4		2939	332806402 8
-	EXTENDED TO NOV	-	
Form 990-T	Exempt Organization Bus		eturn OMB No 1545-0687
4	(and proxy tax und For calendar year 2017 or other tax year beginning	, ,,	2017
•		nstructions and the latest information.	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma		501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (changed and see instructions.)	DEmployer identification number (Employees' trust, see instructions)
B Exempt under section	Print A. J. FLETCHER FOUNDAT	rion	23-7423031
X 501(c)(3 03	or Number, street, and room or suite no. If a P.O bo	ox, see instructions.	E Unrelated business activity codes (See Instructions)
408(e) 220(e)	Type 909 GLENWOOD AVENUE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
408A 530(a)	City or town, state or province, country, and ZIP of		
529(a)	RALEIGH, NC 27605-151	1	900099
C Book value of all assets at end of year	F Group exemption number (See instructions.)		
135,168,3	00. G Check organization type ► X 501(c) cor	poration 501(c) trust	401(a) trust Other trust
	n's primary unrelated business activity > S CORPC	· · · · · · · · · · · · · · · · · · ·	Yes X No
• , .	the corporation a subsidiary in an affiliated group or a pare nd identifying number of the parent corporation	ent-subsidiary controlled group?	Yes X No
	DANIEL P. MCGRATH	Telephone number	er ▶ 919-322-2580
	d Trade or Business Income		Expenses (C) Net
1a Gross receipts or sale			
b Less returns and allow		10	-
2 Cost of goods sold (S		2	
3 Gross profit Subtract	line 2 from line 1c	3 4 -	•
4a Capital gain net incom	ie (attach Schedule D)	4a	•
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b 1,811,301.	1,811,301.
c Capital loss deduction	for trusts	4c -	4
5 Income (loss) from pa	ertnerships and S corporations (attach statement)	5 19,487,044.	19,487,044.
6 Rent income (Schedu	le C)	6	
	ed income (Schedule E)	7	
	valties, and rents from controlled organizations (Sch. F)	8	•
	a section 501(c)(7), (9), or (17) organization (Schedule G		
,	vity income (Schedule I)	10	
11 Advertising income (S	•	11	
· ·	structions, attach schedule)	12 13 21,298,345.	21,298;345.
13 Total, Combine lines	ง through 12 ns Not Taken Elsewhere (See instructions)		21,298,343.
(Except for d	contributions, deductions must be directly connected	ed with the unrelated business income)
(Except for o	icers, directors, and trustees (Schedule K)	0 10	14
5 Salaries and wages	, , , , , , , , , , , , , , , , , , , ,	NOV 2 1 2018	15
16 Repairs and mainten	ance	ာ ဗို	16
7 Bad debts	i	OCDEN TIE	17
1.18 Interest (attach sche	dule)	OGDEN, UT	18
39 Taxes and licenses			19 70,000.
0 Charitable contribution	ons (See instructions for limitation rules) STATEME		20 2,122,735.
21 Depreciation (attach	Form 4562)	21	
🛂 2 Less depreciation cla	umed on Schedule A and elsewhere on return	22a	22b
Taxes and licenses Charitable contribution Depreciation (attach Less depreciation cla Depletion Contributions to defe			23
	rred compensation plans		24
25 Employee benefit pro	-		25
26 Excess exempt exper	•		26
27 Excess readership co	,	SEE STATEMENT	27 28 1,457,237.
28 Other deductions (at	•	SEE STATEMENT	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	dd lines 14 through 28 axable income before net operating loss deduction. Subtrai	ct line 20 from line 12	30 17,648,373.
	axable income before her operating loss acouction. Subtrain Eduction (limited to the amount on line 30)	GUINIO ED HOITHINO 13	31
uporanny ioss ut	addition for the amount on the out		L * '

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

line 32

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Cenerally \$1,000, but see line 33 instructions for exceptions)

17,648,373.

