			36			
37	Multiply line 36 by 15% (0.15)					37	0
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39	0		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0		
41	Multiply line 40 by 20% (0.20)					41	0
42	Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42			
43	Add lines 37, 41, and 42			43	0		
44	Figure the tax on the amount on line 21. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44			
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					45	0

Name(s) shown on return. Do not enter name and social security number if shown on other side. Attachment Sequence No. 13

Eldridge Baskin Trust — Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a	Totals				
b	Totals				

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a	Totals			
b	Totals			

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	0
42	**Reconciliation of farming and fishing income.** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2016

Attachment Sequence No. 27

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	896
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	896
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form 4797 (2016)

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952*.

▶ Attach to your tax return.

OMB No. 1545-0191

2016

Attachment Sequence No. 51

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2016 (see instructions)	1	570
2	Disallowed investment interest expense from 2015 Form 4952, line 7	2	53
3	Total investment interest expense. Add lines 1 and 2	3	623

Part II Net Investment Income

4 a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	16,061		
b	Qualified dividends included on line 4a	4b	9,608		
c	Subtract line 4b from line 4a			4c	6,453
d	Net gain from the disposition of property held for investment	4d	12,352		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	12,352		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	6,453
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	6,453

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	623

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.
► Information about Form 8960 and its separate instructions is at *www.irs.gov/form8960.*

OMB No. 1545-2227

2016

Attachment Sequence No. **72**

Name(s) shown on your tax return

Eldridge Baskin Trust

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	3,032
2	Ordinary dividends (see instructions)			2	9,608
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	12,352		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	12,352
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	229
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	25,221

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	617		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c	4,431		
d	Add lines 9a, 9b, and 9c			9d	5,048
10	Additional modifications (see instructions)			10	10,459
11	Total deductions and modifications. Add lines 9d and 10			11	15,507

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	9,714
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	9,714		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	9,714		
19a	Adjusted gross income (see instructions)	19a	14,376		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,400		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	1,976		
20	Enter the smaller of line 18c or line 19c			20	1,976
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	75

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **8960** (2016)

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

► Attach to your tax return.
► Use a separate form for each sale or other disposition of property on the installment method.
► Information about Form 6252 and its instructions is at *www.irs.gov/form6252*.

OMB No. 1545-0228

2016

Attachment Sequence No. **79**

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ► Ashley Street

2 a Date acquired (mm/dd/yyyy) ► 01/01/1992 b Date sold (mm/dd/yyyy) ► 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated		5	
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6		
7	Subtract line 6 from line 5	7	0	
8	Cost or other basis of property sold	8		
9	Depreciation allowed or allowable	9		
10	Adjusted basis. Subtract line 9 from line 8	10	0	
11	Commissions and other expenses of sale	11		
12	Income recapture from Form 4797, Part III (see instructions)	12		
13	Add lines 10, 11, and 12		13	0
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions)		14	0
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-		15	0
16	**Gross profit.** Subtract line 15 from line 14		16	0
17	Subtract line 13 from line 6. If zero or less, enter -0-		17	0
18	**Contract price.** Add line 7 and line 17		18	0

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. For years after the year of sale, see instructions		19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-		20	0
21	Payments received during year (see instructions). Don't include interest, whether stated or unstated		21	2,819
22	Add lines 20 and 21		22	2,819
23	Payments received in prior years (see instructions). Don't include interest, whether stated or unstated	23 3,000		
24	**Installment sale income.** Multiply line 22 by line 19		24	896
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)		25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)		26	896

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ►

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2016 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

Form **8582**

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2016

Attachment Sequence No. **88**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

Part I 2016 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )	
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d 0

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
c	Add lines 2a and 2b			2c ( )

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	13	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )	
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
d	Combine lines 3a, 3b, and 3c			3d 13
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4 13

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See instructions for an example.*

5	Enter the **smaller** of the loss on line 1d or the loss on line 4			5 0
6	Enter $150,000. If married filing separately, see instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see instructions) **Note:** *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*	7	0	
8	Subtract line 7 from line 6	8	0	
9	Multiply line 8 by 50% (0.5). Do not enter more than $25,000. If married filing separately, see instructions			9 0
10	Enter the **smaller** of line 5 or line 9. If line 2c is a loss, go to Part III. Otherwise, go to line 15.			10 0

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0
12	Enter the loss from line 4	12	0
13	Reduce line 12 by the amount on line 10	13	0
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	0

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0
16	**Total losses allowed from all passive activities for 2016.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0	0	0		

Worksheet 2—For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶	0	0	

Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1065): Equity 95	13			13	
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	13	0	0		

Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶		0	1.00	0	0

Worksheet 5—Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶		0	1.00	0

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total ▶		0	0	0

Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶		0	1.00	0	0

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	3,032	0	3,032
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	9,608	0	9,608
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0	0	0
Gross income from Schedule F	0		0
Ordinary gain from Form 4797	0		0
Other income	229		229
Totals	12,869	0	12,869
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	623				623
11 Taxes	0				0
12 Fiduciary fees	9,200		0	0	9,200
14 Attorney, accountant, and return preparer fees	265		0	0	265
15a Other deductions NOT subject to the 2% floor	1,080		0	0	1,080
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor	1,568		2,112	2,112	3,680
Totals	12,736	0	2,112	2,112	14,848

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 10,545

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	14,560
Loss(es) reclassified as deductions	0
Total deductions to be allocated	14,560

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	3,032	1,750	1,282
Domestic interest	3,032	1,750	1,282
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	9,608	5,547	4,061
US Government interest	0	0	0
Qualified dividends distributable	9,608	5,547	4,061
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	0	0	0
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	229	132	97
Net royalty income	0	0	0
Annuities	0	0	0
Other Income	229	132	97
Capital Gains			
Capital gain allocated to fiduciary	12,352	7,131	5,221
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	25,221	14,560	10,661

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest	1,282	X	0	/	5,440	=	0
US Government interest	0	X	0	/	5,440	=	0
Dividends	4,061	X	0	/	5,440	=	0
Qualified dividends	4,061	X	0	/	5,440	=	0
US Government interest	0	X	0	/	5,440	=	0
Ordinary business income	0					=	0
Schedule C net profit	0	X	0	/	5,440	=	0
Schedule E ordinary income	0	X	0	/	5,440	=	0
Schedule F net profit	0	X	0	/	5,440	=	0
Rental Real Estate	0	X	0	/	5,440	=	0
Net other rental income	0	X	0	/	5,440	=	0
Other portfolio and nonbusiness income	97					=	0
Net royalty income	0	X	0	/	5,440	=	0
Annuities	0	X	0	/	5,440	=	0
Other Income	97	X	0	/	5,440	=	0
Capital Gains							
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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Line 8 (1041) - Other Income

1	From Form 4136 - Credit for Federal Tax Paid on Fuels ☐ Check here if accrual basis.	1	0
2	Other nonpassive income before directly apportioned deductions	2	
3	From Form W2 (Worksheet) - Income in respect of a decedent	3	0
4	From Form 1099-R (Worksheet) - Taxable distributions from pensions, annuities, retirement or profit-sharing plans	4	0
5	From Form 1099-R (Worksheet) - Taxable IRA/SEP/SIMPLE distributions	5	0
6	From Form 1099-MISC (Worksheet) - Substitute payments in lieu of dividends or interest	6	0
7	From Forms K-1 (1065, 1120S) (Worksheets) - Recovery bad debt, etc.	7	13
8	State tax refund (from worksheet below)	8	0
9	Ordinary income from Qualified Electing Fund (8621)	9	0
10	Gain or loss from Mark to Market Election (8621)	10	0
11	Excess Distributions (8621)	11	0
12	Lates fees collected on installment sale	12	216
13		13	
14		14	
15	Less penalty on early withdrawal of savings	15	0
16	Total other income	16	229
	Income on line 4 retained by the trust		

State and Local Income Tax Refund

Enter state refund information on 1099G (Worksheet).

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
	0			0
	0			0
	0			0
	0			0
	0			0
	0			0

Worksheet for refunds of amounts deducted in prior years

1	Enter the 2015 income tax refund from Form(s) 1099-G (or similar statement), but do not enter more than the amount on your 2015 Form 1041, line 11	1	0
2	Enter the amount of income tax refunded for years prior to 2015, but not more than the amount deducted for those years.	2	0
3	Total taxable income tax refund	3	0

Line 15a (1041) - Other Deductions Not Subject To The 2% Floor

List deductible amounts totally allocable to taxable income.

1	From Form 4562 - Depreciation and Amortization not releted to a specific business or activity	1	0
2	From Form 8873 - Extraterritorial Income Exclusion	2	0
3	From Form 4684 - Casualty and theft losses	3	0
4	From Form 8582 - Commercial revitalization deduction	4	0
5	Bond premiums	5	
6	From Form K-1 (65 and 20S) (Worksheet) - Medical insurance and other portfolio deductions	6	0
7	From Form 8903 - Domestic production activities deduction	7	0
8	Rental expenses paid in 2016 for property sold in 2015	8	1,080
9		9	0
10		10	0
11	Total other deductions allocable to taxable income	11	1,080

List deductible amounts to be allocated between taxable and nontaxable income.

12		12	0		
13		13	0		
14		14			
15	Total to be allocated	15	0		
16	Ratio of taxable income to nontaxable income	16	1.0000		
17	Multiply line 15 by line 16			17	0
18	Total other deductions			18	1,080

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 6/7/16)
3084

For the calendar year 2016 or Fiscal Taxable Year Beginning _____ and ending _____ 2016

Name of Estate or Trust					
ELDRIDGE BASKIN TRUST				FEIN ▶	
Name and Title of Fiduciary	Mailing Address	City	State	ZIP Code	County Code
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223	

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check if:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
▶ ☐ Address change ☒ Simple trust	☒ Testamentary	☒ Resident estate or trust	☐ Yes ☒ No
▶ ☐ Amended return ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
▶ ☐ Final return			
☐ Estate			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO If YES, how many? 1 If NO, attach explanation.

- Does the estate or trust have any South Carolina modifications? ☐ YES or ☒ NO
- If the estate or trust has any nonresident beneficiaries, is any income from SC sources? ☐ YES or ☒ NO (or not applicable)
- Does line 22, Federal Form 1041 reflect any taxable income of the fiduciary? ☒ YES or ☐ NO
- If NO to ALL three questions, do NOT complete the remainder of this form.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III) ▶				1	10,361 00
2. Federal fiduciary exemption included in line 1 above				2	300 00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)				3	-5,435 00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 1i, Part II) ☐ Addition ☐ Subtraction				4	0 00
5. NET (combine lines 1 to 4)				5	5,226 00
6. South Carolina fiduciary exemption (see instructions)				6	< 300 00 >
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6) ▶				7	4,926 00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule)	8	60 00			
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335) ▶	9	0 00			
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC) ▶	10	< 0 00 >			
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO				11	60 00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV) ▶				12	0 00
13. TOTAL TAX (add lines 11 and 12 and enter here) ▶				13	60 00
14. Amount paid with request for extension and SC Withholding ▶	14	0 00			
15. 2016 Estimated Payments from SC1041ES (and amount applied from 2015 return) ▶	15	0 00			
16. Total Payments (add lines 14 and 15) ▶				16	0 00
17. Overpayment (line 16 less line 13) ▶				17	0 00
18. Late Filing and/or late payment Penalties ▶ 0 00 Interest ▶ 0 00 Enter total here	18	0 00			
19. Penalty for Underpayment of Estimated Tax (Attach SC2210) ▶	19	0 00			
20. Balance Due (line 13 less line 16 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue ▶ BALANCE DUE				20	60 00
21. Amount of line 17 to be credited to 2017 Estimated Tax ▶				21	0 00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) ▶ REFUND				22	0 00

Please Sign Here

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

▶ _____ Signature of fiduciary or officer representing fiduciary Date

Taxpayer's Email

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☒ No ☐

Preparer's Printed Name: GARY W BALLOWE

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☒	Preparer's telephone number
	3/23/2017		
Firm's name (or yours if self-employed) and address ▶ GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC		PTIN or FEIN ▶	
		ZIP Code ▶ 29205	

30841027

Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

			Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:			
a. State and local interest	1a	0	
b. State or local taxes measured by income deducted on the federal return	1b	0	
c. Federal net operating loss carryover	1c	0	
d. Out-of state losses	1d		
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	0	
f. Total additions to federal income (add lines 1a through 1e)			1f 0
2. Subtractions from federal taxable income			
a. Interest on US Government obligations	2a	0	
b. State income tax refunds reported as income on federal return	2b	0	
c. South Carolina net operating loss carryover (attach schedule)	2c		
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0	
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	0	
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f 0
3. Total (subtract line 2f from line 1f)			3 0
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4 0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition ☐ or Subtraction ☐			5 0

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment
	2. Amount	3. Percent	Addition ☐ or Subtraction ☐
a. JANE E BASKIN ☐ [redacted]-9155	0	%	0
b. ☐	0	%	0
c. ☐	0	%	0
d. ☐	0	%	0
e. ☐	0	%	0
f. ☐	0	%	0
g. ☐	0	%	0
h. ☐	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	100.00%	0
Totals	0	100.00%	0

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

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ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1, Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0		
	19. Federal estate tax (fiduciary)			
	Federal estate tax (beneficiary)			
	20. Exemption			
	21. Total (add lines 18 through 20)	0		
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 6/4/15)
3516

For calendar year 2016 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶

Beneficiary's name, address and ZIP code

JANE E BASKIN
C/O WB WALKUP 142 ATRIUM WAY
COLUMBIA SC 29223

Estate or trust's FEIN ▶

Estate or trust's name, fiduciary's name, address and ZIP code

ELDRIDGE BASKIN TRUST
WILLIAM B WALKUP TRUSTEE
142 ATRIUM WAY
COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

	Beneficiary's Share of Current Year Income, Deductions, Credits, etc.	(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1 0	1 0	1 0	1 0
	2 Dividends	2 0	2 0	2 0	2 0
	3 Net short-term capital gain	3 0	3 0	3 0	3 0
	4 Net long-term capital gain	4 0	4 0	4 0	4 0
	5 Other portfolio and nonbusiness income	5 0	5 0	5 0	5 0
	6 Ordinary business income	6 0	6 0	6 0	6 0
	7 Net rental real estate income	7 0	7 0	7 0	7 0
	8 Other rental income	8 0	8 0	8 0	8 0
Deductions	9 Directly apportioned deductions	9 0	9 0	9 0	9 0
	10 Estate tax deduction	10 0	10 0	10 0	10 0
	11 Final year deductions	11 0	11 0	11 0	11 0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)				12 0

List applicable South Carolina tax credits. (Attach an additional sheet if needed.)

Credits		
13		13 0
14		14 0
15		15 0
16		16 0
17	Total South Carolina tax credits	17 0

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Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Go to www.irs.gov/Form1041 for instructions and the latest information.

2017 **COPY** OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate-Ch. 7
- ☐ Bankruptcy estate-Ch. 11
- ☐ Pooled income fund

For calendar year 2017 or fiscal year beginning , and ending

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

Name and title of fiduciary: William B Walkup, Trustee

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

C Employer identification number

D Date entity created: 9/21/1990

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.
- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1	2,869
	2a	Total ordinary dividends	2a	11,167
	b	Qualified dividends allocable to: (1) Beneficiaries 11,167 (2) Estate or trust		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	3,653
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount	8	
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	17,689
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10	1,771
	11	Taxes	11	60
	12	Fiduciary fees. If a portion is subject to the 2% floor, see instructions	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees If a portion is subject to the 2% floor, see instructions.	14	2,893
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a	
	b	Net operating loss deduction. See instructions	15b	
	c	Allowable miscellaneous itemized deductions subject to the 2% floor	15c	3,984
	16	Add lines 10 through 15c	16	8,708
	17	Adjusted total income or (loss). Subtract line 16 from line 9 ▶ 17 8,981		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	5,328
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	5,628
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3,353
	23	Total tax (from Schedule G, line 7)	23	229
	24	Payments: a 2017 estimated tax payments and amount applied from 2016 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	0
	d	Tax paid with Form 7004. See instructions	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h	0
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25	0
	26	Estimated tax penalty. See instructions ▶	26	
	27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	229
	28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0
	29	Amount of line 28 to be: a Credited to 2018 estimated tax ▶ ; b Refunded ▶	29	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary ▶ Date ▶ EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Gary W Ballowe	Gary W Ballowe	4/10/2018		

Firm's name ▶ Gary W Ballowe CPA — Firm's EIN ▶

Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205 — Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 1041 (2017)

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	0
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	0
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	8,981
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-3,653
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	5,328
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law [8]		
9	Income required to be distributed currently	9	3,019
10	Other amounts paid, credited, or otherwise required to be distributed	10	21,796
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	24,815
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	24,815
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	5,328
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	5,328

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income. See instructions	1a	229		
	b Tax on lump-sum distributions. Attach Form 4972	1b			
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c			
	d **Total.** Add lines 1a through 1c			1d	229
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	Total credits. Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	229
4	Net investment income tax from Form 8960, line 21			4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			5	
6	Household employment taxes. Attach Schedule H (Form 1040)			6	
7	**Total tax.** Add lines 3 through 6. Enter here and on page 1, line 23			7	229

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ► $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2017, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ► ☐		X
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ► ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ► ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Go to *www.irs.gov/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2017

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)		1	8,981
2	Interest		2	
3	Taxes		3	60
4	Miscellaneous itemized deductions (from Form 1041, line 15c)		4	3,984
5	Refund of taxes		5	( )
6	Depletion (difference between regular tax and AMT)		6	
7	Net operating loss deduction. Enter as a positive amount		7	
8	Interest from specified private activity bonds exempt from the regular tax		8	
9	Qualified small business stock (see instructions)		9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)		10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		12	
13	Disposition of property (difference between AMT and regular tax gain or loss)		13	-728
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		14	
15	Passive activities (difference between AMT and regular tax income or loss)		15	
16	Loss limitations (difference between AMT and regular tax income or loss)		16	
17	Circulation costs (difference between regular tax and AMT)		17	
18	Long-term contracts (difference between AMT and regular tax income)		18	
19	Mining costs (difference between regular tax and AMT)		19	
20	Research and experimental costs (difference between regular tax and AMT)		20	
21	Income from certain installment sales before January 1, 1987		21	( )
22	Intangible drilling costs preference		22	
23	Other adjustments, including income-based related adjustments		23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		24	( )
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24 Note: *Complete Part II below before going to line 26.*		25	12,297
26	Income distribution deduction from Part II, line 44	26 9,372		
27	Estate tax deduction (from Form 1041, line 19)	27		
28	Add lines 26 and 27		28	9,372
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 If line 29 is: • $24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. • Over $24,100, but less than $176,850, go to line 45. • $176,850 or more, enter the amount from line 29 on line 51 and go to line 52.		29	2,925

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)		30	12,297
31	Adjusted tax-exempt interest (other than amounts included on line 8)		31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		32	0
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)		33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		34	
35	Capital gains computed on a minimum tax basis included on line 25		35	(2,925)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount		36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-		37	9,372
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		38	3,019
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		39	21,796
40	Total distributions. Add lines 38 and 39		40	24,815
41	Tax-exempt income included on line 40 (other than amounts included on line 8)		41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40		42	24,815

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-			43	9,372
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43. Enter here and on line 26			44	9,372

Part III Alternative Minimum Tax

45	Exemption amount			45	$24,100 00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	$80,450 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0		
49	Multiply line 48 by 25% (0.25)			49	0
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	0
51	Subtract line 50 from line 46			51	0
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $187,800 or less, multiply line 51 by 26% (0.26). • Over $187,800, multiply line 51 by 28% (0.28) and subtract $3,756 from the result			52	0
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	0
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	229
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: *If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.*

57	Enter the amount from line 51			57	0
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	297		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	297		
61	Enter the smaller of line 57 or line 60			61	0
62	Subtract line 61 from line 57			62	0
63	If line 62 is $187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,756 from the result			63	0
64	Maximum amount subject to the 0% rate	64	$2,550 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	725		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0		
67	Enter the smaller of line 57 or line 58	67	0		
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	0		
69	Subtract line 68 from line 67	69	0		

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,500	00		
71	Enter the amount from line 66	71	0			
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	725			
73	Add line 71 and line 72	73	725			
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0			
75	Enter the **smaller** of line 69 or 74	75	0			
76	Multiply line 75 by 15% (0.15) ▶				76	0
77	Add lines 68 and 75	77	0			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.					
78	Subtract line 77 from line 67	78	0			
79	Multiply line 78 by 20% (0.20) ▶				79	0
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.					
80	Add lines 62, 77, and 78	80	0			
81	Subtract line 80 from line 57	81	0			
82	Multiply line 81 by 25% (0.25) ▶				82	0
83	Add lines 63, 76, 79, and 82				83	0
84	If line 57 is $187,800 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,756 from the result				84	0
85	Enter the **smaller** of line 83 or line 84 here and on line 52				85	0

661117

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0092

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2017
For calendar year 2017, or tax year beginning / 2017 ending

Beneficiary's Share of Income, Deductions, Credits, etc. ► See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income 1,089	11	Final year deductions
2a	Ordinary dividends 4,239		
2b	Qualified dividends 4,239		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12 A	Alternative minimum tax adjustment 4,044
4c	Unrecaptured section 1250 gain	J	4,044
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14 E	Other information 5,328
10	Estate tax deduction	H	0

*See attached statement for additional information.
Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Eldridge Baskin Trust

K-1 Statement (Sch K1 (1041))

Line 12 - Alternative Minimum Tax Items

A	Code A - Adjustment for minimum tax purposes	4,044
J	Code J - Exclusion items	4,044

Line 14 - Other Information

E	Code E - Net investment income	5,328
H	Code H - Adjustment for section 1411 net investment income or deductions	0

Jane E Baskin

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
► Go to *www.irs.gov/F1041* for instructions and the latest information.

OMB No. 1545-0092

2017

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	0
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Carryover Worksheet	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	7,905	11,421		-3,516
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	7,835	1,691		6,144
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	1,025
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss Carryover Worksheet	15	( )
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	3,653

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17		0
18	Net long-term gain or (loss):			
a	Total for year	18a	3,653	3,653
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b	1,025	1,025
c	28% rate gain	18c		0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	3,653	3,653

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

a The loss on line 19, column (3) or b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			21			
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24	0				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0		
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0		
28	Enter the **smaller** of the amount on line 21 or $2,550			28			
29	Enter the **smaller** of the amount on line 27 or line 28			29	0		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%					30	0
31	Enter the **smaller** of line 21 or line 26			31			
32	Subtract line 30 from line 26			32	0		
33	Enter the **smaller** of line 21 or $12,500			33			
34	Add lines 27 and 30			34	0		
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0		
36	Enter the **smaller** of line 32 or line 35			36			
37	Multiply line 36 by 15% (0.15)					37	0
38	Enter the amount from line 31			38			
39	Add lines 30 and 36			39	0		
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0		
41	Multiply line 40 by 20% (0.20)					41	0
42	Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42			
43	Add lines 37, 41, and 42			43	0		
44	Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44			
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)					45	0

SCHEDULE B (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Eldridge Baskin Trust

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment Sequence No. 08

Your social security number

Part I Interest

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	706
	Installment Sale Interest	2,163
2	Add the amounts on line 1	2,869
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	2,869

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
	E Trade Financial	
	Equity 95	6,673
		4,494
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	11,167

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Eldridge Baskin Trust

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You *may* aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- [ ] (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- [ ] (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
E*Trade	1/1/2016	12/31/2017	7,905	11,421			-3,516
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			7,905	11,421		0	-3,516

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: Eldridge Baskin Trust | Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
E*Trade	1/1/2016	12/31/2017	7,835	1,691			6,144
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			7,835	1,691		0	6,144

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

Eldridge Baskin Trust

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Equity 95	P	☐		☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a Totals					
b Totals					

30 Add columns (g) and (j) of line 29a 30

31 Add columns (f), (h), and (i) of line 29b . . . . . 31 ( )

32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below 32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34 a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a 35

36 Add columns (c) and (e) of line 34b . . . . . 36 ( )

37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below 37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 0

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40

41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 . . . ▶ 41 0

42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42

43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules 43

HTA

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.
► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017

Attachment Sequence No. 27

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	1,025
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	1,025
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2017)

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Go to *www.irs.gov/Form4952* for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2017

Attachment Sequence No. **51**

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2017 (see instructions)	1	1,771
2	Disallowed investment interest expense from 2016 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	1,771

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	14,036		
b	Qualified dividends included on line 4a	4b	11,167		
c	Subtract line 4b from line 4a			4c	2,869
d	Net gain from the disposition of property held for investment	4d	3,653		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	3,653		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	2,869
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	2,869

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2018. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	1,771

For Paperwork Reduction Act Notice, see page 4.

HTA

Form **4952** (2017)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

▶ Attach to your tax return.
▶ Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2017

Attachment Sequence No. **72**

Name(s) shown on your tax return

Eldridge Baskin Trust

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	2,869
2	Ordinary dividends (see instructions)			2	11,167
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	3,653		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	3,653
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	17,689

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	1,771		
b	State, local, and foreign income tax (see instructions)	9b	60		
c	Miscellaneous investment expenses (see instructions)	9c	3,984		
d	Add lines 9a, 9b, and 9c			9d	5,815
10	Additional modifications (see instructions)			10	2,893
11	Total deductions and modifications. Add lines 9d and 10			11	8,708

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-			12	8,981
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	8,981		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	5,328		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	3,653		
19a	Adjusted gross income (see instructions)	19a	9,168		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,500		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form **8960** (2017)

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.
▶ Use a separate form for each sale or other disposition of property on the installment method.
▶ Go to *www.irs.gov/Form6252* for the latest information.

OMB No. 1545-0228

2017

Attachment Sequence No. 79

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated		5	
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6		
7	Subtract line 6 from line 5	7	0	
8	Cost or other basis of property sold	8		
9	Depreciation allowed or allowable	9		
10	Adjusted basis. Subtract line 9 from line 8	10	0	
11	Commissions and other expenses of sale	11		
12	Income recapture from Form 4797, Part III (see instructions)	12		
13	Add lines 10, 11, and 12		13	0
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions)		14	0
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-		15	0
16	Gross profit. Subtract line 15 from line 14		16	0
17	Subtract line 13 from line 6. If zero or less, enter -0-		17	0
18	Contract price. Add line 7 and line 17		18	0

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions)		19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-		20	0
21	Payments received during year (see instructions). Don't include interest, whether stated or unstated		21	3,224
22	Add lines 20 and 21		22	3,224
23	Payments received in prior years (see instructions). Don't include interest, whether stated or unstated	23 5,819		
24	Installment sale income. Multiply line 22 by line 19		24	1,025
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)		25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)		26	1,025

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2017 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

For Paperwork Reduction Act Notice, see page 4.

HTA

Form **6252** (2017)

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	2,869	0	2,869
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	11,167	0	11,167
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0		0
Gross income from Schedule F	0	0	0
Ordinary gain from Form 4797	0		0
Other income	0		0
	0		0
Totals	14,036	0	14,036
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	1,771				1,771
11 Taxes	60				60
12 Fiduciary fees	0		0	0	0
14 Attorney, accountant, and return preparer fees	2,893		0	0	2,893
15a Other deductions NOT subject to the 2% floor	0		0	0	0
b NOL deduction	0				0
c Allowable miscellaneous itemized deductions subject to the 2% floor	4,168	0	0	0	4,168
Totals	8,892	0	0	0	8,892

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 2,893

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	8,708
Loss(es) reclassified as deductions	0
Total deductions to be allocated	8,708

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	2,869	1,413	1,456
Domestic interest	2,869	1,413	1,456
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	11,167	5,497	5,670
US Government interest	0	0	0
Qualified dividends distributable	11,167	5,497	5,670
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	0	0	0
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	0	0	0
Net royalty income	0	0	0
Annuities	0	0	0
Other income	0	0	0
Capital Gains	0	0	0
Capital gain allocated to fiduciary			
Capital gain allocated to beneficiaries:	3,653	1,798	1,855
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	17,689	8,708	8,981

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest							
US Government interest	1,456	x	5,328	/	7,126	=	1,089
Dividends	0	x	5,328	/	7,126	=	0
Qualified dividends	5,670	x	5,328	/	7,126	=	4,239
US Government interest	5,670	x	5,328	/	7,126	=	4,239
Ordinary business income	0	x	5,328	/	7,126	=	0
Schedule C net profit	0					=	0
Schedule E ordinary income	0	x	5,328	/	7,126	=	0
Schedule F net profit	0	x	5,328	/	7,126	=	0
Rental Real Estate	0	x	5,328	/	7,126	=	0
Net other rental income	0	x	5,328	/	7,126	=	0
Other portfolio and nonbusiness income	0	x	5,328	/	7,126	=	0
Net royalty income	0					=	0
Annuities	0	x	5,328	/	7,126	=	0
Other income	0	x	5,328	/	7,126	=	0
Capital Gains	0	x	5,328	/	7,126	=	0
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

FIDUCIARY INCOME TAX RETURN

SC1041
(Rev. 10/11/17)
3084

For the calendar year 2017 or Fiscal Taxable Year Beginning _____ and ending _____ **2017**

Name of Estate or Trust					
ELDRIDGE BASKIN TRUST				FEIN ▶	
Name and Title of Fiduciary	Mailing Address	City	State	ZIP Code	County Code
WILLIAM B WALKUP TRUSTEE	142 ATRIUM WAY	COLUMBIA	SC	29223	

ATTACH COPY OF FEDERAL FORM 1041 AND ALL ITS SCHEDULES, INCLUDING SCHEDULES K-1. Extension Requested: ☐ Yes

A. Check If:	B. If trust, check whether:	C. Also check if:	D. Has final distribution of assets been made during the year?
▶ ☐ Address change ☒ Simple trust	☐ Testamentary	☒ Resident estate or trust	☐ Yes ☐ No
▶ ☐ Amended return ☐ Complex trust	☐ Inter vivos	☐ Nonresident estate or trust	
▶ ☐ Final return ☐ Estate ☐ Grantor Trust			
☐ Electing Small Business Trust			

E. During this taxable year, was this estate or trust notified of any federal change for any prior years? ☐ YES or ☒ NO If YES, attach copy.
F. Is a federal Schedule K-1 attached for each beneficiary? ☒ YES or ☐ NO If YES, how many? 1 If NO, attach explanation.

If a NONRESIDENT estate or trust with income from both South Carolina and Non-South Carolina sources - complete and attach Part III, page 3 of SC1041.

1. FEDERAL TAXABLE INCOME (Residents: Federal Form 1041; Nonresidents: line 22, column D, Part III) ▶	1	3,353	00
2. Federal fiduciary exemption included in line 1 above	2	300	00
3. South Carolina Modifications relating to gains allocated to principal or relating to other items not affecting federal distributable net income (attach explanation)	3	0	00
4. Fiduciary's Share of SC Fiduciary Adjustment (from line 1i, Part II) ☒ Addition ☐ Subtraction	4	0	00
5. NET (combine lines 1 to 4)	5	3,653	00
6. South Carolina fiduciary exemption (see instructions)	6	< 300	00 ▶
7. SOUTH CAROLINA TAXABLE INCOME (line 5 less line 6) ▶	7	3,353	00
8. SOUTH CAROLINA TAX (see instructions for tax computation schedule) ▶	8	13	00
9. TAX on Lump Sum Distribution (SC4972) and/or Active Trade or Business Income (I-335) ▶	9	0	00
10. Less NON-REFUNDABLE CREDITS (attach SC1040TC) ▶	10	< 0	00 ▶
11. Combine lines 8 - 10 and enter the results here BUT NOT LESS THAN ZERO	11	13	00
12. South Carolina income tax withheld for nonresident beneficiaries (From Part IV) ▶	12	0	00
13. TOTAL TAX (add lines 11 and 12 and enter here) ▶	13	13	00
14. Amount paid with: (a)extension ▶ 0 00 (b)SC Withholding ▶ 0 00 Enter total ▶	14	0	00
15. Estimated TaxPayments: (a) ▶ 0 00 Amount applied from 2016 return: (b) ▶ 0 00 Enter total ▶	15	0	00
16. Total Payments (add lines 14 and 15) ▶	16	0	00
17. Overpayment (line 16 less line 13) ▶	17	0	00
18. Late Filing and/or late payment: Penalties ▶ 0 00 Interest ▶ 0 00 Enter total here ▶	18	0	00
19. Penalty for Underpayment of Estimated Tax (Attach SC2210) ▶	19	0	00
20. Balance Due (line 13 less line 16 plus line 18 and 19, if applicable) Pay in full to SC Department of Revenue BALANCE DUE ▶	20	13	00
21. Amount of line 17 to be credited to 2018 Estimated Tax ▶	21	0	00
22. Net Refund (subtract line 21 from line 17 and enter the amount to be refunded) REFUND ▶	22	0	00

Please Sign Here

I declare that this return and all attachments are true, correct and complete to the best of my knowledge and belief.

Signature of fiduciary or officer representing fiduciary _____ Date _____ Taxpayer's Email _____

I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes ☐ No ☐

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☒	Preparer's Printed Name	Preparer's telephone number
Gary W Ballowe	4/10/2018		GARY W BALLOWE	
Firm's name (or yours if self-employed) and address ▶ GARY W BALLOWE CPA, 4002 KILBOURNE ROAD COLUMBIA SC			PTIN or FEIN ▶ ZIP Code ▶ 29205	

30841175

Name and FEIN on page 1 ELDRIDGE BASKIN TRUST

Part I - SOUTH CAROLINA FIDUCIARY ADJUSTMENT

			Adjustments to amount included in federal distributable net income
1. Additions to federal taxable income:			
a. State and local interest	1a	0	
b. State or local taxes measured by income deducted on the federal return	1b	60	
c. Federal net operating loss carryover	1c	0	
d. Out-of state losses	1d		
e. Other additions to income (see instructions) - ATTACH AN EXPLANATION	1e	0	
f. Total additions to federal income (add lines 1a through 1e)			1f 60
2. Subtractions from federal taxable income			
a. Interest on US Government obligations	2a	0	
b. State income tax refunds reported as income on federal return	2b	0	
c. South Carolina net operating loss carryover (attach schedule)	2c		
d. Active Trade or Business Income Deduction (I-335, line 5)	2d	0	
e. Other subtractions from income (see instructions) - ATTACH AN EXPLANATION	2e	0	
f. Total subtractions from federal taxable income (add lines 2a through 2e)			2f 0
3. Total (subtract line 2f from line 1f)			3 60
4. Fiduciary adjustment from other estates or trusts and partnership adjustment (attach schedule)			4 0
5. South Carolina fiduciary adjustment (add lines 3 and 4) Addition [X] or Subtraction [ ]			5 60

Part II - ALLOCATION OF SOUTH CAROLINA FIDUCIARY ADJUSTMENT

Complete ONLY if Part I indicates a South Carolina Fiduciary Adjustment. It is allocated among all beneficiaries and fiduciary in the same ratio as their relative shares of Federal Distributable Net Income. Nonresident beneficiaries see parts III and IV for computation of income.

1. Name of each beneficiary. Check box if beneficiary is a nonresident. All beneficiaries receiving federal K-1 must be listed. Use attachment if more than eight beneficiaries. Social Security Number	Shares of Federal Distributable Net Income		4. Shares of South Carolina Fiduciary Adjustment
	2. Amount	3. Percent	Addition [X] or Subtraction [ ]
a. JANE E BASKIN [ ] [redacted]9155	5,328	100.00%	60
b. [ ]	0	%	0
c. [ ]	0	%	0
d. [ ]	0	%	0
e. [ ]	0	%	0
f. [ ]	0	%	0
g. [ ]	0	%	0
h. [ ]	0	%	0
i. Fiduciary ELDRIDGE BASKIN TRUST	0	%	0
Totals	5,328	100.00%	60

COLUMN 2 - Total federal distributable net income must be the same as line 7, Schedule B Form 1041.

COLUMN 3 - Indicate percentages with two numbers, such as 32%, 3.2% and .32%.

COLUMN 4 - Enter South Carolina Fiduciary Adjustment from line 5, Part I as the total of Column 4. Multiply each percentage in Column 3 times the total in Column 4. Indicate at the top of Column 4, whether the adjustments are additions or subtractions. If the adjustment is a subtraction, it may not offset more than the amount reportable from the fiduciary for federal tax purposes (except in the final or termination year).

COLUMNS 2, 3, AND 4 - Attach a detailed explanation of the allocation method used if there is no federal distributable net income, or, if the percentages do not agree with the relative shares indicated on Form 1041, Schedules B and K-1.

COLUMN 4 - The amount after each name is reported as a modification, either an addition to or subtraction from federal taxable income. Each resident beneficiary should add the explanation: "fiduciary adjustment - (name of estate or trust)". A copy of this schedule (or its information) must be provided to each resident beneficiary. The fiduciary's share of the adjustment is entered on line 4 of page 1.

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ELDRIDGE BASKIN TRUST

FOR NONRESIDENT ESTATES AND TRUSTS OR RESIDENT ESTATES AND TRUSTS WITH NONRESIDENT BENEFICIARIES

Part III - COMPUTATION OF FEDERAL TAXABLE INCOME OF THE ESTATE OR TRUST FROM SOUTH CAROLINA SOURCES

	A. These items correspond to page 1, Federal Form 1041	B. Total income as reported on Federal Form 1041	C. That part of Column Column B from South Carolina sources	D. Nonresident fiduciary's portion of Column C and capital gains not distributed
INCOME	1. Interest income	0	0	0
	2. Dividends	0	0	0
	3. Business income or (loss)	0	0	0
	4. Capital gain or (loss)	0	0	0
	5. Rents, royalties, partnerships, other estates and trusts, etc.	0	0	0
	6. Farm income or (loss)	0	0	0
	7. Ordinary gain or (loss)	0	0	0
	8. Other income	0	0	0
	9. Total income (combine lines 1 through 8)	0	0	0
DEDUCTIONS	10. Interest	0	0	0
	11. Taxes	0	0	0
	12. Fiduciary fees	0	0	0
	13. Charitable deduction	0	0	0
	14. Attorney, accountant, and return preparer fees	0	0	0
	15a. Other deductions NOT subject to the 2% floor	0	0	0
	15b. Allowable miscellaneous itemized deductions subject to the 2% floor	0	0	0
	16. Total (add lines 10 through 15b)	0	0	0
	17. Subtract line 16 from line 9	0	0	0
	18. Distributions to beneficiaries	0		
	19. Federal estate tax (fiduciary)			
	Federal estate tax (beneficiary)			
	20. Exemption			
	21. Total (add lines 18 through 20)	0		
	22. Taxable income (subtract line 21 from line 17)	0	0	0
	23. Total percent of all nonresident beneficiaries (from Part II, page 2)		%	
	24. Total South Carolina income of nonresident beneficiaries (multiply line 22 by line 23)		0	

Part IV - NONRESIDENT BENEFICIARIES' SHARES OF INCOME AND CREDITS

A. Name	B. Beneficiary's percentage from Part II	C. South Carolina capital gain (line 4, column C, Part III multiplied by column B)	D. South Carolina ordinary income (line 22, column C, Part III less capital gains times Column B.)	E. Less amounts exempt from withholding by I-41 Affidavit.	F. Tax to be withheld (net amount of column C, column D and column E times 7%)
a.					
b.					
c.					
d.					
e.					
TOTALS	%	0	0	0	0

Part V - NONRESIDENT EXEMPTION ALLOWANCE FOR FIDUCIARY

1. Exemption allowance claimed on Federal Form 1041	1	0
2. Ratio of total South Carolina income (line 9, column D, Part III) to total federal income (line 9, column B, Part III)	2	%
3. South Carolina nonresident fiduciary exemption (multiply line 1 by line 2 and enter on line 6 page 1)	3	0

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BENEFICIARY'S SHARE OF SOUTH CAROLINA INCOME, DEDUCTIONS, CREDITS, ETC.

SC1041 K-1
(Rev. 6/4/15)
3516

For calendar year 2017 or tax year beginning _____ and ending _____

Beneficiary's identifying number ▶

Beneficiary's name, address and ZIP code

JANE E BASKIN
C/O WB WALKUP 142 ATRIUM WAY
COLUMBIA SC 29223

Estate or trust's FEIN ▶

Estate or trust's name, fiduciary's name, address and ZIP code

ELDRIDGE BASKIN TRUST
WILLIAM B WALKUP TRUSTEE
142 ATRIUM WAY
COLUMBIA

Check if applicable: (1) ☐ Final K-1 (2) ☐ Amended K-1 (3) ☐ Nonresident

Beneficiary's Share of Current Year Income, Deductions, Credits, etc.		(A) Federal K-1 Amounts	(B) Plus or Minus SC Adjustments	(C) Amounts Not Allocated or Apportioned to SC	(D) Amounts Allocated or Apportioned to SC
Income (Loss)	1 Interest income	1 1,089	1 12	1 0	1 1,101
	2 Dividends	2 4,239	2 48	2 0	2 4,287
	3 Net short-term capital gain	3 0	3 0	3 0	3 0
	4 Net long-term capital gain	4 0	4 0	4 0	4 0
	5 Other portfolio and nonbusiness income	5 0	5 0	5 0	5 0
	6 Ordinary business income	6 0	6 0	6 0	6 0
	7 Net rental real estate income	7 0	7 0	7 0	7 0
	8 Other rental income	8 0	8 0	8 0	8 0
Deductions	9 Directly apportioned deductions	9 0	9 0	9 0	9 0
	10 Estate tax deduction	10 0	10 0	10 0	10 0
	11 Final year deductions	11 0	11 0	11 0	11 0
	12 Withholding tax for nonresident beneficiary (See SC1041 K-1 Instructions)				12 0
	List applicable South Carolina tax credits. (Attach an additional sheet if needed.)				
Credits	13				13 0
	14				14 0
	15				15 0
	16				16 0
	17 Total South Carolina tax credits				17 0

35161017

SUMMARY OF STOCK PARTNERSHIP VALUES
12/31/18

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	12/31/18 Value	$ Gain
EQUITY 95		$ 33,500.00	541.7%	$ 214,983.80	$ 181,483.80
Totals:		$ 33,500.00	541.7%	$ 214,983.80	$ 181,483.80

SUMMARY OF STOCK PARTNERSHIP VALUES
09/30/18

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	09/30/18 Value	$ Gain
EQUITY 95		$ 33,500.00	644.7%	$ 249,459.47	$ 215,959.47
Totals:		$ 33,500.00	644.7%	$ 249,459.47	$ 215,959.47

SUMMARY OF STOCK PARTNERSHIP VALUES
06/30/18

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	06/30/18 Value	$ Gain
EQUITY 95		$ 33,500.00	606.4%	$ 236,643.09	$ 203,143.09
Totals:		$ 33,500.00	606.4%	$ 236,643.09	$ 203,143.09

SUMMARY OF STOCK PARTNERSHIP VALUES
03/31/18

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	03/31/18 Value	$ Gain
EQUITY 95		$ 33,500.00	593.9%	$ 232,459.56	$ 198,959.56
Totals:		$ 33,500.00	593.9%	$ 232,459.56	$ 198,959.56

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

2018 OMB No. 1545-0092

A Check all that apply:
- [ ] Decedent's estate
- [X] Simple trust
- [ ] Complex trust
- [ ] Qualified disability trust
- [ ] ESBT (S portion only)
- [ ] Grantor type trust
- [ ] Bankruptcy estate-Ch. 7
- [ ] Bankruptcy estate-Ch. 11
- [ ] Pooled income fund

For calendar year 2018 or fiscal year beginning _____ and ending _____

Name of estate or trust (If a grantor type trust, see the instructions.): Eldridge Baskin Trust

C Employer identification number: _____

Name and title of fiduciary: William B Walkup, Trustee

D Date entity created: 9/21/1990

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

E Nonexempt charitable and split-interest trusts, check applicable box(es), see instructions.
- [ ] Described in sec. 4947(a)(1). Check here if not a private foundation ▶ [ ]
- [ ] Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes:
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Net operating loss carryback
- [ ] Change in trust's name
- [ ] Change in fiduciary
- [ ] Change in fiduciary's name
- [ ] Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ [ ] Trust TIN ▶

Income	1	Interest income	1	3,738
	2a	Total ordinary dividends	2a	12,690
	b	Qualified dividends allocable to: (1) Beneficiaries _____ (2) Estate or trust 12,690		
	3	Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3	
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4	5,462
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5	
	6	Farm income or (loss). Attach Schedule F (Form 1040)	6	
	7	Ordinary gain or (loss). Attach Form 4797	7	
	8	Other income. List type and amount _____	8	
	9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9	21,890
Deductions	10	Interest. Check if Form 4952 is attached ▶ [X]	10	3,472
	11	Taxes	11	13
	12	Fiduciary fees. If only a portion is deductible under section 67(e), see instructions	12	9,200
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions	14	5,120
	15a	Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)	15a	
	b	Net operating loss deduction. See instructions	15b	
	16	Add lines 10 through 15b ▶	16	17,805
	17	Adjusted total income or (loss). Subtract line 16 from line 9 — 17: 4,085		
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18	
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19	
	20	Exemption	20	300
	21	Add lines 18 through 20 ▶	21	300
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see instructions	22	3,785
	23	Total tax (from Schedule G, line 7)	23	178
	24	2018 net 965 tax liability paid from Form 965-A, Part II, column (k), line 2	24	
	25	Payments: a 2018 estimated tax payments and amount applied from 2017 return	25a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	25b	
	c	Subtract line 25b from line 25a	25c	0
	d	Tax paid with Form 7004. See instructions	25d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ [ ]	25e	
	f	2018 net 965 tax liability from Form 965-A, Part I, column (f), line 2	25f	
		Other payments: g Form 2439 _____ : h Form 4136 _____ : Total ▶	25i	0
	26	Total payments. Add lines 25c through 25f, and 25i ▶	26	0
	27	Estimated tax penalty. See instructions	27	
	28	Tax due. If line 26 is smaller than the total of lines 23, 24, and 27, enter amount owed	28	178
	29	Overpayment. If line 26 is larger than the total of lines 23, 24, and 27, enter amount overpaid	29	0
	30	Amount of line 29 to be: a Credited to 2019 ▶ _____ : b Refunded ▶	30	0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary ▶ | Date ▶ | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below (see instr.)? [ ] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name: Gary W Ballowe	Preparer's signature: Gary W Ballowe	Date: 4/4/2019	Check [X] if self-employed; PTIN
Firm's name ▶ Gary W Ballowe CPA			Firm's EIN ▶
Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205			Phone no.

For Paperwork Reduction Act Notice, see the separate instructions. www.IRS.gov/Form1041 Form **1041** (2018)

HTA

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fun

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1		
2	Tax-exempt income allocable to charitable contributions. See instructions	2		
3	Subtract line 2 from line 1	3	0	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4		
5	Add lines 3 and 4	5	0	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6		
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0	

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	4,085	
2	Adjusted tax-exempt interest	2		
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3		
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4		
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5		
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-5,462	
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	0	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law 8			
9	Income required to be distributed currently	9		
10	Other amounts paid, credited, or otherwise required to be distributed	10		
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	0	
12	Enter the amount of tax-exempt income included on line 11	12		
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	0	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	0	
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0	

Schedule G Tax Computation (see instructions)

1	Tax: a Tax on taxable income. See instructions	1a	178			
	b Tax on lump-sum distributions. Attach Form 4972	1b				
	c Alternative minimum tax (from Schedule I (Form 1041), line 56)	1c				
	d **Total.** Add lines 1a through 1c				1d	178
2a	Foreign tax credit. Attach Form 1116	2a				
b	General business credit. Attach Form 3800	2b				
c	Credit for prior year minimum tax. Attach Form 8801	2c				
d	Bond credits. Attach Form 8912	2d				
e	**Total credits.** Add lines 2a through 2d				2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-				3	178
4	Net investment income tax from Form 8960, line 21				4	
5	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611				5	
6	Household employment taxes. Attach Schedule H (Form 1040)				6	
7	**Total tax.** Add lines 3 through 6. Enter here and on page 1, line 23				7	178

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ► $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2018, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ► ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ► ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ► ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the instructions for Form 8938)?		X

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

▶ Attach to Form 1041.

▶ Go to *www.irs.gov/Form1041* for instructions and the latest information.

OMB No. 1545-0092

2018

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17)	1	4,085	
2	Interest	2		
3	Taxes	3	13	
4	Reserved for future use	4		
5	Refund of taxes	5	(	)
6	Depletion (difference between regular tax and AMT)	6		
7	Net operating loss deduction. Enter as a positive amount	7		
8	Interest from specified private activity bonds exempt from the regular tax	8		
9	Qualified small business stock (see instructions)	9		
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10		
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11		
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12		
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	-1,423	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14		
15	Passive activities (difference between AMT and regular tax income or loss)	15		
16	Loss limitations (difference between AMT and regular tax income or loss)	16		
17	Circulation costs (difference between regular tax and AMT)	17		
18	Long-term contracts (difference between AMT and regular tax income)	18		
19	Mining costs (difference between regular tax and AMT)	19		
20	Research and experimental costs (difference between regular tax and AMT)	20		
21	Income from certain installment sales before January 1, 1987	21	(	)
22	Intangible drilling costs preference	22		
23	Other adjustments, including income-based related adjustments	23		
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	(	)
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	2,675	
	Note: Complete Part II below before going to line 26.			
26	Income distribution deduction from Part II, line 44 (26)			
27	Estate tax deduction (from Form 1041, line 19) (27)			
28	Add lines 26 and 27	28	0	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	2,675	

If line 29 is:

- $24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $24,600, but less than $180,300, go to line 45.
- $180,300 or more, enter the amount from line 29 on line 51 and go to line 52.

Part II Income Distribution Deduction on a Minimum Tax Basis

30	Adjusted alternative minimum taxable income (see instructions)	30	2,675	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31		
32	Total net gain from Schedule O (Form 1041), line 19, column (1). If a loss, enter -0-	32	0	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)	33		
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34		
35	Capital gains computed on a minimum tax basis included on line 25	35	(4,039	)
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36		
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	0	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38		
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39		
40	Total distributions. Add lines 38 and 39	40	0	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41		
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	0	

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37. If zero or less, enter -0-			43	0
44	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 42 or line 43. Enter here and on line 26			44	0

Part III Alternative Minimum Tax

45	Exemption amount			45	$24,600 00
46	Enter the amount from line 29	46			
47	Phase-out of exemption amount	47	$81,900 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	0		
49	Multiply line 48 by 25% (0.25)			49	0
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	0
51	Subtract line 50 from line 46			51	0
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 51 is— • $191,100 or less, multiply line 51 by 26% (0.26). • Over $191,100, multiply line 51 by 28% (0.28) and subtract $3,822 from the result			52	0
53	Alternative minimum foreign tax credit (see instructions)			53	
54	Tentative minimum tax. Subtract line 53 from line 52			54	0
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)			55	178
56	**Alternative minimum tax.** Subtract line 55 from line 54. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c			56	0

Part IV Line 52 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

57	Enter the amount from line 51			57	0
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	12,690		
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	59	579		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	60	13,269		
61	Enter the smaller of line 57 or line 60			61	0
62	Subtract line 61 from line 57			62	0
63	If line 62 is $191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by 28% (0.28) and subtract $3,822 from the result			63	0
64	Maximum amount subject to the 0% rate	64	$2,600 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0-	65	0		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	0		
67	Enter the **smaller** of line 57 or line 58	67	0		
68	Enter the **smaller** of line 66 or line 67. This amount is taxed at 0%	68	0		
69	Subtract line 68 from line 67	69	0		

Part IV Line 52 Computation Using Maximum Capital Gains Rates *(continued)*

70	Maximum amount subject to rates below 20%	70	$12,700	00			
71	Enter the amount from line 66	71	0				
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22; if zero or less, enter -0- ▶	72	0				
73	Add line 71 and line 72	73	0				
74	Subtract line 73 from line 70. If zero or less, enter -0-	74	0				
75	Enter the smaller of line 69 or 74	75	0				
76	Multiply line 75 by 15% (0.15) ▶				76	0	
77	Add lines 68 and 75	77	0				
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go to line 78.						
78	Subtract line 77 from line 67	78	0				
79	Multiply line 78 by 20% (0.20) ▶				79	0	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line 80.						
80	Add lines 62, 77, and 78	80	0				
81	Subtract line 80 from line 57	81	0				
82	Multiply line 81 by 25% (0.25) ▶				82	0	
83	Add lines 63, 76, 79, and 82				83	0	
84	If line 57 is $191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28) and subtract $3,822 from the result				84	0	
85	Enter the smaller of line 83 or line 84 here and on line 52				85	0	

661117

Final K-1 ☐ Amended K-1 ☐

OMB No. 1545-0092

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2018

For calendar year 2018, or tax year beginning ____ ending ____

Beneficiary's Share of Income, Deductions, Credits, etc.

► See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income	11	Final year deductions
2a	Ordinary dividends		
2b	Qualified dividends		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
		H	0
10	Estate tax deduction		

*See attached statement for additional information.

Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
► Go to *www.irs.gov/F1041* for instructions and the latest information.

OMB No. 1545-0092

2018

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet	6	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	6,100	2,640		3,460
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	2,002
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss Carryover Worksheet	15	( )
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	5,462

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

			(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			0
18	Net long-term gain or (loss):				
a	Total for year	18a		5,462	5,462
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		2,002	2,002
c	28% rate gain	18c			0
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19	0	5,462	5,462

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the* **Capital Loss Carryover Worksheet**, *as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

a The loss on line 19, column (3) or b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the* **Capital Loss Carryover Worksheet** *in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18e and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the* **Schedule D Tax Worksheet** *in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)				21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero	22					
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23					
24	Add lines 22 and 23	24	0				
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0				
26	Subtract line 25 from line 24. If zero or less, enter -0-				26	0	
27	Subtract line 26 from line 21. If zero or less, enter -0-				27	0	
28	Enter the smaller of the amount on line 21 or $2,600				28		
29	Enter the smaller of the amount on line 27 or line 28				29	0	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%					▶	30 0
31	Enter the smaller of line 21 or line 26				31		
32	Subtract line 30 from line 26				32	0	
33	Enter the smaller of line 21 or $12,700				33		
34	Add lines 27 and 30				34	0	
35	Subtract line 34 from line 33. If zero or less, enter -0-				35	0	
36	Enter the smaller of line 32 or line 35				36		
37	Multiply line 36 by 15% (0.15)					▶	37 0
38	Enter the amount from line 31				38		
39	Add lines 30 and 36				39	0	
40	Subtract line 39 from line 38. If zero or less, enter -0-				40	0	
41	Multiply line 40 by 20% (0.20)					▶	41 0
42	Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				42		
43	Add lines 37, 41, and 42				43	0	
44	Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				44		
45	**Tax on all taxable income.** Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 40)					▶	45 0

SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment Sequence No. 08

Name(s) shown on return

Eldridge Baskin Trust

Your social security number

Part I Interest

(See instructions and the instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶	
	Columbia Cash Reserve	1,410
	Installment Sale Interest	2,328
2	Add the amounts on line 1	2 3,738
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ▶	4 3,738

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶	
	E Trade Financial	
	Equity 95	7,744
		4,946
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ▶	6 12,690

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its Instructions for filing requirements and exceptions to those requirements		X
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Schedule B (Form 1040) 2018

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side: Eldridge Baskin Trust

Attachment Sequence No. 12A

Social security number or taxpayer identification number

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see *Column (e)* in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
E*Trade	1/1/2017	12/31/2018	6,100	2,640			3,460
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			6,100	2,640		0	3,460

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on other side. Attachment Sequence No. 13

Eldridge Baskin Trust | Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Equity 95	P	☐		☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a	Totals				
b	Totals				

30 Add columns (h) and (k) of line 29a 30

31 Add columns (g), (i), and (j) of line 29b . . . . . 31 ( )

32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. . . . . 32 0

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			

35 Add columns (d) and (f) of line 34a 35

36 Add columns (c) and (e) of line 34b . . . . . 36 ( )

37 Total estate and trust income or (loss). Combine lines 35 and 36. . . . . 37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 0

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40

41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 . . . . . ▶ 41 0

42 **Reconciliation of farming and fishing income.** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42

43 **Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules 43

HTA

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2018

Attachment Sequence No. **27**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	2,002
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	2,002

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

11 Loss, if any, from line 7	11	( )
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	0
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2018)

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Go to *www.irs.gov/Form4952* for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2018

Attachment Sequence No. **51**

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2018 (see instructions)	1	3,472
2	Disallowed investment interest expense from 2017 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	3,472

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	16,428		
b	Qualified dividends included on line 4a	4b	12,690		
c	Subtract line 4b from line 4a			4c	3,738
d	Net gain from the disposition of property held for investment	4d	5,462		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	5,462		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	3,738
5	Investment expenses (see instructions)			5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	3,738

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	3,472

For Paperwork Reduction Act Notice, see page 4.

HTA

Form **4952** (2018)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax—Individuals, Estates, and Trusts

► Attach to your tax return.
► Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2018

Attachment Sequence No. **72**

Name(s) shown on your tax return

Eldridge Baskin Trust

Your social security number or EIN

Part I **Investment Income**

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	3,738
2	Ordinary dividends (see instructions)			2	12,690
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a			
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b			
c	Combine lines 4a and 4b			4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	5,462		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	5,462
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	21,890

Part II **Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a	3,472		
b	State, local, and foreign income tax (see instructions)	9b	13		
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	3,485
10	Additional modifications (see instructions)			10	14,320
11	Total deductions and modifications. Add lines 9d and 10			11	17,805

Part III **Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-			12	4,085
	Individuals:				
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a	4,085		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	4,085		
19a	Adjusted gross income (see instructions)	19a	7,270		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	12,500		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0		
20	Enter the smaller of line 18c or line 19c			20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)			21	0

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Form **8960** (2018)

Form **6252**

Department of the Treasury
Internal Revenue Service

Installment Sale Income

▶ Attach to your tax return.

▶ Use a separate form for each sale or other disposition of property on the installment method.

▶ Go to *www.irs.gov/Form6252* for the latest information.

OMB No. 1545-0228

2018

Attachment Sequence No. 79

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Description of property ▶ Ashley Street

2 a Date acquired (mm/dd/yyyy) ▶ 01/01/1992 b Date sold (mm/dd/yyyy) ▶ 11/17/2015

3 Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4 . . . . . ☐ Yes ☒ No

4 Was the property you sold to a related party a marketable security? If "Yes," complete Part III. If "No," complete Part III for the year of sale and the 2 years after the year of sale . . . . . ☐ Yes ☐ No

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

5	Selling price including mortgages and other debts. Don't include interest, whether stated or unstated			5	
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)	6			
7	Subtract line 6 from line 5	7	0		
8	Cost or other basis of property sold	8			
9	Depreciation allowed or allowable	9			
10	Adjusted basis. Subtract line 9 from line 8	10	0		
11	Commissions and other expenses of sale	11			
12	Income recapture from Form 4797, Part III (see instructions)	12			
13	Add lines 10, 11, and 12			13	0
14	Subtract line 13 from line 5. If zero or less, don't complete the rest of this form (see instructions)			14	0
15	If the property described on line 1 above was your main home, enter the amount of your excluded gain (see instructions). Otherwise, enter -0-			15	0
16	Gross profit. Subtract line 15 from line 14			16	0
17	Subtract line 13 from line 6. If zero or less, enter -0-			17	0
18	Contract price. Add line 7 and line 17			18	0

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

19	Gross profit percentage (expressed as a decimal amount). Divide line 16 by line 18. (For years after the year of sale, see instructions)			19	0.317810
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0-			20	0
21	Payments received during year (see instructions). Don't include interest, whether stated or unstated			21	6,300
22	Add lines 20 and 21			22	6,300
23	Payments received in prior years (see instructions). Don't include interest, whether stated or unstated	23	9,043		
24	Installment sale income. Multiply line 22 by line 19			24	2,002
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions)			25	
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)			26	2,002

Part III Related Party Installment Sale Income. Don't complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year? . . . . . ☐ Yes ☐ No

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

a ☐ The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (mm/dd/yyyy) . . . . ▶

b ☐ The first disposition was a sale or exchange of stock to the issuing corporation.

c ☐ The second disposition was an involuntary conversion and the threat of conversion occurred after the first disposition.

d ☐ The second disposition occurred after the death of the original seller or buyer.

e ☐ It can be established to the satisfaction of the IRS that tax avoidance wasn't a principal purpose for either of the dispositions. If this box is checked, attach an explanation (see instructions).

30	Selling price of property sold by related party (see instructions)	30	
31	Enter contract price from line 18 for year of first sale	31	
32	Enter the smaller of line 30 or line 31	32	
33	Total payments received by the end of your 2018 tax year (see instructions)	33	
34	Subtract line 33 from line 32. If zero or less, enter -0-	34	0
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	0
36	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions)	36	
37	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	0

Allocation of Deductions for Tax-Exempt Income (1041)

Type of Income	Taxable Income	Tax Exempt	Total
Interest income (excluding private activity bonds)	3,738	0	3,738
Interest income: Private activity bonds		0	0
Ordinary dividends (excluding private activity bonds)	12,690	0	12,690
Ordinary dividends: Private activity bonds		0	0
Gross income from Schedule C	0		0
Capital gain allocated to beneficiaries	0		0
Capital gain allocated to fiduciary	0		0
Gross rents, royalties from Schedule E	0		0
Income from Schedule E, p. 2	0		0
Gross income from Schedule F	0	0	0
Ordinary gain from Form 4797	0		0
Other income	0		0
Totals	16,428	0	16,428
Percentage	100.00%	0.00%	

Deduction Allocation	Totally Allocable to Taxable Income	Totally Allocable Tax-Exempt	Allocate between Tax-Exempt and Taxable Income	Amnts allocated to Taxable Income 100.00%	Amnts Deductible Against Taxable Income
10a Interest	0		0	0	0
b From Form 4952	3,472				3,472
11 Taxes	13			0	13
12 Fiduciary fees	9,200		0	0	9,200
14 Attorney, accountant, and return preparer fees.	5,120		0	0	5,120
15a Other deductions	0		0	0	0
b NOL deduction	0				0
Totals	17,805	0	0	0	17,805

Total deductions allocable to tax-exempt income 0

For adjusted gross income calculations:
Enter the administration costs of the estate or trust (the total of lines 12, 14, and 15a to the extent they are costs incurred in the administration of the estate or trust) that would not have been incurred if the property were not held by the estate or trust. 14,320

Additional explanation of deduction allocation, if necessary

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Distributable Income for Schedule(s) K-1 (1041)

☐ Allocate deductions based upon highest tax rates first.

Deductions from page 1	17,805
Loss(es) reclassified as deductions	0
Total deductions to be allocated	17,805

* Ordinary gain is combined with related activity.

Type of Income	Amount	Deductions	Balance
Interest income	3,738	3,040	698
Domestic interest	3,738	3,040	698
US Government interest	0	0	0
Foreign interest	0	0	0
Dividend income	12,690	10,322	2,368
US Government interest	0	0	0
Qualified dividends distributable	12,690	10,322	2,368
Foreign qualified dividends	0	0	0
Nonqualified dividends	0	0	0
Foreign nonqualified dividends	0	0	0
Extraordinary dividends retained by trust	0	0	0
Ordinary business income	0	0	0
Schedule C net profit	0	0	0
Schedule E ordinary income	0	0	0
Schedule F net profit	0	0	0
Rental Real Estate	0	0	0
Net other rental income	0	0	0
Ordinary gain or (loss) *	0	0	0
Other portfolio and nonbusiness income	0	0	0
Net royalty income	0	0	0
Annuities	0	0	0
Other Income	0	0	0
Capital Gains			
Capital gain allocated to fiduciary	5,462	4,443	1,019
Capital gain allocated to beneficiaries:			
Short term capital gains (entire year)	0	0	0
Long term capital gains			
Total for year	0	0	0
28% rate gain	0	0	0
Unrecaptured section 1250 gain	0	0	0
Total	21,890	17,805	4,085

Allocation of Distributions			Distr deduction (excluding cap gns and inc retained)		Net distr income (excluding cap gns and inc retained)		
Interest							
US Government interest	698	X	0	/	3,066	=	0
Dividends	0	X	0	/	3,066	=	0
Qualified dividends	2,368	X	0	/	3,066	=	0
US Government Interest	2,368	X	0	/	3,066	=	0
Ordinary business income	0	X	0	/	3,066	=	0
Schedule C net profit	0					=	0
Schedule E ordinary income	0	X	0	/	3,066	=	0
Schedule F net profit	0	X	0	/	3,066	=	0
Rental Real Estate	0	X	0	/	3,066	=	0
Net other rental income	0	X	0	/	3,066	=	0
Other portfolio and nonbusiness income	0	X	0	/	3,066	=	0
Net royalty income	0					=	0
Annuities	0	X	0	/	3,066	=	0
Other income	0	X	0	/	3,066	=	0
Capital Gains	0	X	0	/	3,066	=	0
Short term capital gains	0					=	0
Long term capital gains							
Total for year	0					=	0
28% rate gain	0					=	0
Unrecaptured section 1250 gain	0					=	0

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1833

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

dor.sc.gov

Fiduciary Income Tax Payment Voucher

SC1041-V
(Rev. 8/9/18)
3720

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at **dor.sc.gov/pay**. Select Business Income Tax Payment to get started. Do not submit the SC1041-V if you pay online.

NOTE: A taxpayer owing fifteen thousand dollars or more in connection with any return to be filed with the department should pay electronically per SC Code of Laws Section 12-54-250(A)(1).

INSTRUCTIONS FOR FORM SC1041-V

1. Use only black ink on this form and on your check.
2. Enter the fiduciary's federal employer identification number (FEIN).
3. Enter the fiduciary's tax period ending in the MM/YY format.
4. Enter the fiduciary's name and address.
5. Enter the payment amount from your SC1041 in whole dollars without a dollar sign $. (Example: 154.00)
6. If your SC1041 Fiduciary Tax return was filed electronically, do not mail a copy of your return with the SC1041-V.

The total amount of tax due must be paid in full.

Failure to file the return and pay the tax due by the original due date will result in penalties and interest until the return is filed and the tax is paid.

Make check payable to **SCDOR** and enter the FEIN and "SC1041-V" in the memo section of the check. Include your **SC1041-V and payment in the envelope.** Coupon must accompany payment. **Do not** staple the check to the coupon. **Do not** fold coupon or check. **Only** use an original coupon. Do not send a photocopy.

Mail SC1041-V with payment to:
SC Department of Revenue
Fiduciary Income Tax Payment
PO Box 125
Columbia, SC 29214-0030

cut along dotted line

1833

dor.sc.gov

SC DEPARTMENT OF REVENUE
FIDUCIARY INCOME TAX PAYMENT VOUCHER

SC1041-V
(Rev. 8/9/18)
3720

Fiduciary FEIN	Fiduciary Tax Period Ending (MM/YY)	
	12/18	

Name and Address

ELDRIDGE BASKIN TRUST
WILLIAM B WALKUP TRUSTEE
142 ATRIUM WAY
COLUMBIA SC 29223

PAYMENT AMOUNT ▶ .00

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at **dor.sc.gov/pay.**
If filing by paper, **do not send cash.** Write your FEIN and "SC1041-V" on check or money order and make payable to **SCDOR.**

37201019 576131870 1218 00000000000 4

SUMMARY OF STOCK PARTNERSHIP VALUES
12/31/19

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	12/31/19 Value	$ Gain
EQUITY 95		$ 33,500.00	746.6%	$ 283,604.01	$ 250,104.01
Totals:		$ 33,500.00	746.6%	$ 283,604.01	$ 250,104.01

SUMMARY OF STOCK PARTNERSHIP VALUES
09/30/19

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	09/30/19 Value	$ Gain
EQUITY 95		$ 33,500.00	696.2%	$ 266,713.50	$ 233,213.50
Totals:		$ 33,500.00	696.2%	$ 266,713.50	$ 233,213.50

SUMMARY OF STOCK PARTNERSHIP VALUES
06/28/19

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	06/28/19 Value	$ Gain
EQUITY 95		$ 33,500.00	654.3%	$ 252,694.76	$ 219,194.76
Totals:		$ 33,500.00	654.3%	$ 252,694.76	$ 219,194.76

SUMMARY OF STOCK PARTNERSHIP VALUES
03/31/19

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	03/31/19 Value	$ Gain
EQUITY 95		$ 33,500.00	619.2%	$ 240,925.82	$ 207,425.82
Totals:		$ 33,500.00	619.2%	$ 240,925.82	$ 207,425.82

Form **1041** Department of the Treasury—Internal Revenue Service

U.S. Income Tax Return for Estates and Trusts

▶ Go to www.irs.gov/Form1041 for instructions and the latest information.

2019 OMB No. 1545-0092

A Check all that apply:
- ☐ Decedent's estate
- ☒ Simple trust
- ☐ Complex trust
- ☐ Qualified disability trust
- ☐ ESBT (S portion only)
- ☐ Grantor type trust
- ☐ Bankruptcy estate—Ch. 7
- ☐ Bankruptcy estate—Ch. 11
- ☐ Pooled income fund

For calendar year 2019 or fiscal year beginning _____ and ending _____

Name of estate or trust (if a grantor type trust, see the instructions.): Eldridge Baskin Trust

Name and title of fiduciary: William B Walkup, Trustee

Number, street, and room or suite no. (If a P.O. box, see the instructions.): 142 Atrium Way

City or town: Columbia | State: SC | ZIP code: 29223

Foreign country name | Foreign province/state/county | Foreign postal code

C Employer identification number

Date entity created: 9/21/1990

E Nonexempt charitable and split-interest trusts, check applicable box(es). See instructions.
- ☐ Described in sec. 4947(a)(1). Check here if not a private foundation . ▶ ☐
- ☐ Described in sec. 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶ 1

F Check applicable boxes: ☐ Initial return ☐ Final return ☐ Amended return ☐ Net operating loss carryback ☐ Change in trust's name ☐ Change in fiduciary ☐ Change in fiduciary's name ☐ Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election . . . ▶ ☐ Trust TIN ▶

Income	1	Interest income	1,871
	2a	Total ordinary dividends	2a 11,645
	b	Qualified dividends allocable to: (1) Beneficiaries 11,645 (2) Estate or trust	
	3	Business income or (loss). Attach Schedule C (Form 1040 or 1040-SR)	3
	4	Capital gain or (loss). Attach Schedule D (Form 1041)	4 646
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040 or 1040-SR)	5
	6	Farm income or (loss). Attach Schedule F (Form 1040 or 1040-SR)	6
	7	Ordinary gain or (loss). Attach Form 4797	7
	8	Other income. List type and amount	8
	9	**Total income.** Combine lines 1, 2a, and 3 through 8	9 14,162
Deductions	10	Interest. Check if Form 4952 is attached ▶ ☒	10 1,871
	11	Taxes	11
	12	Fiduciary fees. If only a portion is deductible under section 67(e), see instructions	12 4,600
	13	Charitable deduction (from Schedule A, line 7)	13
	14	Attorney, accountant, and return preparer fees. If only a portion is deductible under section 67(e), see instructions	14 809
	15a	Other deductions (attach schedule). See instructions for deductions allowable under section 67(e)	15a
	b	Net operating loss deduction. See instructions	15b
	16	Add lines 10 through 15b	16 7,280
	17	Adjusted total income or (loss). Subtract line 16 from line 9	17 6,882
	18	Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18 6,236
	19	Estate tax deduction including certain generation-skipping taxes (attach computation)	19
	20	Qualified business income deduction. Attach Form 8995 or 8995-A	20
	21	Exemption	21 300
	22	Add lines 18 through 21	22 6,536
Tax and Payments	23	Taxable income. Subtract line 22 from line 17. If a loss, see instructions	23 346
	24	**Total tax** (from Schedule G, Part I, line 9)	24 34
	25	2019 net 965 tax liability paid from Form 965-A, Part II, column (k), line 3	25
	26	**Total payments** (from Schedule G, Part II, line 17)	26
	27	Estimated tax penalty. See instructions	27
	28	**Tax due.** If line 26 is smaller than the total of lines 24, 25, and 27, enter amount owed	28 34
	29	**Overpayment.** If line 26 is larger than the total of lines 24, 25, and 27, enter amount overpaid	29 0
	30	Amount of line 29 to be: a **Credited to 2020** ▶ ; b **Refunded** ▶	30 0

Sign Here

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, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary | Date ▶ | EIN of fiduciary if a financial institution

May the IRS discuss this return with the preparer shown below? See instr. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: Gary W Ballowe	Preparer's signature: Gary W Ballowe	Date: 2/28/2020	Check ☒ if self-employed; PTIN
Firm's name ▶ Gary W Ballowe CPA			Firm's EIN ▶
Firm's address ▶ 4002 Kilbourne Road, Columbia, SC 29205			Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **1041** (2019)

Schedule A Charitable Deduction. Don't complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	0
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	0
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes. See instructions	6	
7	**Charitable deduction.** Subtract line 6 from line 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income. See instructions	1	6,882
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 19, column (1). See instructions	3	
4	Enter amount from Schedule A, line 4 (minus any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1. See instructions	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	-646
7	**Distributable net income.** Combine lines 1 through 6. If zero or less, enter -0-	7	6,236
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law (8)		
9	Income required to be distributed currently	9	6,236
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see instructions	11	6,236
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	6,236
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	6,236
15	**Income distribution deduction.** Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	6,236

Schedule G Tax Computation and Payments (see instructions)

Part I — Tax Computation

1	**Tax:**				
a	Tax on taxable income. See instructions	1a	34		
b	Tax on lump-sum distributions. Attach Form 4972	1b			
c	Alternative minimum tax (from Schedule I (Form 1041), line 54)	1c			
d	**Total.** Add lines 1a through 1c			1d	34
2a	Foreign tax credit. Attach Form 1116	2a			
b	General business credit. Attach Form 3800	2b			
c	Credit for prior year minimum tax. Attach Form 8801	2c			
d	Bond credits. Attach Form 8912	2d			
e	**Total credits.** Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1d. If zero or less, enter -0-			3	34
4	Tax on the ESBT portion of the trust (from ESBT Tax Worksheet, line 17). See instructions			4	
5	Net investment income tax from Form 8960, line 21			5	
6	Recapture taxes. Check if from: ☐ Form 4255 ☐ Form 8611			6	
7	Household employment taxes. Attach Schedule H (Form 1040 or 1040-SR)			7	
8	Other taxes and amounts due			8	
9	**Total tax.** Add lines 3 through 8. Enter here and on page 1, line 24			9	34

Part II — Payments

10	2019 estimated tax payments and amount applied from 2018 return	10	
11	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	11	
12	Subtract line 11 from line 10	12	0
13	Tax paid with Form 7004. See instructions	13	
14	Federal income tax withheld. If any is from Form(s) 1099, check here ▶ ☐	14	
15	2019 net 965 tax liability from Form 965-A, Part I, column (f), line 3	15	
16	Other payments: a Form 2439 _____ ; b Form 4136 _____ ; Total ▶	16c	0
17	**Total payments.** Add lines 12 through 15 and 16c. Enter here and on page 1, line 26 ▶	17	0

Other Information

		Yes	No
1	Did the estate or trust receive tax-exempt income? If "Yes," attach a computation of the allocation of expenses. Enter the amount of tax-exempt interest income and exempt-interest dividends ▶ $ 0		X
2	Did the estate or trust receive all or any part of the earnings (salary, wages, and other compensation) of any individual by reason of a contract assignment or similar arrangement?		X
3	At any time during calendar year 2019, did the estate or trust have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X
4	During the tax year, did the estate or trust receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the estate or trust may have to file Form 3520. See instructions		X
5	Did the estate or trust receive, or pay, any qualified residence interest on seller-provided financing? If "Yes," see the instructions for the required attachment		X
6	If this is an estate or a complex trust making the section 663(b) election, check here. See instructions ▶ ☐		
7	To make a section 643(e)(3) election, attach Schedule D (Form 1041), and check here. See instructions ▶ ☐		
8	If the decedent's estate has been open for more than 2 years, attach an explanation for the delay in closing the estate, and check here ▶ ☐		
9	Are any present or future trust beneficiaries skip persons? See instructions		X
10	Was the trust a specified domestic entity required to file Form 8938 for the tax year (see the Instructions for Form 8938)?		X
11a	Did the estate or trust distribute S corporation stock for which it made a section 965(i) election?		X
b	If "Yes," did each beneficiary enter into an agreement to be liable for the net tax liability? See instructions		X
12	Did the estate or trust make a section 965(l) election for S corporation stock held on the last day of the tax year? See instructions		X
13	**ESBTs only.** Does the ESBT have a nonresident alien grantor? If "Yes," see instructions		
14	**ESBTs only.** Did the S portion of the trust claim a qualified business income deduction? If "Yes," see instructions		

SCHEDULE I (Form 1041)

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Estates and Trusts

► Attach to Form 1041.
► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1	Adjusted total income or (loss) (from Form 1041, line 17). ESBTs, see instructions		1	6,882
2	Interest		2	
3	Taxes		3	
4	Refund of taxes		4	( )
5	Depletion (difference between regular tax and AMT)		5	
6	Net operating loss deduction. Enter as a positive amount		6	
7	Interest from specified private activity bonds exempt from the regular tax		7	
8	Qualified small business stock (see instructions)		8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)		9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)		10	
11	Disposition of property (difference between AMT and regular tax gain or loss)		11	-453
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		12	
13	Passive activities (difference between AMT and regular tax income or loss)		13	
14	Loss limitations (difference between AMT and regular tax income or loss)		14	
15	Circulation costs (difference between regular tax and AMT)		15	
16	Long-term contracts (difference between AMT and regular tax income)		16	
17	Mining costs (difference between regular tax and AMT)		17	
18	Research and experimental costs (difference between regular tax and AMT)		18	
19	Income from certain installment sales before January 1, 1987		19	( )
20	Intangible drilling costs preference		20	
21	Other adjustments, including income-based related adjustments		21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)		22	( )
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22		23	6,429
	Note: Complete Part II below before going to line 24.			
24	Income distribution deduction from Part II, line 42	24 6,236		
25	Estate tax deduction (from Form 1041, line 19)	25		
26	Add lines 24 and 25		26	6,236
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23		27	193

If line 27 is:

- $26,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over $26,000, but less than $183,500, go to line 43.
- $183,500 or more, enter the amount from line 27 on line 49 and go to line 50.
- ESBTs, see instructions.

Part II Income Distribution Deduction on a Minimum Tax Basis

28	Adjusted alternative minimum taxable income (see instructions)		28	6,429
29	Adjusted tax-exempt interest (other than amounts included on line 7)		29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-		30	0
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)		31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)		32	
33	Capital gains computed on a minimum tax basis included on line 23		33	(193)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount		34	
35	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 28 through 34. If zero or less, enter -0-		35	6,236
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)		36	6,236
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)		37	
38	Total distributions. Add lines 36 and 37		38	6,236
39	Tax-exempt income included on line 38 (other than amounts included on line 7)		39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38		40	6,236

Part II Income Distribution Deduction on a Minimum Tax Basis *(continued)*

41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less, enter -0-		41	6,236
42	**Income distribution deduction on a minimum tax basis.** Enter the smaller of line 40 or line 41. Enter here and on line 24		42	6,236

Part III Alternative Minimum Tax

43	Exemption amount		43	$25,000
44	Enter the amount from line 27	44		
45	Phase-out of exemption amount	45	$83,500	
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	0	
47	Multiply line 46 by 25% (0.25)		47	0
48	Subtract line 47 from line 43. If zero or less, enter -0-		48	0
49	Subtract line 48 from line 44		49	0
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwise, if line 49 is: • $194,600 or less, multiply line 49 by 26% (0.26). • Over $194,800, multiply line 49 by 28% (0.28) and subtract $3,896 from the result		50	0
51	Alternative minimum foreign tax credit (see instructions)		51	
52	Tentative minimum tax. Subtract line 51 from line 50		52	0
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a)		53	34
54	**Alternative minimum tax.** Subtract line 53 from line 52. If zero or less, enter -0-. Enter here and on Form 1041, Schedule G, line 1c		54	0

Part IV Line 50 Computation Using Maximum Capital Gains Rates

Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part.

55	Enter the amount from line 49			55	0
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	56			
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete Schedule D for the regular tax or the AMT, enter -0-	57	184		
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	58	184		
59	Enter the **smaller** of line 55 or line 58			59	0
60	Subtract line 59 from line 55			60	0
61	If line 60 is $194,600 or less, multiply line 60 by 26% (0.26). Otherwise, multiply line 60 by 28% (0.28) and subtract $3,896 from the result			61	0
62	Maximum amount subject to the 0% rate	62	$2,650		
63	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	63	337		
64	Subtract line 63 from line 62. If zero or less, enter -0-	64	0		
65	Enter the **smaller** of line 55 or line 56	65	0		
66	Enter the **smaller** of line 64 or line 65. This amount is taxed at 0%	66	0		
67	Subtract line 66 from line 65	67	0		

Part IV Line 50 Computation Using Maximum Capital Gains Rates *(continued)*

68	Maximum amount subject to rates below 20%	68	$12,950		
69	Enter the amount from line 64	69	0		
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23; if zero or less, enter -0-	70	337		
71	Add line 69 and line 70	71	337		
72	Subtract line 71 from line 68. If zero or less, enter -0-	72	0		
73	Enter the **smaller** of line 67 or 72	73	0		
74	Multiply line 73 by 15% (0.15)			74	0
75	Add lines 66 and 73	75	0		
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Otherwise, go to line 76.				
76	Subtract line 75 from line 65	76	0		
77	Multiply line 76 by 20% (0.20)			77	0
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Otherwise, go to line 78.				
78	Add lines 60, 75, and 76	78	0		
79	Subtract line 78 from line 55	79	0		
80	Multiply line 79 by 25% (0.25)			80	0
81	Add lines 61, 74, 77, and 80			81	0
82	If line 55 is $194,800 or less, multiply line 55 by 26% (0.26). Otherwise, multiply line 55 by 28% (0.28) and subtract $3,896 from the result			82	0
83	Enter the **smaller** of line 81 or line 82 here and on line 50			83	0

661117

Schedule K-1 (Form 1041)
Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year beginning _____ ending _____

☐ Final K-1 ☐ Amended K-1

OMB No. 1545-0092

Beneficiary's Share of Income, Deductions, Credits, etc.

▶ See back of form and instructions.

Part I Information About the Estate or Trust

A Estate's or trust's employer identification number

B Estate's or trust's name

Eldridge Baskin Trust

C Fiduciary's name, address, city, state, and ZIP code

William B Walkup, Trustee
142 Atrium Way
Columbia, SC 29223

D ☐ Check if Form 1041-T was filed and enter the date it was filed

E ☐ Check if this is the final Form 1041 for the estate or trust

Part II Information About the Beneficiary

F Beneficiary's identifying number

G Beneficiary's name, address, city, state, and ZIP code

Jane E Baskin
C/O W.B. Walkup, 142 Atrium Way
Columbia, SC 29223

H ☒ Domestic beneficiary ☐ Foreign beneficiary

Part III Beneficiary's Share of Current Year Income, Deductions, Credits, and Other Items

1	Interest income 863	11	Final year deductions
2a	Ordinary dividends 5,373		
2b	Qualified dividends 5,373		
3	Net short-term capital gain		
4a	Net long-term capital gain		
4b	28% rate gain	12	Alternative minimum tax adjustment
4c	Unrecaptured section 1250 gain		
5	Other portfolio and nonbusiness income		
6	Ordinary business income		
7	Net rental real estate income		
8	Other rental income	13	Credits and credit recapture
9	Directly apportioned deductions		
		14	Other information
10	Estate tax deduction	E	6,236
		H	0

*See attached statement for additional information.

Note: A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

Eldridge Baskin Trust

K-1 Statement (Sch K1 (1041))

Line 14 - Other Information

E	Code E - Net investment income	E	6,236
H	Code H - Adjustment for section 1411 net investment income or deductions	H	0

Jane E Baskin

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2019

Name of estate or trust

Eldridge Baskin Trust

Employer identification number

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				0
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				0
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				0

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	0
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ►	7	0

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				0
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				0
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				0

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	0
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	9
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	637
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet	15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ►	16	646

Part III Summary of Parts I and II

Caution: *Read the instructions before completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			0
18 Net long-term gain or (loss):				
a Total for year	18a		646	646
b Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		637	637
c 28% rate gain	18c			0
19 **Total net gain or (loss).** Combine lines 17 and 18a ▶	19	0	646	646

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:

a The loss on line 19, column (3) **or** b $3,000 . . . . . 20 ( )

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: *Skip this part and complete the Schedule D Tax Worksheet in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39)			21	
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22			
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23			
24	Add lines 22 and 23	24	0		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25	0		
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	0
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	0
28	Enter the **smaller** of the amount on line 21 or $2,650			28	
29	Enter the **smaller** of the amount on line 27 or line 28			29	0
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%				30 0
31	Enter the **smaller** of line 21 or line 26			31	
32	Subtract line 30 from line 26			32	0
33	Enter the **smaller** of line 21 or $12,950			33	
34	Add lines 27 and 30			34	0
35	Subtract line 34 from line 33. If zero or less, enter -0-			35	0
36	Enter the **smaller** of line 32 or line 35			36	
37	Multiply line 36 by 15% (0.15)				37 0
38	Enter the amount from line 31			38	
39	Add lines 30 and 36			39	0
40	Subtract line 39 from line 38. If zero or less, enter -0-			40	0
41	Multiply line 40 by 20% (0.20)				41 0
42	Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42	
43	Add lines 37, 41, and 42			43	0
44	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44	
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41)				45 0

SCHEDULE B (Form 1040 or 1040-SR)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to *www.irs.gov/ScheduleB* for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2019

Attachment Sequence No. 08

Name(s) shown on return

Eldridge Baskin Trust

Your social security number

Part I Interest

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
Columbia Cash Reserve	146
Installment Sale Interest	1,725

1

2 Add the amounts on line 1 . . . . . 2 1,871

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . . . ▶ 4 1,871

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer ▶

	Amount
E Trade Financial	7,914
Equity 95	3,731

5

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . ▶ 6 11,645

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.		X

For Paperwork Reduction Act Notice, see your tax return instructions.

HTA

Schedule B (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on other side. Attachment Sequence No. 13

Eldridge Baskin Trust | Your social security number

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations — Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198 (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. . . . . ☐ Yes ☒ No

28

	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Equity 95	P	☐	57-1027487	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29a Totals					
b Totals					
30 Add columns (h) and (k) of line 29a					
31 Add columns (g), (i), and (j) of line 29b					

32 **Total partnership and S corporation income or (loss).** Combine lines 30 and 31. . . . . 30 | 31 ( ) | 32 0

Part III Income or Loss From Estates and Trusts

33

	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				
35 Add columns (d) and (f) of line 34a				
36 Add columns (c) and (e) of line 34b				

37 **Total estate and trust income or (loss).** Combine lines 35 and 36. . . . . 35 | 36 ( ) | 37 0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 0

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40

41 **Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶ 41 0

42 **Reconciliation of farming and fishing income.** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42

43 **Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules 43

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2019

Attachment Sequence No. 27

Name(s) shown on return: Eldridge Baskin Trust

Identifying number:

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
						0
						0
						0

3	Gain, if any, from Form 4684, line 39		0
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	3	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	4	637
6	Gain, if any, from line 32, from other than casualty or theft	5	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	6	
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.	7	637
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0
						0

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	0
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **4797** (2019)

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Go to *www.irs.gov/Form4952* for the latest information.

▶ Attach to your tax return.

OMB No. 1545-0191

2019

Attachment Sequence No. **51**

Name(s) shown on return

Eldridge Baskin Trust

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2019 (see instructions)	1	5,832
2	Disallowed investment interest expense from 2018 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	5,832

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	13,516		
b	Qualified dividends included on line 4a	4b	11,645		
c	Subtract line 4b from line 4a			4c	1,871
d	Net gain from the disposition of property held for investment	4d	646		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e	646		
f	Subtract line 4e from line 4d			4f	0
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	1,871
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	1,871

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2020. Subtract line 6 from line 3. If zero or less, enter -0-	7	3,961
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or line 6. See instructions	8	1,871

SUMMARY OF STOCK PARTNERSHIP VALUES
09/30/20

Partner: ELDRIDGE BASKIN TRUST

Partnership		Your Input	% Gain	09/30/20 Value	$ Gain
EQUITY 95		$ 33,500.00	745.1%	$ 283,101.20	$ 249,601.20
Totals:		$ 33,500.00	745.1%	$ 283,101.20	$ 249,601.20

COLUMBIA CASH RESERVES INVESTMENT PARTNERSHIP

August 31, 2020

ELDRIDGE BASKIN TRUST FBO JANE E. BASKIN

BASK

INTEREST RATE:	6.0%	(PARTNERSHIP ANNUALIZED YIELD BEFORE FEE)
STARTING BALANCE:	16.68	
DEPOSITS:	9,500.00	
WITHDRAWALS:	9,500.00	
TAXABLE INTEREST:	0.78	
TAX EXEMPT INTEREST:	0.00	
ENDING BALANCE:	17.46	

DEPOSITS

TOTAL:	9,500.00	
7/5/2020	3,000.00	-Loan Advance from LNA687
7/30/2020	3,500.00	-Loan Advance from LNA687
8/27/2020	3,000.00	-Loan Advance from LNA687

WITHDRAWALS

TOTAL:	9,500.00	
7/6/2020	3,000.00	Eldridge Baskin Trust
7/31/2020	3,500.00	Eldridge Baskin Trust
8/28/2020	3,000.00	Eldridge Baskin Trust-To Baskin Checking

Eldridge Baskin Trust
Transactions by Account
As of December 31, 2019

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
Columbia Cash Reserves										828.63
Transfer	01/02/2019			Funds Transfer		X	LNA 687 CCR	10,000.00		10,828.63
Transfer	01/03/2019			Funds Transfer		X	Wells Fargo		3,000.00	7,828.63
Check	01/08/2019		Premeir Roofing	New roof		X	Ashley St Esc...		3,490.00	4,338.63
Check	01/11/2019		Jenny Vega			X	Jane-Caregiver		742.50	3,596.13
Check	01/11/2019		Velma White-Ander...			X	Jane-Caregiver		136.50	3,459.63
Check	01/11/2019		Jane Baskin	Walgreens R...		X	Jane - Miscell...		20.82	3,438.81
Check	01/11/2019		Jane Baskin	Lowes receipt		X	Jane - Miscell...		78.36	3,360.45
Transfer	01/30/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		8,360.45
Transfer	01/31/2019			Funds Transfer		X	Wells Fargo		3,500.00	4,860.45
Transfer	02/21/2019			Funds Transfer		X	Wells Fargo		4,000.00	860.45
Deposit	02/28/2019			Deposit		X	Taxable Interest	33.66		894.11
Transfer	03/14/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		5,894.11
Transfer	03/15/2019			Deposit		X	Wells Fargo		4,000.00	1,894.11
Check	04/02/2019					X	Investment Fe...		1,163.85	730.26
Transfer	04/03/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		5,730.26
Check	04/04/2019		Velma White-Ander...			X	Jane-Caregiver		175.50	5,554.76
Check	04/04/2019		Jenny Vega			X	Jane-Caregiver		630.00	4,924.76
Check	04/04/2019		Jane Baskin	Reimbursem...		X	Jane - Miscell...		70.17	4,854.59
Check	04/12/2019		Velma White-Ander...			X	Jane-Caregiver		162.50	4,692.09
Check	04/12/2019		Jenny Vega			X	Jane-Caregiver		652.50	4,039.59
Check	04/12/2019		United States Trea...	2018		X	Income Taxes...		178.00	3,861.59
Check	04/12/2019		Walkup Management			X	Tax Prep fees		325.00	3,536.59
Transfer	04/26/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		8,536.59
Transfer	04/29/2019			Funds Transfer		X	Wells Fargo		4,000.00	4,536.59
Deposit	04/30/2019			Deposit		X	Taxable Interest	23.10		4,559.69
Transfer	05/23/2019			Funds Transfer		X	Wells Fargo		4,000.00	559.69
General Journal	06/19/2019	19				X	LNA 687 CCR	7,000.00		7,559.69
Check	06/20/2019		Jenny Vega			X	Jane-Caregiver		652.50	6,907.19
Deposit	06/20/2019			Deposit		X	Taxable Interest	26.00		6,933.19
Transfer	07/25/2019			Deposit		X	Wells Fargo		3,000.00	3,933.19
Transfer	08/09/2019			Deposit		X	Wells Fargo		3,500.00	433.19
Deposit	08/31/2019			Deposit		X	Taxable Interest	34.25		467.44
Transfer	09/04/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		5,467.44
Transfer	09/05/2019			Funds Transfer		X	Wells Fargo		2,500.00	2,967.44
Check	09/19/2019		Jenny Vega	38 hrs @ 15		X	Jane-Caregiver		570.00	2,397.44
Transfer	09/25/2019			Funds Transfer		X	LNA 687 CCR	3,500.00		5,897.44
Check	09/25/2019			1st half		X	Investment Fe...		1,295.45	4,601.99
Transfer	09/26/2019			Funds Transfer	Trust	X	Wells Fargo		3,500.00	1,101.99
Deposit	10/31/2019			Deposit		X	Taxable Interest	14.17		1,116.16
Transfer	11/03/2019			Funds Transfer		X	LNA 687 CCR	5,000.00		6,116.16
Transfer	11/04/2019			Funds Transfer		X	Wells Fargo		3,500.00	2,616.16
Transfer	11/21/2019			Funds Transfer	Trust	X	LNA 687 CCR	3,600.00		6,216.16
Check	11/22/2019		William B. Walkup			X	Fees		4,600.00	1,616.16
Check	11/26/2019		Jenny Vega			X	Jane-Caregiver		585.00	1,031.16
Transfer	12/01/2019			Funds Transfer	Trust	X	LNA 687 CCR	4,000.00		5,031.16
Transfer	12/02/2019			Funds Transfer		X	Wells Fargo		3,000.00	2,031.16
Check	12/12/2019		Jenny Vega			X	Jane-Caregiver		585.00	1,446.16
Check	12/12/2019			reimburseme...		X	Jane - Miscell...		65.20	1,380.96

Eldridge Baskin Trust
Transactions by Account
As of December 31, 2019

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
Check	12/27/2019		Jenny Vega			X	Jane-Caregiver		622.50	758.46
Check	12/27/2019		Jane E. Baskin	reimbusreme...		X	Jane - Miscell...		71.25	687.21
Deposit	12/31/2019			Deposit		X	Taxable Interest	14.45		701.66
Total Columbia Cash Reserves								58,245.63	58,372.60	701.66
TOTAL								58,245.63	58,372.60	701.66

LNA667 - Eldridge Baskin Trust

LOAN RECORD

INTEREST RATE: 6.100%
Notes: 0%

LOAN FROM: Columbia Cash Reserves
LOAN TO: Eldridge Baskin Trust

DATE	DESCRIPTION	ADVANCE	PAYMENT	FINAL BALANCE	BALANCE FOR INTEREST CALCULATIONS	INTEREST RATE	DAYS	DAILY INTEREST	CCR INTEREST	MONTHLY INTEREST	ANNUAL INTEREST	XXX RUNNING INTEREST CCR
												0.00
05/01/17	Starting Balance			0.00	0.00					-	-	0.00
06/01/17	Interest			0.00	0.00	6.100%	31	0.00	-	-	-	0.00
06/30/17	-Initial Loan Advance	5,000.00		5,000.00	0.00	6.100%	29	0.00	-	-	-	0.00
07/01/17	Interest ~			5,000.84	5,000.00	6.100%	1	0.84	0.84	0.84	-	0.84
08/01/17	Interest			5,026.74	5,000.84	6.100%	31	25.91	-	25.91	-	25.91
09/01/17	Interest ~			5,052.79	5,026.74	6.100%	31	26.04	51.95	26.04	-	51.95
09/07/17	-Loan Draw	5,000.00		10,057.85	5,052.79	6.100%	6	5.07	-	-	-	5.07
10/01/17	Interest			10,098.17	10,052.79	6.100%	24	40.32	-	45.39	-	45.39
10/13/17	E*Trade Financial-From Baskin Tr E*Trade		10,000.00	118.43	10,098.17	6.100%	12	20.25	-	-	-	65.64
11/01/17	Interest ~			118.74	98.17	6.100%	19	0.31	65.95	20.56	-	65.95
12/01/17	Interest			119.33	118.74	6.100%	30	0.60	-	0.60	-	0.60
01/01/18	Interest ~			119.95	119.33	6.100%	31	0.62	1.21	0.62	119.95	1.21
01/01/18	Starting Balance			119.95	119.95	6.100%	0	0.00	-	-	-	0.00
02/01/18	Interest			120.57	119.95	6.100%	31	0.62	-	0.62	-	0.62
03/01/18	Interest ~			121.14	120.57	6.100%	28	0.56	1.19	0.56	-	1.19
04/01/18	Interest			121.76	121.14	6.100%	31	0.63	-	0.63	-	0.63
05/01/18	Interest ~			122.38	121.76	6.100%	30	0.61	1.24	0.61	-	1.24
06/01/18	Interest			123.01	122.38	6.100%	31	0.63	-	0.63	-	0.63
07/01/18	Interest ~			123.63	123.01	6.100%	30	0.62	1.25	0.62	-	1.25
08/01/18	Interest			124.27	123.63	6.100%	31	0.64	-	0.64	-	0.64
09/01/18	Interest ~			124.91	124.27	6.100%	31	0.64	1.28	0.64	-	1.28
10/01/18	Interest			125.54	124.91	6.100%	30	0.63	-	0.63	-	0.63
11/01/18	Interest ~			126.19	125.54	6.100%	31	0.65	1.28	0.65	-	1.28
12/01/18	Interest			126.82	126.19	6.100%	30	0.63	-	0.63	-	0.63
01/01/19	Interest ~			127.48	126.82	6.100%	31	0.66	1.29	0.66	7.53	1.29
01/01/19	Starting Balance			127.48	127.48	6.100%	0	0.00	-	-	-	0.00
01/02/19	-T/F to BASK	10,000.00		10,127.50	127.48	6.100%	1	0.02	-	-	-	0.02
01/30/19	-Advance to BASK	5,000.00		15,174.89	10,127.48	6.100%	28	47.39	-	-	-	47.41
02/01/19	Interest			15,179.95	15,127.48	6.100%	2	5.06	-	52.47	-	52.47
03/01/19	Interest ~			15,250.98	15,179.95	6.100%	28	71.03	123.50	71.03	-	123.50
03/14/19	-Advance to BASK	5,000.00		20,284.11	15,250.98	6.100%	13	33.13	-	-	-	33.13
04/01/19	Interest			20,345.03	20,250.98	6.100%	18	60.92	-	94.05	-	94.05
04/03/19	-Advance to BASK	5,000.00		25,351.83	20,345.03	6.100%	2	6.80	-	-	-	100.85
04/26/19	-Advance to BASK	5,000.00		30,449.25	25,345.03	6.100%	23	97.42	-	-	-	198.27
[illegible]/19	Interest ~			30,474.61	30,345.03	6.100%	5	25.36	223.63	129.58	-	223.63
[illegible]/19	Interest			30,632.49	30,474.61	6.100%	31	157.88	-	157.88	-	157.88
[illegible]/19	-Advance to BASK	7,000.00		37,724.64	30,632.49	6.100%	18	92.15	-	-	-	250.03
07/01/19	Interest ~			37,800.11	37,632.49	6.100%	12	75.47	325.50	167.62	-	325.50
07/02/19	Eldridge Baskin Trust	2,000.00		39,806.43	37,800.11	6.100%	1	6.32	-	-	-	6.32
08/01/19	Interest			40,005.98	39,800.11	6.100%	30	199.55	-	205.87	-	205.87
09/01/19	Interest ~			40,213.24	40,005.98	6.100%	31	207.26	413.13	207.26	-	413.13
09/04/19	-To BASK	5,000.00		45,233.40	40,213.24	6.100%	3	20.16	-	-	-	20.16

LNA687 · Eldridge Baskin Trust

LOAN RECORD

INTEREST RATE: 6.100%

LOAN FROM: Columbia Cash Reserves
LOAN TO: Eldridge Baskin Trust

Notes: 0%

DATE	DESCRIPTION	ADVANCE	PAYMENT	FINAL BALANCE	BALANCE FOR INTEREST CALCULATIONS	INTEREST RATE	DAYS	DAILY INTEREST	CCR INTEREST	MONTHLY INTEREST	ANNUAL INTEREST	XXX RUNNING INTEREST CCR
09/25/19	-To BASK	3,500.00		48,892.08	45,213.24	6.100%	21	158.68	-	-	-	178.84
10/01/19	Interest			48,940.93	48,713.24	6.100%	6	48.85	-	227.69	-	227.69
11/01/19	Interest ~			49,194.48	48,940.93	6.100%	31	253.55	481.24	253.55	-	481.24
11/03/19	-To BASK	5,000.00		54,210.92	49,194.48	6.100%	2	16.44	-	-	-	16.44
11/21/19	-To BASK	3,600.00		57,973.95	54,194.48	6.100%	18	163.03	-	-	-	179.47
12/01/19	Interest			58,070.54	57,794.48	6.100%	10	96.59	-	276.06	-	276.06
12/01/19	-To BASK	4,000.00		62,070.54	58,070.54	6.100%	0	0.00	-	-	-	276.06
01/01/20	Interest ~			62,392.12	62,070.54	6.100%	31	321.58	597.64	321.58	2,164.64	597.64
01/01/20	Starting Balance			62,392.12	62,392.12	6.100%	0	0.00	-	-	-	0.00
01/02/20	-To BASK	5,000.00		67,402.55	62,392.12	6.100%	1	10.43	-	-	-	10.43
01/30/20	-To BASK	5,500.00		73,217.91	67,392.12	6.100%	28	315.36	-	-	-	325.79
02/01/20	Interest			73,242.27	72,892.12	6.100%	2	24.36	-	350.15	-	350.15
02/19/20	-To BASK	2,000.00		75,462.60	73,242.27	6.100%	18	220.33	-	-	-	570.48
03/01/20	Interest ~			75,600.92	75,242.27	6.100%	11	138.32	708.80	358.65	-	708.80
03/12/20	-To BASK	6,000.00		81,739.90	75,600.92	6.100%	11	138.98	-	-	-	138.98
03/31/20	E*Trade Clearing, LLC-From Bask Tr E*Trade Acct		50,000.00	31,899.01	81,600.92	6.100%	19	259.11	-	-	-	398.09
04/01/20	Interest			32,004.29	31,600.92	6.100%	1	5.28	-	403.37	-	403.37
04/06/20	-2020 2H Mgment Fees	1,295.45		33,326.48	32,004.29	6.100%	5	26.74	-	-	-	430.11
04/29/20	-To BASK	3,200.00		36,654.48	33,299.74	6.100%	23	128.00	-	-	-	558.11
05/01/20	Interest ~			36,666.68	36,499.74	6.100%	2	12.20	570.31	166.94	-	570.31
05/01/20	-To BASK	680.00		37,346.68	36,666.68	6.100%	0	0.00	-	-	-	0.00
06/01/20	Interest			37,540.17	37,346.68	6.100%	31	193.49	-	193.49	-	193.49
06/03/20	-To BASK	2,000.00		39,552.72	37,540.17	6.100%	2	12.55	-	-	-	206.04
06/10/20	-To BASK	1,000.00		40,598.98	39,540.17	6.100%	7	48.26	-	-	-	252.30
07/01/20	Interest ~			40,741.26	40,540.17	6.100%	21	142.28	394.58	201.09	-	394.58
07/05/20	-To BASK	3,000.00		43,768.50	40,741.26	6.100%	4	27.24	-	-	-	27.24
07/30/20	-To BASK	3,500.00		47,451.25	43,741.26	6.100%	25	182.75	-	-	-	209.99
08/01/20	Interest			47,467.04	47,241.26	6.100%	2	15.79	-	225.78	-	225.78
08/27/20	-To BASK	3,000.00		50,673.29	47,467.04	6.100%	26	206.25	-	-	-	432.03
09/01/20	Interest ~			50,715.46	50,467.04	6.100%	5	42.17	474.20	248.42	-	474.20
09/24/20	-To BASK	3,500.00		54,410.40	50,715.46	6.100%	23	194.94	-	-	-	194.94
10/01/20	Interest ~			54,473.82	54,215.46	6.100%	7	63.42	258.36	258.36	-	258.36

Eldridge Baskin Trust
Transactions by Account
As of December 31, 2019

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
E*Trade - Investment Account										5,067.92
1 - E*Trade Cash Balance										-91,240.68
General Journal	01/31/2019					X	Investment Int...		274.35	-91,515.03
General Journal	01/31/2019					X	Dividends - E*...	346.14		-91,168.89
General Journal	02/28/2019					X	Dividends - E*...	271.55		-90,897.34
General Journal	02/28/2019					X	Investment Int...		274.25	-91,171.59
General Journal	03/31/2019	10				X	Dividends - E*...	1,353.15		-89,818.44
General Journal	03/31/2019	11				X	Investment Int...		245.85	-90,064.29
General Journal	05/14/2019	12				X	Dividends - E*...	304.36		-89,759.93
General Journal	05/14/2019	13				X	Investment Int...		270.89	-90,030.82
General Journal	05/31/2019	14				X	Dividends - E*...	271.55		-89,759.27
General Journal	05/31/2019	15				X	Investment Int...		262.07	-90,021.34
General Journal	06/30/2019	17				X	Dividends - E*...	1,388.55		-88,632.79
General Journal	06/30/2019	18				X	Investment Int...		269.03	-88,901.82
General Journal	07/31/2019	21				X	Dividends - E*...	304.36		-88,597.46
General Journal	07/31/2019	22				X	Investment Int...		258.75	-88,856.21
General Journal	08/31/2019	23				X	Dividends - E*...	271.55		-88,584.66
General Journal	08/31/2019	24				X	Investment Int...		251.88	-88,836.54
General Journal	09/30/2019	27				X	Dividends - E*...	1,406.79		-87,429.75
General Journal	09/30/2019	28				X	Investment Int...		242.18	-87,671.93
General Journal	10/31/2019	29				X	Dividends - E*...	317.66		-87,354.27
General Journal	10/31/2019	30				X	Investment Int...		218.66	-87,572.93
General Journal	11/30/2019	31				X	Dividends - E*...	271.55		-87,301.38
General Journal	11/30/2019	32				X	Investment Int...		210.00	-87,511.38
General Journal	12/31/2019	33				X	Dividends - E*...	1,406.79		-86,104.59
General Journal	12/31/2019	34				X	Investment Int...		198.70	-86,303.29
Total 1 - E*Trade Cash Balance								7,914.00	2,976.61	-86,303.29
ABT - 230 Shares										7,748.78
Total ABT - 230 Shares										7,748.78
ALL - 165 Shares										8,901.43
Total ALL - 165 Shares										8,901.43
BAC - 208 Shares										1,310.19
Total BAC - 208 Shares										1,310.19
COKE - 190 Shares										3,438.32
Total COKE - 190 Shares										3,438.32
CSX- 708 Shares										1,599.55
Total CSX- 708 Shares										1,599.55
CVX- 65 SHARES										7,835.86
Total CVX- 65 SHARES										7,835.86
DLA -Delta Wood Appl 608 Shares										2,998.73
Total DLA -Delta Wood Appl 608 Shares										2,998.73

Eldridge Baskin Trust
Transactions by Account
As of December 31, 2019

Type	Date	Num	Name	Memo	Class	Clr	Split	Debit	Credit	Balance
HP - 100 Shares										5,833.50
Total HP - 100 Shares										5,833.50
HP - 30 Shares										1,748.69
Total HP - 30 Shares										1,748.69
INTC - 320 Shares										6,659.27
Total INTC - 320 Shares										6,659.27
ITW - 190 Shares										258.16
Total ITW - 190 Shares										258.16
LPX - 488 Shares										4,569.85
Total LPX - 488 Shares										4,569.85
SON - 1,770 Shares										21,284.43
Total SON - 1,770 Shares										21,284.43
SYNL - 865 Shares										2,538.82
Total SYNL - 865 Shares										2,538.82
T - 295 Shares										10,264.16
Total T - 295 Shares										10,264.16
TUP - 118 Shares										737.47
Total TUP - 118 Shares										737.47
WFC - 200 Shares										8,581.39
Total WFC - 200 Shares										8,581.39
Total E*Trade - Investment Account								7,914.00	2,976.61	10,005.31
TOTAL								7,914.00	2,976.61	10,005.31

August 1, 2020 - August 31, 2020
Account Number: [redacted]
Account Type: TRUST

E*TRADE Securities LLC
P.O. Box 484
Jersey City, NJ 07303-0484
1-800-503-9260
etrade.com Member FINRA/SIPC

E*TRADE Platinum
Investment Account

Customer Update:

Based on when the statement was generated, the value of certain unsettled trades and/or pending transactions (e.g., transactions that take place or settle after the last business day of the month) may not be reflected on your statement. To review your most current portfolio value, visit *etrade.com*.

IMPORTANT INFORMATION:

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ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Account At A Glance

Net Change:	$16,427.22

E*TRADE

DETACH HERE

ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Make checks payable to E*TRADE Securities LLC

DETACH HERE

Use This Deposit Slip Acct: [redacted]

Please do not send cash

Dollars	Cents

TOTAL DEPOSIT

Mail deposits to:

E*TRADE SECURITIES LLC
P.O. Box 484
Jersey City, NJ 07303-0484

083120200001 111639453013

E*TRADE Platinum
Investment Account

E*TRADE

Account Number:

Statement Period : August 1, 2020 - August 31, 2020

Account Type: TRUST

Direct your service and investment questions to:
RIA Service
Platinum Client Group
800-503-9260

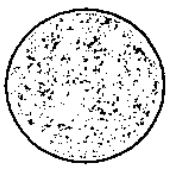
Customer Update:

ACCOUNT OVERVIEW

Last Statement Date:		July 31, 2020
Beginning Account Value (On 07/31/20):	$	189,708.26
Ending Account Value (On 08/31/20):	$	206,135.48
Net Change:	$	16,427.22

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 08/31/20)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 08/31/20	AS OF 07/31/20	% CHANGE
Margin Balance	$ -90,240.70	$ -90,422.81	0.20%
Total Cash/Margin Debt	$ -90,240.70	$ -90,422.81	0.20%
Stocks, Options & ETF (Long)	$ 296,376.18	$ 280,131.07	5.80%
Total Value of Securities	$ 296,376.18	$ 280,131.07	5.80%
Net Account Value	$ 206,135.48	$ 189,708.26	8.66%

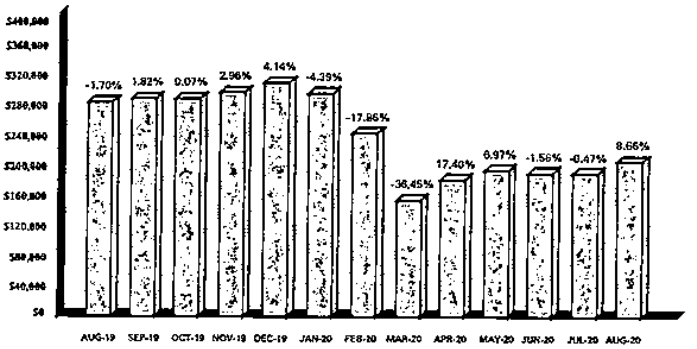
E*TRADE

Account Number:

Statement Period : August 1, 2020 - August 31, 2020

Account Type: TRUST

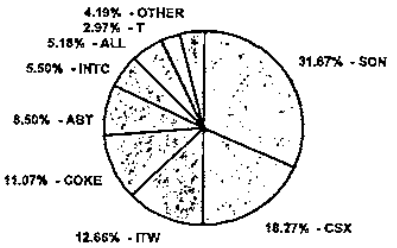
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Securities Sold	$ 0.00	$ 42,716.71
Dividends Received		
Taxable	$ 298.70	$ 4,485.26
Margin Interest	$ -116.59	$ -1,139.38

TOP 10 ACCOUNT HOLDINGS (AS OF 08/31/20)



ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	109.4700	25,178.10	8.50	331.00	1.31%
ALLSTATE CORP	ALL	Margin	165	93.0000	15,345.00	5.18	356.00	2.32%
AT&T INC	T	Margin	295	29.8100	8,793.95	2.97	614.00	6.98%
CHEVRON CORPORATION	CVX	Margin	65	83.9300	5,455.45	1.84	335.00	6.14%
COCA COLA CONSOLIDATED INC COMMON STOCK	COKE	Margin	120	273.3000	32,796.00	11.07	120.00	0.37%
CSX CORPORATION COM	CSX	Margin	708	76.4600	54,133.68	18.27	736.00	1.36%
HELMERICH & PAYNE INC	HP	Margin	130	16.4800	2,142.40	0.72	130.00	6.07%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	197.5500	37,534.50	12.66	866.00	2.31%
INTEL CORP	INTC	Margin	320	50.9500	16,304.00	5.50	422.00	2.59%
SONOCO PRODUCTS CO	SON	Margin	1,770	53.0300	93,863.10	31.67	3,044.00	3.24%
WELLS FARGO & CO	WFC	Margin	200	24.1500	4,830.00	1.63	80.00	1.66%
TOTAL STOCKS, OPTIONS & ETF					$296,376.18	100.00%	$7,034.00	2.37%
TOTAL PRICED PORTFOLIO HOLDINGS (ON 08/31/20)					$206,135.48			
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME					$7,034.00			

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
08/03/20	Dividend	AT&T INC CASH DIV ON 295 SHS REC 07/10/20 PAY 08/03/20	T		153.40
08/07/20	Dividend	COCA COLA CONSOLIDATED INC COMMON STOCK CASH DIV ON 120 SHS REC 07/24/20 PAY 08/07/20	COKE		30.00

DIVIDENDS & INTEREST ACTIVITY (Continued)

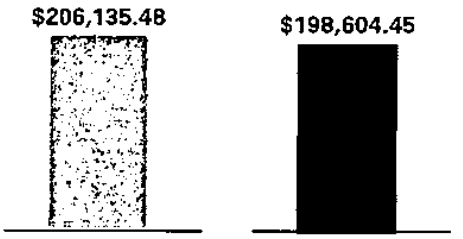
DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
08/17/20	Dividend	ABBOTT LABORATORIES CASH DIV ON 230 SHS REC 07/15/20 PAY 08/17/20	ABT		82.80
08/26/20	Interest	FROM 07/26 THRU 08/25 @ 1 1/2% BAL 90,156 AVBAL 90,266		116.59	
08/31/20	Dividend	HELMERICH & PAYNE INC CASH DIV ON 130 SHS REC 08/17/20 PAY 08/31/20	HP		32.50
TOTAL DIVIDENDS & INTEREST ACTIVITY				$116.59	$298.70
NET DIVIDENDS & INTEREST ACTIVITY					$182.11

September 1, 2020 - September 30, 2020
Account Number:
Account Type: TRUST

Customer Update:

ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Account At A Glance



Net Change:	$-7,531.03

E*TRADE

ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Mail deposits to:

Use This Deposit Slip **Acct:**

Dollars	Cents

TOTAL DEPOSIT

E*TRADE

E*TRADE

Account Number:

Statement Period : September 1, 2020 - September 30, 2020

Account Type: TRUST

Direct your service and investment questions to:
RIA Service
Platinum Client Group
800-503-9260

Customer Update:

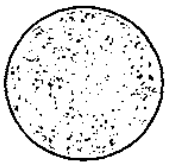
ACCOUNT OVERVIEW

Last Statement Date: August 31, 2020

Beginning Account Value (On 08/31/20):	$	206,135.48
Ending Account Value (On 09/30/20):	$	198,604.45
Net Change:	$	-7,531.03

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 09/30/20)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 09/30/20	AS OF 08/31/20	% CHANGE
Margin Balance	$ -89,201.86	$ -90,240.70	1.15%
Total Cash/Margin Debt	$ -89,201.86	$ -90,240.70	1.15%
Stocks, Options & ETF (Long)	$ 287,806.31	$ 296,376.18	-2.89%
Total Value of Securities	$ 287,806.31	$ 296,376.18	-2.89%
Net Account Value	$ 198,604.45	$ 206,135.48	-3.65%

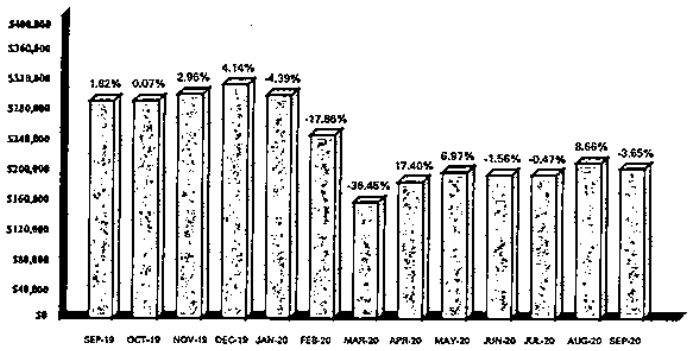
E*TRADE

Account Number:

Statement Period : September 1, 2020 - September 30, 2020

Account Type: TRUST

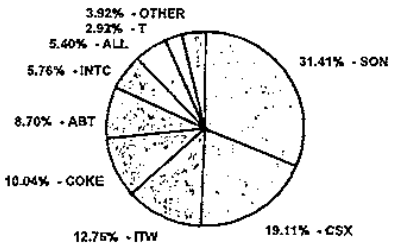
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Securities Sold	$ 0.00	$ 42,716.71
Dividends Received		
Taxable	$ 1,154.63	$ 5,639.89
Margin Interest	$ -115.79	$ -1,255.17

TOP 10 ACCOUNT HOLDINGS (AS OF 09/30/20)



ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	108.8300	25,030.90	8.70	331.00	1.32%
ALLSTATE CORP	ALL	Margin	165	94.1400	15,533.10	5.40	356.00	2.29%
AT&T INC	T	Margin	295	28.5100	8,410.45	2.92	614.00	7.30%
CHEVRON CORPORATION	CVX	Margin	65	72.0000	4,680.00	1.63	335.00	7.16%
COCA COLA CONSOLIDATED INC COMMON STOCK	COKE	Margin	120	240.6800	28,881.60	10.04	120.00	0.42%
CSX CORPORATION COM	CSX	Margin	708	77.6700	54,990.36	19.11	736.00	1.34%
HELMERICH & PAYNE INC	HP	Margin	130	14.6500	1,904.50	0.66	130.00	6.83%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	193.2100	36,709.90	12.76	866.00	2.36%
INTEL CORP	INTC	Margin	320	51.7800	16,569.60	5.76	422.00	2.55%
SONOCO PRODUCTS CO	SON	Margin	1,770	51.0700	90,393.90	31.41	3,044.00	3.37%
WELLS FARGO & CO	WFC	Margin	200	23.5100	4,702.00	1.63	80.00	1.70%
TOTAL STOCKS, OPTIONS & ETF					$287,806.31	100.00%	$7,034.00	2.44%
TOTAL PRICED PORTFOLIO HOLDINGS (ON 09/30/20)					$198,604.45			
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME					$7,034.00			

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
09/01/20	Dividend	INTEL CORP CASH DIV ON 320 SHS REC 08/07/20 PAY 09/01/20	INTC		105.60
09/01/20	Dividend	WELLS FARGO & CO CASH DIV ON 200 SHS REC 08/07/20 PAY 09/01/20	WFC		20.00
09/10/20	Dividend	CHEVRON CORPORATION CASH DIV ON 65 SHS REC 08/19/20 PAY 09/10/20	CVX		63.85

DIVIDENDS & INTEREST ACTIVITY (Continued)

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
09/10/20	Dividend	SONOCO PRODUCTS CO CASH DIV ON 1770 SHS REC 08/10/20 PAY 09/10/20	SON		761.10
09/15/20	Dividend	CSX CORPORATION COM CASH DIV ON 708 SHS REC 08/31/20 PAY 09/15/20	CSX		184.08
09/28/20	Interest	FROM 08/26 THRU 09/25 @ 1 1/2% BAL 89,086 AVBAL 89,643		115.79	
TOTAL DIVIDENDS & INTEREST ACTIVITY				$115.79	$1,154.63
NET DIVIDENDS & INTEREST ACTIVITY					$1,038.84

January 1, 2018 - January 31, 2018
Account Number:
Account Type: TRUST

E*TRADE Securities LLC
P.O. Box 484
Jersey City,NJ 07303-0484
1-800-503-9260
etrade.com Member FINRA/SIPC

E*TRADE Platinum Investment Account

Customer Update:

Looking for your tax forms?

2017 Forms 1099 will be available by Thursday, February 15, 2018.

Show you care
In honor of Valentine's Day, ensure your IRA beneficiary forms are updated. This may help protect your assets, enabling them to pass smoothly to your loved ones.
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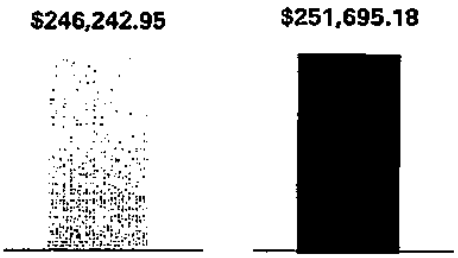
ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Account At A Glance



Net Change:	**$5,452.23**

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ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
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COLUMBIA SC 29223-6301

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	Dollars	Cents
TOTAL DEPOSIT		

E*TRADE Platinum
Investment Account

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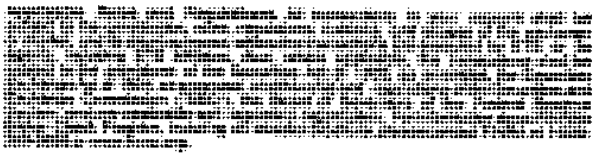
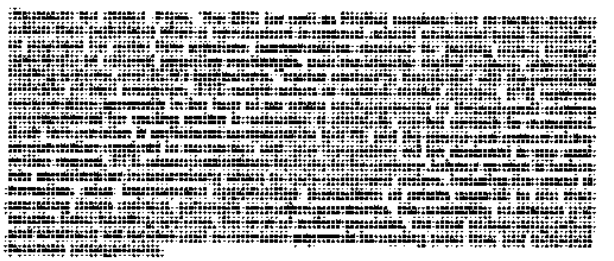
1. Tell us your name, account number, and ATM card or Check card number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

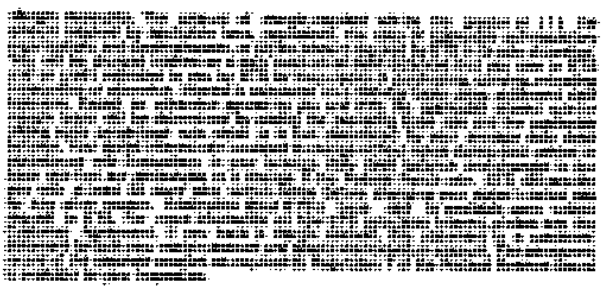
We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Securities products and services are offered by ETS, Member FINRA/SIPC. Your account is carried by ETS, Member FINRA/SIPC, which maintains your funds and securities deposited with ETS directly by you. Inquiries concerning the positions and balances in your account may be directed to ETS at 1-800-503-9260. All other inquiries regarding your account or the activity therein should be directed to ETS. Please promptly report any inaccuracy or discrepancy in your account to ETS at 1-800-503-9260. You should re-confirm any oral communication in writing to further protect your rights, including rights under the Securities Investor Protection Act.

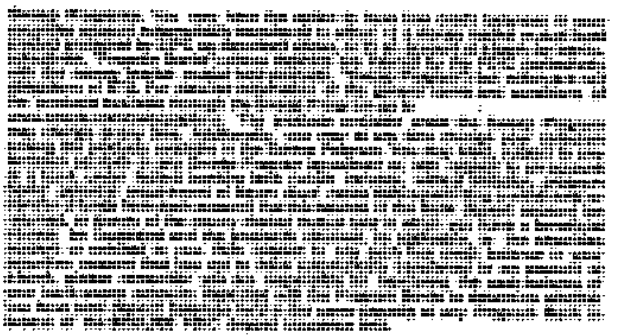


Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.





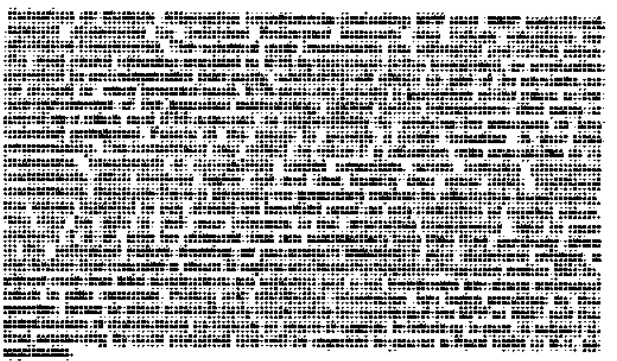
Free Credit Balances. Any cash balances in your securities account, which represent an obligation of ETS, is payable to you upon demand ("free credit balances"). Your cash balances: 1) can be maintained in the securities account and will earn interest through the "Cash Balance Program" as more fully described at: www.etrade.com/cashbalance, and 2) are held unsegregated and may be used by ETS in the conduct of its business, subject to the limitations of Rule 15c3-3 under the Securities Exchange Act of 1934.



Options Trading. If you are approved for options trading, you are responsible for advising ETS of any material changes in your investment objectives or financial situation. Additionally, further information regarding commissions and other charges related to the execution of option transactions has been included in the confirmations of such transactions previously provided to you. Such information will also be made available promptly upon request.

Random Allocation of Options Assignment Notices. Assignment notices for short option contracts are allocated among customer short option positions in accordance with a random allocation method. A detailed description of ETS's random allocation method is available at etrade.com and a hard copy of the allocation procedures is available upon request.

Financial Statement. A financial statement of ETS is available for your inspection at its offices or at etrade.com or will be mailed to you upon your written request.



ETS is an indirect subsidiary of E*TRADE Financial Corporation. If you have a complaint, please call 1-800-ETRADE1, or write to: E*TRADE Securities LLC, P.O. Box 484, Jersey City, NJ 07303-0484.

Definitions:

Activity/Trade Date. Trade date or transaction date of other entries.
Total Portfolio Percent. Percentage of your holding by issue of security.
DIV/CPN% Yield. Annual dividend or bond % yield.
Open Orders. Buy or sell orders for securities that have not yet been executed or canceled.
Symbol/CUSIP. The symbol or identification number for each security.
*** Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.

SIRB2JU - 11V17

E*TRADE

E*TRADE Platinum
Investment Account

ccount Number:

Statement Period : January 1, 2018 - January 31, 2018

Account Type: TRUST

Direct your service and investment questions to:
RIA Service
Platinum Client Group
800-503-9260

Customer Update:

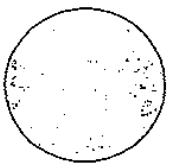
Tax questions? No problem.
Get helpful tips, tools, and key dates in the Tax Center. Visit *etrade.com/tax* today.

ACCOUNT OVERVIEW

Last Statement Date:		December 31, 2017
Beginning Account Value(On 12/31/17):	$	246,242.95
Ending Account Value(On 01/31/18):	$	251,695.18
Net Change:	$	5,452.23

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 01/31/18)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 01/31/18	AS OF 12/31/17	% CHANGE
Margin Balance	$ -100,945.03	$ -101,017.43	0.07%
Total Cash/Margin Debt	$ -100,945.03	$ -101,017.43	0.07%
Stocks, Options & ETF (Long)	$ 352,640.21	$ 347,260.38	1.55%
Total Value of Securities	$ 352,640.21	$ 347,260.38	1.55%
Net Account Value	$ 251,695.18	$ 246,242.95	2.21%

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of $250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

E*TRADE

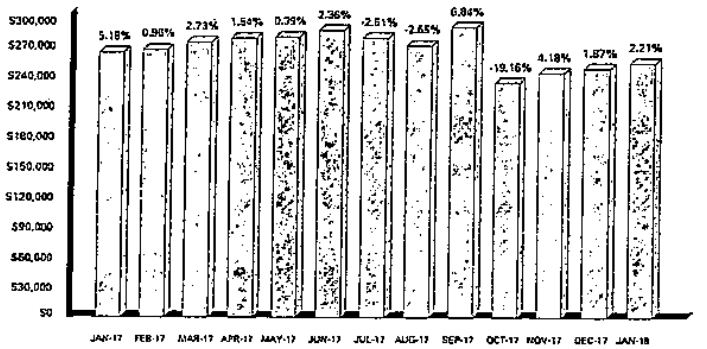
E*TRADE Platinum
Investment Account

Account Number:

Statement Period : January 1, 2018 - January 31, 2018

Account Type: TRUST

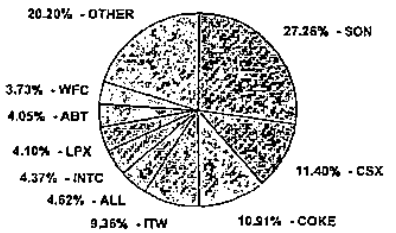
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Dividends Received		
Taxable	$ 289.49	$ 289.49
Margin Interest	$ -217.09	$ -217.09

TOP 10 ACCOUNT HOLDINGS (AS OF 01/31/18)



Account Number

Statement Period : January 1, 2018 - January 31, 2018

Account Type: TRUST

ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	62.1600	14,296.80	4.05	258.00	1.80%
ALLSTATE CORP	ALL	Margin	165	98.7700	16,297.05	4.62	244.00	1.50%
AT&T INC	T	Margin	295	37.4500	11,047.75	3.13	590.00	5.34%
BANK OF AMERICA CORP	BAC	Margin	208	32.0000	6,656.00	1.89	100.00	1.50%
CHEVRON CORPORATION	CVX	Margin	65	125.3500	8,147.75	2.31	281.00	3.45%
COCA COLA BOTTLING CO CONS	COKE	Margin	190	202.5200	38,478.80	10.91	190.00	0.49%
CSX CORPORATION COM	CSX	Margin	708	56.7700	40,193.16	11.40	568.00	1.41%
DELTA APPAREL INC	DLA	Margin	608	18.6600	11,345.28	3.22		
HELMERICH & PAYNE INC	HP	Margin	130	72.0300	9,363.90	2.66	364.00	3.89%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	173.6700	32,997.30	9.36	593.00	1.80%
INTEL CORP	INTC	Margin	320	48.1400	15,404.80	4.37	384.00	2.49%
LOUISIANA PACIFIC CORP	LPX	Margin	488	29.6100	14,449.68	4.10		
SNYDERS-LANCE INC	LNCE	Margin	122	49.9800	6,097.56	1.73	78.00	1.28%
SONOCO PRODUCTS CO	SON	Margin	1,770	54.3100	96,128.70	27.26	2,761.00	2.87%
SYNALLOY CORP	SYNL	Margin	865	13.6000	11,764.00	3.34	112.00	0.95%
TUPPERWARE BRANDS CORPORATION	TUP	Margin	118	57.7600	6,815.68	1.93	321.00	4.71%
WELLS FARGO & CO	WFC	Margin	200	65.7800	13,156.00	3.73	312.00	2.37%
TOTAL STOCKS, OPTIONS & ETF					$352,640.21	100.00%	$7,154.00	2.03%

TOTAL PRICED PORTFOLIO HOLDINGS (ON 01/31/18)	$251,695.18
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME	$7,154.00

Account Number: Statement Period : January 1, 2018 - January 31, 2018 Account Type: TRUST

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
01/02/18	Dividend	ALLSTATE CORP CASH DIV ON 185 SHS REC 11/30/17 PAY 01/02/18	ALL		61.05
01/05/18	Dividend	TUPPERWARE BRANDS CORPORATION CASH DIV ON 118 SHS REC 12/20/17 PAY 01/05/18	TUP		80.24
01/10/18	Dividend	ILLINOIS TOOL WORKS INC CASH DIV ON 190 SHS REC 12/29/17 PAY 01/10/18	ITW		148.20
01/26/18	Interest	FROM 12/26 THRU 01/25 @ 2 1/2% BAL 100,727 AVBAL 100,841		217.09	
TOTAL DIVIDENDS & INTEREST ACTIVITY				$217.09	$289.49
NET DIVIDENDS & INTEREST ACTIVITY					$72.40

February 1, 2018 - February 28, 2018
Account Number:
Account Type: TRUST

E*TRADE Securities LLC
P.O. Box 484
Jersey City, NJ 07303-0484
1-800-503-9260
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WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
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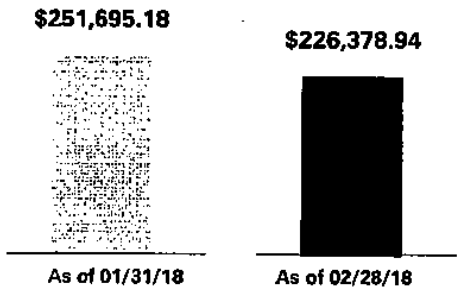
Account At A Glance



Net Change:	$-25,316.24

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142 ATRIUM WAY
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Mail deposits to:

E*TRADE SECURITIES LLC
P.O. Box 484
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Please do not send cash

Dollars	Cents

TOTAL DEPOSIT

E*TRADE Platinum
Investment Account

Please refer to the E*TRADE Securities LLC ("ETS") Brokerage Customer Agreement (the "Customer Agreement") for a complete discussion of the terms and conditions governing your account. If you have questions regarding the Customer Agreement or your account, please e-mail us through etrade.com or call 1-800-ETRADE1. THE INFORMATION CONTAINED IN YOUR ACCOUNT STATEMENT SHALL BE BINDING UPON YOU IF YOU DO NOT OBJECT, EITHER IN WRITING OR VIA ELECTRONIC MAIL, WITHIN FIVE (5) DAYS AFTER THE ACCOUNT STATEMENT IS FIRST RECEIVED BY YOU. In case of errors or questions about your electronic transfers please telephone us at 1-800-ETRADE-1 immediately or write us at E*TRADE Securities LLC, PO Box 484, Jersey City, NJ 07303-0484, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or the problem appeared. When you contact us, you must:

1. Tell us your name, account number, and ATM card or Check card number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Securities products and services are offered by ETS, Member FINRA/SIPC. Your account is carried by ETS, Member FINRA/SIPC, which maintains your funds and securities deposited with ETS directly by you. Inquiries concerning the positions and balances in your account may be directed to ETS at 1-800-503-9260. All other inquiries regarding your account or the activity therein should be directed to ETS. Please promptly report any inaccuracy or discrepancy in your account to ETS at 1-800-503-9260. You should re-confirm any oral communication in writing to further protect your rights, including rights under the Securities Investor Protection Act.

[redacted]

[redacted]

Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.

[redacted]

[redacted]

[redacted]

Free Credit Balances. Any cash balances in your securities account, which represent an obligation of ETS, is payable to you upon demand ("free credit balances"). Your cash balances: 1) can be maintained in the securities account and will earn interest through the "Cash Balance Program" as more fully described at: www.etrade.com/cashbalance, and 2) are held unsegregated and may be used by ETS in the conduct of its business, subject to the limitations of Rule 15c3-3 under the Securities Exchange Act of 1934.

[redacted]

Options Trading. If you are approved for options trading, you are responsible for advising ETS of any material changes in your investment objectives or financial situation. Additionally, further information regarding commissions and other charges related to the execution of option transactions has been included in the confirmations of such transactions previously provided to you. Such information will also be made available promptly upon request.

Random Allocation of Options Assignment Notices. Assignment notices for short option contracts are allocated among customer short option positions in accordance with a random allocation method. A detailed description of ETS's random allocation method is available at etrade.com and a hard copy of the allocation procedures is available upon request.

Financial Statement. A financial statement of ETS is available for your inspection at its offices or at etrade.com or will be mailed to you upon your written request.

[redacted]

ETS is an indirect subsidiary of E*TRADE Financial Corporation. If you have a complaint, please call 1-800-ETRADE1, or write to: E*TRADE Securities LLC, P.O. Box 484, Jersey City, NJ 07303-0484.

Definitions:

Activity/Trade Date. Trade date or transaction date of other entries.
Total Portfolio Percent. Percentage of your holding by issue of security.
DIV/CPN% Yield. Annual dividend or bond % yield.
Open Orders. Buy or sell orders for securities that have not yet been executed or canceled.
Symbol/CUSIP. The symbol or identification number for each security.
*** Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.

E*TRADE

E*TRADE Platinum
Investment Account

ccount Number:

Statement Period : February 1, 2018 - February 28, 2018

Account Type: TRUST

Direct your service and investment questions to:
RIA Service
Platinum Client Group
800-503-9260

Customer Update:

All your tax info in one place.
Forms 1099 for 2017, FAQs, key deadlines, cost basis info, and more—find them all in our Tax Center at etrade.com/tax

ACCOUNT OVERVIEW

Last Statement Date:		January 31, 2018
Beginning Account Value (On 01/31/18):	$	251,695.18
Ending Account Value (On 02/28/18):	$	226,378.94
Net Change:	$	-25,316.24

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 02/28/18)

100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 02/28/18	AS OF 01/31/18	% CHANGE
Margin Balance	$ -100,902.58	$ -100,945.03	0.04%
Total Cash/Margin Debt	$ -100,902.58	$ -100,945.03	0.04%
Stocks, Options & ETF (Long)	$ 327,281.52	$ 352,640.21	-7.19%
Total Value of Securities	$ 327,281.52	$ 352,640.21	-7.19%
Net Account Value	$ 226,378.94	$ 251,695.18	-10.06%

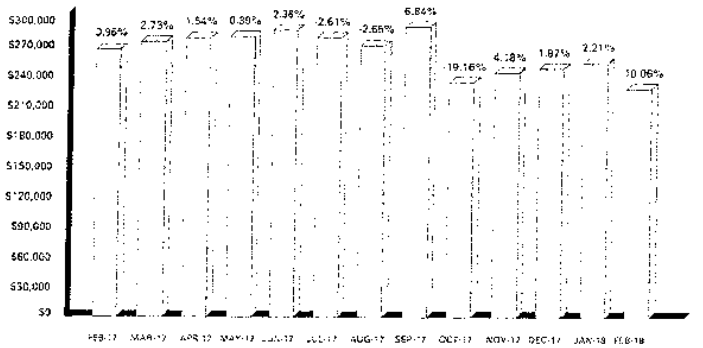
Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of $250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

Account Number:

Statement Period : February 1, 2018 - February 28, 2018

Account Type: TRUST

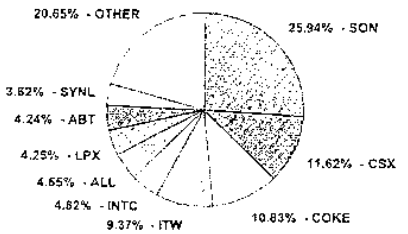
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Dividends Received		
Taxable	$ 259.40	$ 548.89
Margin Interest	$ -216.95	$ -434.04

TOP 10 ACCOUNT HOLDINGS (AS OF 02/28/18)



Account Number:

Statement Period : February 1, 2018 - February 28, 2018

Account Type: TRUST

ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	60.3300	13,875.90	4.24	258.00	1.86%
ALLSTATE CORP	ALL	Margin	165	92.2600	15,222.90	4.65	304.00	2.00%
AT&T INC	T	Margin	295	36.3000	10,708.50	3.27	590.00	5.51%
BANK OF AMERICA CORP	BAC	Margin	208	32.1000	6,676.80	2.04	100.00	1.50%
CHEVRON CORPORATION	CVX	Margin	65	111.9200	7,274.80	2.22	291.00	4.00%
COCA COLA BOTTLING CO CONS	COKE	Margin	190	186.6100	35,455.90	10.83	190.00	0.54%
CSX CORPORATION COM	CSX	Margin	708	53.7200	38,033.76	11.62	623.00	1.64%
DELTA APPAREL INC	DLA	Margin	608	18.0500	10,974.40	3.35		
HELMERICH & PAYNE INC	HP	Margin	130	64.5500	8,391.50	2.56	364.00	4.34%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	161.4400	30,673.60	9.37	593.00	1.93%
INTEL CORP	INTC	Margin	320	49.2900	15,772.80	4.82	384.00	2.43%
LOUISIANA PACIFIC CORP	LPX	Margin	488	28.5000	13,908.00	4.25	254.00	1.83%
SNYDERS-LANCE INC	LNCE	Margin	122	49.8800	6,085.36	1.86	78.00	1.28%
SONOCO PRODUCTS CO	SON	Margin	1,770	47.9700	84,906.90	25.94	2,761.00	3.25%
SYNALLOY CORP	SYNL	Margin	865	13.7000	11,850.50	3.62	112.00	0.95%
TUPPERWARE BRANDS CORPORATION	TUP	Margin	118	49.0500	5,787.90	1.77	321.00	5.55%
WELLS FARGO & CO	WFC	Margin	200	58.4100	11,682.00	3.57	312.00	2.67%
TOTAL STOCKS, OPTIONS & ETF					$327,281.52	100.00%	$7,535.00	2.30%
TOTAL PRICED PORTFOLIO HOLDINGS (DN 02/28/18)					$226,378.94			
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME					$7,535.00			

Account Number

Statement Period : February 1, 2018 - February 28, 2018

Account Type: TRUST

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
02/01/18	Dividend	AT&T INC CASH DIV ON 295 SHS REC 01/10/18 PAY 02/01/18	T		147.50
02/09/18	Dividend	COCA COLA BOTTLING CO CONS CASH DIV ON 190 SHS REC 01/26/18 PAY 02/09/18	COKE		47.50
02/15/18	Dividend	ABBOTT LABORATORIES CASH DIV ON 230 SHS REC 01/12/18 PAY 02/15/18	ABT		64.40
02/26/18	Interest	FROM 01/26 THRU 02/25 @ 2 1/2% BAL 100,685 AVBAL 100,777		216.95	
TOTAL DIVIDENDS & INTEREST ACTIVITY				$216.95	$259.40
NET DIVIDENDS & INTEREST ACTIVITY					$42.45

March 1, 2018 - March 31, 2018
Account Number:
Account Type: TRUST

E*TRADE Securities LLC
P.O. Box 484
Jersey City,NJ 07303-0484
1-800-503-9260
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Customer Update:

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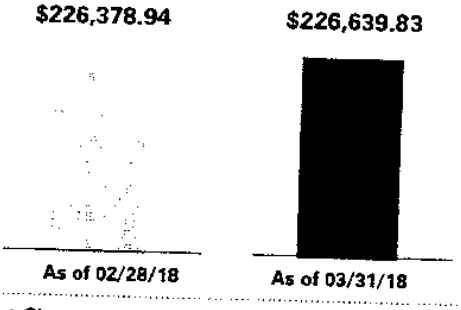
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Account At A Glance



Net Change: $260.89

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2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

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Applicable Rules and Regulations. All transactions in your account shall be subject to the constitution, rules, regulations, customs, and usages of the exchange or market, and its clearing house, where the transactions are executed by ETS or its agents, including ETS affiliates. Also, where applicable, the transactions shall be subject to the provisions of the Securities Act of 1933, as amended, the Securities Exchange Act of 1934, as amended, and the rules and regulations of the Securities and Exchange Commission ("SEC"), the Board of Governors of the Federal Reserve System, and any applicable self-regulatory organization. For information about FINRA's Broker Check Program, including an investor brochure, please contact FINRA at 1-800-289-9999 or www.finra.org.

Securities Pricing. The amounts printed in the total market value column of the Account Holdings section, or any amounts derived therefrom, are based on U.S. month end prices and are provided to us by outside quotation services for the securities currently held by us in your account. Prices of municipal bonds, certain over-the-counter securities, and federal obligations are approximations and are only for guidance purposes. The prices used are based on the last reported transaction known to the quotation services or the yields or values that are calculated on the basis of these prices. The value of brokered CDs reflected on this statement is estimated by a third-party pricing service. Actual value may differ if you elect to sell your CD(s) in the secondary market.

Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.

SIPC and other Insurance Coverage. ETS is a member of the Securities Investor Protection Corporation ("SIPC"). SIPC currently protects the assets in each of your securities accounts at ETS up to $500,000 (including $250,000 for claims for cash). Visit www.sipc.org or call (202) 371-8300 for more information including a brochure on SIPC protection. (Please note that money market mutual fund balances are not considered cash; they are considered to be securities.) Additional protection for ETS has been secured through an independent insurer, more information about which can be found at https://us.etrade.com/customer-service/faq. The market risks associated with investing and any resulting losses are not covered by SIPC or the additional protection.

Payment for Order Flow. The SEC (as well as FINRA) requires that all broker-dealers inform their customers when a new account is opened, and on an annual basis thereafter, of payment for order flow practices (compensation received for placing orders through specialists on national securities exchanges, over-the-counter market makers, alternative trading systems, and ECN's (collectively, "market centers")). Consistent with the overriding principle of best execution, ETS routes orders to various market centers. ETS receives remuneration (generally in the form of per share cash payments or through profit sharing arrangements) for routing orders in securities to particular market centers for execution. Such remuneration is considered compensation to ETS, and the source and amount of any compensation received in connection with your transaction will be disclosed to you upon written request. ETS, absent instructions from you to the contrary, takes a number of factors into consideration in determining where to route customers' orders, including the speed of execution, price improvement opportunities (executions at prices superior to the then prevailing inside market), automatic execution guarantees, the availability of efficient and reliable order handling systems, the level of service provided, the cost of executing orders and whether it will receive cash or non-cash payments for routing order flow, and reciprocal business arrangements.

Free Credit Balances. Any cash balances in your securities account, which represent an obligation of ETS, is payable to you upon demand ("free credit balances"). Your cash balances: 1) can be maintained in the securities account and will earn interest through the "Cash Balance Program" as more fully described at: www.etrade.com/cashbalance, and 2) are held unsegregated and may be used by ETS in the conduct of its business, subject to the limitations of Rule 15c3-3 under the Securities Exchange Act of 1934.

Sweep Programs. You may have the option to have free credit balances in your securities account automatically transferred to either: 1) a money market mutual fund product protected by SIPC as described above, or 2) an account at a bank (or banks, collectively, "Program Banks") whose deposits are insured by the FDIC (collectively with the money market mutual fund products, "Sweep Program") but which are not obligations of ETS. For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. Additionally, you may at any time change your selection among the products available in the Sweep Program. You may elect, subject to any limitation set forth in any Sweep Program agreement or, with respect to an account at a bank, under federal banking laws (which includes, without limitation, program banks' potential requirement of seven days' notice before permitting a withdrawal or transfer of funds from such account) that the balance in the bank deposit account be returned, or shares of the money market mutual fund in which you have a beneficial interest be liquidated and the proceeds returned, as applicable, to the securities account or remitted to you. With respect to any such free credit balance in your securities account that you opt to have automatically transferred to an account at a bank, please remember you are responsible for monitoring the cash balance of your bank sweep accounts deposited with the Program Banks to determine whether you have total deposit balances held in the same capacity at any Program Bank in excess of the $250,000 FDIC deposit insurance limit.

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Random Allocation of Options Assignment Notices. Assignment notices for short option contracts are allocated among customer short option positions in accordance with a random allocation method. A detailed description of ETS's random allocation method is available at etrade.com and a hard copy of the allocation procedures is available upon request.

Financial Statement. A financial statement of ETS is available for your inspection at its offices or at etrade.com or will be mailed to you upon your written request.

Valuation of Certain Alternative Investments (including DPP and REIT securities). Account statements for Individual Retirement Accounts may include valuations for alternative investments. The values of such investments are estimated and reflect either the most recent valuation provided to ETS by the issuer of the investment, or a valuation provided by an independent third party, which ETS will obtain as part of its services, on an annual or more frequent basis. ETS does not provide a guarantee of the value or the appropriateness of the appraisal methodology applied by the independent third party in providing a value and ETS assumes no responsibility for verifying the accuracy of any valuation presented. Failure of the issuer to provide a timely valuation is your sole responsibility. The investment may reflect no value if a valuation was unavailable or is inaccurate. Investment in non-publicly traded securities, which includes alternative investments, often involves higher risk and less liquidity than other more traditional investments. Because there is generally no secondary market for alternative investments, the values reported to you should not be relied upon as any indication of market value. You may be able to sell your interests in the alternative investments held in your account, if at all, only for amounts that are substantially less than their purchase price or the estimated values showing on your account statements. If your statement reflects a distribution that included a return of capital on Direct Participation Programs and/or REITs, please note that said distributions are reported and a net investment per share estimated value is also reported. Pricing and distribution information has been provided by the sponsor, issuer or other external party responsible for reporting of the DPP or REIT and the classification of distributions as income or return of capital, in whole or in part, is subject to final accounting by such party(ies) and will be reported to you on a Form 1099 or K-1, as applicable.

ETS is an indirect subsidiary of E*TRADE Financial Corporation. If you have a complaint, please call 1-800-ETRADE1, or write to: E*TRADE Securities LLC, P.O. Box 484, Jersey City, NJ 07303-0484.

Definitions:

Activity/Trade Date. Trade date or transaction date of other entries.
Total Portfolio Percent. Percentage of your holding by issue of security.
DIV/CPN% Yield. Annual dividend or bond % yield.
Open Orders. Buy or sell orders for securities that have not yet been executed or canceled.
Symbol/CUSIP. The symbol or identification number for each security.
*** Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.

E*TRADE

E*TRADE Platinum
Investment Account

ccount Number:

Statement Period : March 1, 2018 - March 31, 2018

Account Type: TRUST

Direct your service and investment questions to:
RIA Service
Platinum Client Group
800-503-9260

Customer Update:

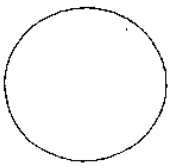
Over 1/3 of Americans have no retirement savings.
Don't want to be one of them? Use our Retirement Planning Calculator to help get started at *etrade.com/calculator*.

ACCOUNT OVERVIEW

Last Statement Date:		February 28, 2018
Beginning Account Value (On 02/28/18):	$	226,378.94
Ending Account Value (On 03/31/18):	$	226,639.83
Net Change:	$	260.89

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 03/31/18)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 03/31/18	AS OF 02/28/18	% CHANGE
Margin Balance	$ -93,729.33	$ -100,902.58	7.11%
Total Cash/Margin Debt	$ -93,729.33	$ -100,902.58	7.11%
Stocks, Options & ETF (Long)	$ 320,369.16	$ 327,281.52	-2.11%
Total Value of Securities	$ 320,369.16	$ 327,281.52	-2.11%
Net Account Value	$ 226,639.83	$ 226,378.94	0.12%

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of $250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

E*TRADE

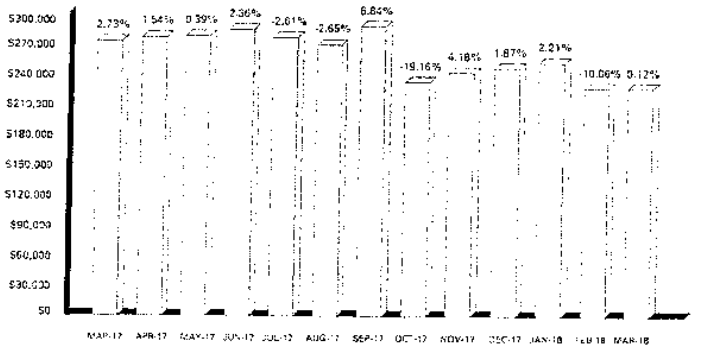
E*TRADE Platinum
Investment Account

Account Number

Statement Period : March 1, 2018 - March 31, 2018

Account Type: TRUST

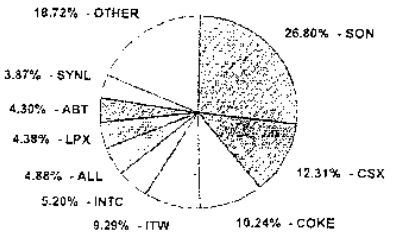
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Dividends Received		
Taxable	$ 1,266.82	$ 1,815.71
Margin Interest	$ -197.43	$ -631.47

TOP 10 ACCOUNT HOLDINGS (AS OF 03/31/18)



Account Number:

Statement Period : March 1, 2018 - March 31, 2018

Account Type: TRUST

ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	59.9200	13,781.60	4.30	258.00	1.87%
ALLSTATE CORP	ALL	Margin	165	94.8000	15,642.00	4.88	304.00	1.94%
AT&T INC	T	Margin	295	35.6500	10,518.75	3.28	590.00	5.61%
BANK OF AMERICA CORP	BAC	Margin	208	29.9900	6,237.92	1.95	100.00	1.60%
CHEVRON CORPORATION	CVX	Margin	65	114.0400	7,412.60	2.31	291.00	3.93%
COCA COLA BOTTLING CO CONS	COKE	Margin	190	172.6700	32,807.30	10.24	190.00	0.58%
CSX CORPORATION COM	CSX	Margin	708	55.7100	39,442.68	12.31	623.00	1.58%
DELTA APPAREL INC	DLA	Margin	608	18.0200	10,956.16	3.42		
HELMERICH & PAYNE INC	HP	Margin	130	66.5600	8,652.80	2.70	364.00	4.21%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	156.8600	29,765.40	9.29	593.00	1.99%
INTEL CORP	INTC	Margin	320	52.0800	16,665.60	5.20	384.00	2.30%
LOUISIANA PACIFIC CORP	LPX	Margin	488	28.7700	14,039.76	4.38	254.00	1.81%
SNYDERS-LANCE INC	833551104	Margin		49.9800	0.00	0.00		
SONOCO PRODUCTS CO	SON	Margin	1,770	48.5000	85,845.00	26.80	2,761.00	3.22%
SYNALLOY CORP	SYNL	Margin	865	14.3500	12,412.75	3.87	112.00	0.90%
TUPPERWARE BRANDS CORPORATION	TUP	Margin	118	48.3800	5,708.84	1.78	321.00	5.62%
WELLS FARGO & CO	WFC	Margin	200	52.4100	10,482.00	3.27	312.00	2.98%
TOTAL STOCKS, OPTIONS & ETF					$320,369.16	100.00%	$7,457.00	2.33%
TOTAL PRICED PORTFOLIO HOLDINGS (ON 03/31/18)					$226,639.83			
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME					$7,457.00			

Account Number:

Statement Period : March 1, 2018 - March 31, 2018

Account Type: TRUST

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
03/01/18	Dividend	HELMERICH & PAYNE INC CASH DIV ON 130 SHS REC 02/12/18 PAY 03/01/18	HP		91.00
03/01/18	Dividend	INTEL CORP CASH DIV ON 320 SHS REC 02/07/18 PAY 03/01/18	INTC		96.00
03/01/18	Dividend	WELLS FARGO & CO CASH DIV ON 200 SHS REC 02/02/18 PAY 03/01/18	WFC		78.00
03/02/18	Dividend	SNYDERS-LANCE INC CASH DIV ON 122 SHS REC 02/22/18 PAY 03/02/18	LNCE		19.52
03/09/18	Dividend	SONOCO PRODUCTS CO CASH DIV ON 1770 SHS REC 02/28/18 PAY 03/09/18	SON		690.30
03/12/18	Dividend	CHEVRON CORPORATION CASH DIV ON 65 SHS REC 02/16/18 PAY 03/12/18	CVX		72.80
03/13/18	Dividend	LOUISIANA PACIFIC CORP CASH DIV ON 488 SHS REC 02/26/18 PAY 03/13/18	LPX		63.44
03/15/18	Dividend	CSX CORPORATION COM CASH DIV ON 708 SHS REC 03/01/18 PAY 03/15/18	CSX		155.76
03/26/18	Interest	FROM 02/26 THRU 03/21 @ 2 1/2% BAL 99,631 AVBAL 100,101		166.84	
03/26/18	Interest	FROM 03/22 THRU 03/25 @ 2 3/4% BAL 99,631 AVBAL 100,101		30.59	
TOTAL DIVIDENDS & INTEREST ACTIVITY				$197.43	$1,266.82
NET DIVIDENDS & INTEREST ACTIVITY					$1,069.39

Account Number:

Statement Period : March 1, 2018 - March 31, 2018

Account Type: TRUST

WITHDRAWALS & DEPOSITS

DATE	TRANSACTION TYPE	DESCRIPTION	WITHDRAWALS	DEPOSITS
03/16/18	Other	PIL GROSS-UP (ALL)		3.86
03/19/18	Adjustment	TFR CASH TO MARGIN	3.86	
03/19/18	Adjustment	TFR CASH TO MARGIN		3.86
03/28/18	Adjustment	TRNSFR FROM CASH TO MARGIN	38.00	
03/28/18	Fee	REORG FEE REVERSAL(833551104) REFID:18086101015600;		38.00
03/28/18	Adjustment	TRNSFR FROM CASH TO MARGIN		38.00
NET WITHDRAWALS & DEPOSITS				$41.86

OTHER ACTIVITY

DATE	DESCRIPTION	SYMBOL/ CUSIP	TRANSACTION TYPE	QUANTITY	PRICE	AMOUNT DEBITED	AMOUNT CREDITED
03/27/18	SNYDERS-LANCE INC MANDATORY REORG FEE CHARGED	833551104	Fee			38.00	
03/27/18	SNYDERS-LANCE INC CASH MERGER @ $50.00	833551104	Merger	-122			6,100.00
TOTAL OTHER ACTIVITY						$38.00	$6,100.00
NET OTHER ACTIVITY							$6,062.00

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April 1, 2018 - April 30, 2018
Account Number:
Account Type: TRUST

E*TRADE Securities LLC
P.O. Box 484
Jersey City, NJ 07303-0484
1-800-503-9260
etrade.com Member FINRA/SIPC

E*TRADE Platinum
Investment Account

Customer Update:

Over 1/3 of Americans have no retirement savings.

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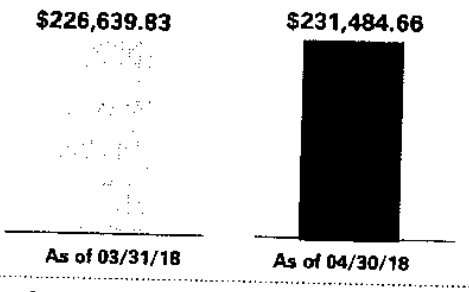
IMPORTANT INFORMATION
Why not get your statements, confirmations, and tax documents online? Enroll for paperless delivery today at *etrade.com/paperless.*

ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Account At A Glance



Net Change:	$4,844.83

E*TRADE

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ELDRIDGE BASKIN TRUST
UAD 09/21/1990
WILLIAM B WALKUP TTEE
WILLIAM B WALKUP
142 ATRIUM WAY
COLUMBIA SC 29223-6301

Make checks payable to E*TRADE Securities LLC

Mail deposits to:

E*TRADE SECURITIES LLC
P.O. Box 484
Jersey City, NJ 07303-0484

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Use This Deposit Slip **Acct:**

Please do not send cash

Dollars	Cents

TOTAL DEPOSIT

E*TRADE Platinum
Investment Account

Please refer to the E*TRADE Securities LLC ("ETS") Brokerage Customer Agreement (the "Customer Agreement") for a complete discussion of the terms and conditions governing your account. If you have questions regarding the Customer Agreement or your account, please e-mail us through etrade.com or call 1-800-ETRADE1. THE INFORMATION CONTAINED IN YOUR ACCOUNT STATEMENT SHALL BE BINDING UPON YOU IF YOU DO NOT OBJECT, EITHER IN WRITING OR VIA ELECTRONIC MAIL, WITHIN FIVE (5) DAYS AFTER THE ACCOUNT STATEMENT IS FIRST RECEIVED BY YOU. In case of errors or questions about your electronic transfers please telephone us at 1-800-ETRADE-1 immediately or write us at E*TRADE Securities LLC, PO Box 484, Jersey City, NJ 07303-0484, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or the problem appeared. When you contact us, you must:
1. Tell us your name, account number, and ATM card or Check card number.
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Securities products and services are offered by ETS, Member FINRA/SIPC. Your account is carried by ETS, Member FINRA/SIPC, which maintains your funds and securities deposited with ETS directly by you. Inquiries concerning the positions and balances in your account may be directed to ETS at 1-800-503-9260. All other inquiries regarding your account or the activity therein should be directed to ETS. Please promptly report any inaccuracy or discrepancy in your account to ETS at 1-800-503-9260. You should re-confirm any oral communication in writing to further protect your rights, including rights under the Securities Investor Protection Act.

Applicable Rules and Regulations. All transactions in your account shall be subject to the constitution, rules, regulations, customs, and usages of the exchange or market, and its clearing house, where the transactions are executed by ETS or its agents, including ETS affiliates. Also, where applicable, the transactions shall be subject to the provisions of the Securities Act of 1933, as amended, the Securities Exchange Act of 1934, as amended, and the rules and regulations of the Securities and Exchange Commission ("SEC"), the Board of Governors of the Federal Reserve System, and any applicable self-regulatory organization. For information about FINRA's Broker Check Program, including an investor brochure, please contact FINRA at 1-800-289-9999 or www.finra.org.

Securities Pricing. The amounts printed in the total market value column of the Account Holdings section, or any amounts derived therefrom, are based on U.S. month end prices and are provided to us by outside quotation services for the securities currently held by us in your account. Prices of municipal bonds, certain over-the-counter securities, and federal obligations are approximations and are only for guidance purposes. The prices used are based on the last reported transaction known to the quotation services or the yields or values that are calculated on the basis of these prices. The value of brokered CDs reflected on this statement is estimated by a third-party pricing service. Actual value may differ if you elect to sell your CD(s) in the secondary market.

Interest/Dividends. We are required by law to report annually to you and to the Internal Revenue Service on Form 1099 any taxable interest, dividends, and capital gains credited to your account, as well as any taxes withheld. The year-to-date figures shown on your statement reflect these amounts classified to the best of our current knowledge. However, some payments are subject to reclassification, which will be reflected on subsequent statements if we are advised of them prior to the end of the calendar year.

SIPC and other Insurance Coverage. ETS is a member of the Securities Investor Protection Corporation ("SIPC"). SIPC currently protects the assets in each of your securities accounts at ETS up to $500,000 (including $250,000 for claims for cash). Visit www.sipc.org or call (202) 371-8300 for more information including a brochure on SIPC protection. (Please note that money market mutual fund balances are not considered cash; they are considered to be securities.) Additional protection for ETS has been secured through an independent insurer, more information about which can be found at https://us.etrade.com/customer-service/faq. The market risks associated with investing and any resulting losses are not covered by SIPC or the additional protection.

Payment for Order Flow. The SEC (as well as FINRA) requires that all broker-dealers inform their customers when a new account is opened, and on an annual basis thereafter, of payment for order flow practices (compensation received for placing orders through specialists on national securities exchanges, over-the-counter market makers, alternative trading systems, and ECN's (collectively, "market centers")). Consistent with the overriding principle of best execution, ETS routes orders to various market centers. ETS receives remuneration (generally in the form of per share cash payments or through profit sharing arrangements) for routing orders in securities to particular market centers for execution. Such remuneration is considered compensation to ETS, and the source and amount of any compensation received in connection with your transaction will be disclosed to you upon written request. ETS, absent instructions from you to the contrary, takes a number of factors into consideration in determining where to route customers' orders, including the speed of execution, price improvement opportunities (executions at prices superior to the then prevailing inside market), automatic execution guarantees, the availability of efficient and reliable order handling systems, the level of service provided, the cost of executing orders and whether it will receive cash or non-cash payments for routing order flow, and reciprocal business arrangements.

Margin Accounts. The amount of margin required will be the greater of (1) the amount required by applicable laws, regulations, the rules of applicable self-regulatory organizations and clearinghouses, or (2) the amount required by ETS in its sole discretion. You will be charged interest on a daily basis on all debit balances that you owe to ETS and on credit extended to you by ETS for the purpose of purchasing, carrying, or trading in securities or otherwise. Interest is calculated on a 360-day basis using settlement date balances. Except as otherwise agreed by you and ETS, the applicable interest rate for margin loans will be determined by adding the prevailing base rate and the applicable sliding scale percentage rate, which is in turn determined by your average daily debit balance. Your stated interest rate is subject to change without notice during each period in accordance with fluctuations in your average daily debit balance and changes to the base rate that are attributable to a change in the Federal Funds rate. ETS will provide you with at least 30 days' prior written notice before changing your stated interest rate for any other reason. Information about ETS's base rate is available upon written request to ETS. For more information on how ETS calculates interest, please see the Customer Agreement. If you have a margin account, this statement is a combined statement for both your margin account and special memorandum account. The permanent record of the separate account as required by Regulation T of the Federal Reserve Board is available for your inspection.

Free Credit Balances. Any cash balances in your securities account, which represent an obligation of ETS, is payable to you upon demand ("free credit balances"). Your cash balances: 1) can be maintained in the securities account and will earn interest through the "Cash Balance Program" as more fully described at: www.etrade.com/cashbalance, and 2) are held unsegregated and may be used by ETS in the conduct of its business, subject to the limitations of Rule 15c3-3 under the Securities Exchange Act of 1934.

Sweep Programs. You may have the option to have free credit balances in your securities account automatically transferred to either: 1) a money market mutual fund product protected by SIPC as described above, or 2) an account at a bank (or banks, collectively, "Program Banks") whose deposits are insured by the FDIC (collectively with the money market mutual fund products, "Sweep Program") but which are not obligations of ETS. For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. Additionally, you may at any time change your selection among the products available in the Sweep Program. You may elect, subject to any limitation set forth in any Sweep Program agreement or, with respect to an account at a bank, under federal banking laws (which includes, without limitation, program banks' potential requirement of seven days' notice before permitting a withdrawal or transfer of funds from such account) that the balance in the bank deposit account be returned, or shares of the money market mutual fund in which you have a beneficial interest be liquidated and the proceeds returned, as applicable, to the securities account or remitted to you. With respect to any such free credit balance in your securities account that you opt to have automatically transferred to an account at a bank, please remember you are responsible for monitoring the cash balance of your bank sweep accounts deposited with the Program Banks to determine whether you have total deposit balances held in the same capacity at any Program Bank in excess of the $250,000 FDIC deposit insurance limit.

Options Trading. If you are approved for options trading, you are responsible for advising ETS of any material changes in your investment objectives or financial situation. Additionally, further information regarding commissions and other charges related to the execution of option transactions has been included in the confirmations of such transactions previously provided to you. Such information will also be made available promptly upon request.

Random Allocation of Options Assignment Notices. Assignment notices for short option contracts are allocated among customer short option positions in accordance with a random allocation method. A detailed description of ETS's random allocation method is available at etrade.com and a hard copy of the allocation procedures is available upon request.

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*** Denotes a security where either the country of issue or country of incorporation of the issuer is outside the U.S.

:count Number:

Statement Period : April 1, 2018 - April 30, 2018

Account Type: TRUST

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Platinum Client Group
800-503-9260

Customer Update:

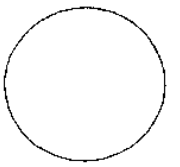
Visit the E*TRADE Security Center at *us.etrade.com/security-center* to learn more about how we work to secure your account.

ACCOUNT OVERVIEW

Last Statement Date:		March 31, 2018
Beginning Account Value (On 03/01/18):	$	226,639.83
Ending Account Value (On 04/30/18):	$	231,484.66
Net Change:	$	4,844.83

For current rates, please visit etrade.com/rates

ASSET ALLOCATION (AS OF 04/30/18)



100.00% - Stocks, Options & ETF (Long)

ACCOUNT VALUE SUMMARY

	AS OF 04/30/18	AS OF 03/31/18	% CHANGE
Margin Balance	$ -94,915.76	$ -93,729.33	-1.27%
Total Cash/Margin Debt	$ -94,915.76	$ -93,729.33	-1.27%
Stocks, Options & ETF (Long)	$ 326,400.42	$ 320,369.16	1.88%
Total Value of Securities	$ 326,400.42	$ 320,369.16	1.88%
Net Account Value	$ 231,484.66	$ 226,639.83	2.14%

Securities products and services are offered by E*TRADE Securities LLC, Member FINRA/SIPC. Sweep Deposit Account is a bank deposit account with E*TRADE Bank, a Federal savings bank, Member FDIC. Sweep deposit accounts at each bank are FDIC-insured up to a maximum of $250,000. Securities products and cash balances other than Sweep Deposit Account funds are not FDIC-insured, are not guaranteed deposits or obligations of E*TRADE Bank, and are subject to investment risk, including possible loss of the principal invested.

E*TRADE

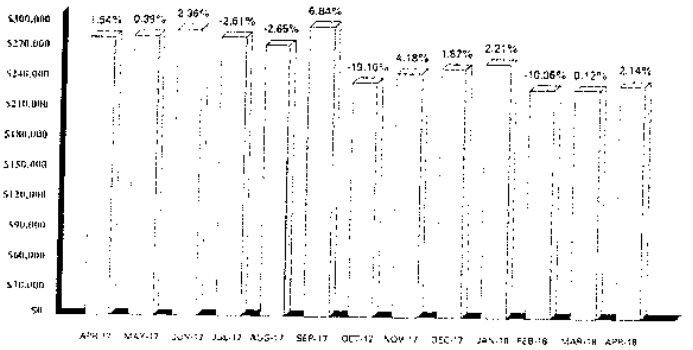
E*TRADE Platinum
Investment Account

Account Number:

Statement Period : April 1, 2018 - April 30, 2018

Account Type: TRUST

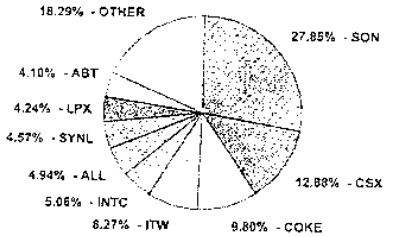
NET ACCOUNT VALUE BY MONTH END



ACCOUNT TRANSACTION SUMMARY

DESCRIPTION	THIS PERIOD	YEAR TO DATE
Dividends Received		
Taxable	$ 329.30	$ 2,145.01
Margin Interest	$ -224.10	$ -865.57

TOP 10 ACCOUNT HOLDINGS (AS OF 04/30/18)



ccount Number:

Statement Period : April 1, 2018 - April 30, 2018

Account Type: TRUST

ACCOUNT HOLDINGS

STOCKS, OPTIONS & EXCHANGE-TRADED FUNDS (100.00% of Holdings)

DESCRIPTION	SYMBOL/ CUSIP	ACCT TYPE	QUANTITY	PRICE	TOTAL MKT VALUE	PORTFOLIO (%)	EST. ANNUAL INCOME	EST. ANNUAL YIELD (%)
ABBOTT LABORATORIES	ABT	Margin	230	58.1300	13,369.90	4.10	258.00	1.93%
ALLSTATE CORP	ALL	Margin	165	97.8200	16,140.30	4.94	304.00	1.88%
AT&T INC	T	Margin	295	32.7000	9,646.50	2.96	590.00	6.12%
BANK OF AMERICA CORP	BAC	Margin	209	29.9200	6,223.36	1.91	100.00	1.61%
CHEVRON CORPORATION	CVX	Margin	65	125.1100	8,132.15	2.49	291.00	3.58%
COCA COLA BOTTLING CO CONS	COKE	Margin	190	168.3900	31,994.10	9.80	190.00	0.59%
CSX CORPORATION COM	CSX	Margin	708	59.3900	42,048.12	12.88	623.00	1.48%
DELTA APPAREL INC	DLA	Margin	608	18.0900	10,998.72	3.37		
HELMERICH & PAYNE INC	HP	Margin	130	69.5500	9,041.50	2.77	364.00	4.03%
ILLINOIS TOOL WORKS INC	ITW	Margin	190	142.0200	26,983.80	8.27	593.00	2.20%
INTEL CORP	INTC	Margin	320	51.6200	16,518.40	5.06	384.00	2.32%
LOUISIANA PACIFIC CORP	LPX	Margin	488	28.3300	13,825.04	4.24	254.00	1.84%
SONOCO PRODUCTS CO	SON	Margin	1,770	51.3600	90,907.20	27.85	2,903.00	3.19%
SYNALLOY CORP	SYNL	Margin	865	17.2500	14,921.25	4.57	112.00	0.75%
TUPPERWARE BRANDS CORPORATION	TUP	Margin	118	44.5600	5,258.08	1.61	321.00	6.10%
WELLS FARGO & CO	WFC	Margin	200	51.9600	10,392.00	3.18	312.00	3.00%
TOTAL STOCKS, OPTIONS & ETF					$326,400.42	100.00%	$7,599.00	2.33%
TOTAL PRICED PORTFOLIO HOLDINGS (ON 04/30/18)					$231,484.66			
TOTAL ESTIMATED ACCOUNT HOLDINGS ANNUAL INCOME					$7,599.00			

Account Number:

Statement Period : April 1, 2018 - April 30, 2018

Account Type: TRUST

TRANSACTION HISTORY

DIVIDENDS & INTEREST ACTIVITY

DATE	TRANSACTION TYPE	DESCRIPTION	SYMBOL/ CUSIP	AMOUNT DEBITED	AMOUNT CREDITED
04/02/18	Dividend	ALLSTATE CORP CASH DIV ON 165 SHS REC 03/05/18 PAY 04/02/18	ALL		76.90
04/02/18	Dividend	BANK OF AMERICA CORP CASH DIV ON 208 SHS REC 03/02/18 PAY 03/30/18	BAC		24.96
04/05/18	Dividend	TUPPERWARE BRANDS CORPORATION CASH DIV ON 116 SHS REC 03/20/18 PAY 04/05/18	TUP		80.24
04/10/18	Dividend	ILLINOIS TOOL WORKS INC CASH DIV ON 190 SHS REC 03/30/18 PAY 04/10/18	ITW		148.20
04/26/18	Interest	FROM 03/26 THRU 04/25 @ 2 3/4% BAL 94,691 AVBAL 94,635		224.10	
TOTAL DIVIDENDS & INTEREST ACTIVITY				$224.10	$329.30
NET DIVIDENDS & INTEREST ACTIVITY					$105.20

WITHDRAWALS & DEPOSITS

DATE	TRANSACTION TYPE	DESCRIPTION	WITHDRAWALS	DEPOSITS
04/04/18	Fee	MANAGEMENT FEES	1,291.63	
04/05/18	Adjustment	TFR MARGIN TO CASH		1,291.63
04/05/18	Adjustment	TFR MARGIN TO CASH	1,291.63	
NET WITHDRAWALS & DEPOSITS			$1,291.63	