32

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

•									
					22 742	202	1		Page 2
	_ `	(2017)			23-742	303.	<u> </u>		-aye z
Pa	art I		Tax Computation nizations Taxable as Corporations See instructions for tax computation.			٠.			
	35		colled group members (sections 1561 and 1563) check here See instructions and	1	1				
			your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)						
	a	1	\$ (2) \$ (3) \$, I		i			
		, ,	organization's share of. (1) Additional 5% tax (not more than \$11,750)						
	U		dditional 3% tax (not more than \$100,000)						
		٠,	ne tax on the amount on line 34		▶	35c	6,15	6.0	02.
	36		is Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	in line 34 from		1		-,-	
	30		Tax rate schedule or Schedule D (Form 1041)		▶	36			
	37		y tax. See instructions			37			
	38		native minimum tax			38			
	39		on Non-Compliant Facility Income. See instructions			39			
	40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	6,15	6,0	02.
P;	irt l		Tax and Payments				•		
			gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	2,209.				
			credits (see instructions)	41b					
			ral business credit, Attach Form 3800	41c 6	38,006.	ابرا			
	d	Credit	t for prior year minimum tax (attach Form 8801 or 8827)	41d					
	е	Total	credits. Add lines 41a through 41d			41e		0,2	
	42	Subtra	ract line 41e from line 40			42	5,51	5,7	87.
	43	Other	taxes Check if from Form 4255 Form 8611 Form 8697 Form 886	36 🔲 Other (a	attach schedule)	43			
	44	Total	tax Add lines 42 and 43			44	5,51	5,7	<u>87.</u>
	45 a	Paym	nents. A 2016 overpayment credited to 2017		68,144.				
	b	2017	estimated tax payments	45b 6,0	50,000.				
	C	Tax d	leposited with Form 8868	45c					
	d	Foreig	gn organizations. Tax paid or withheld at source (see instructions)	45d					
			up withholding (see instructions)	45e					
			it for small employer health insurance premiums (Attach Form 8941)	45f					
	g	$\overline{}$	credits and payments Form 2439						
			Form 4136 Other Total ▶ [45g			0 21	0 1	11
	46		payments. Add lines 45a through 45g			46	8,31	0,1	44.
	47		nated tax penalty (see instructions). Check if Form 2220 is attached		_	47			—
	48		due If line 46 is less than the total of lines 44 and 47, enter amount owed			49	2,80	2 3	57
	49 50		payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid the amount of line 49 you want. Credited to 2018 estimated tax.	357 Baf	unded	50			00. *
P	50 art \		Statements Regarding Certain Activities and Other Information			30	1,75	0,0	•••
	51		y time during the 2017 calendar year, did the organization have an interest in or a signature (Yes	No
			a financial account (bank, securities, or other) in a foreign country? If YES, the organization i		•			\Box	
			N Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo					, 	
		here	•						X
	52	Durin	ig the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor to, a for	eign trust?				X
		If YES	S, see instructions for other forms the organization may have to file					-	
	53		the amount of tax-exempt interest received or accrued during the tax year 🕨 \$						_ , _]
		Un	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and st prect, and complete Declaration of preparer (other from taxpayer) is based on all information of which prepare	tatements, and to the	he best of my know	vledge ar	nd belief, it is	true,	
Sig		"			مسنو		S discuss this		with
He	re		X Mull - 11/15/18 TREASUR	ER	the	prepare	r shown belo		, I
			Signature of officer Date Title			tructions	s)? X Ye	s	No
			Print/Type preparer's name Preparer's signature Date	e e	Check X if	PTII	N		
Pá	aid		1 2 DM	1/08/18	self- employed	_			
	epa	rer	CARL C. MALLIOS				00244		
	se C		Firm's name ▶ DELOITTE TAX LLP	0.0	Firm's EIN	8	6-106	5//	<u> </u>
			150 FAYETTEVILLE STREET STE 10	υU	Phone no. 9	10	516 0	000	

Form **990-T** (2017)

*SEE STATEMENT 8

Phone no. 919-546-8000

Firm's address ► RALEIGH, NC 27601

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ıbtract l	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,			
4 a Additional section 263A costs		-		line 2			7	1	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to			'es No
b Other costs (attach schedule)	4b		4	property produced or a	acquired	for resale) apply to		_	
5 Total. Add lines 1 through 4b	5		<u></u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directl	v conni	ected with the inco	ome in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)									
(3)						<u> </u>		-	
(4)						<u> </u>			
Total	0.	Total			0.	/h) 7-4-1 d d d a d a d			
(c) Total income. Add totals of columns		iter			0.	(b) Total deductions. Enter here and on page 1,			0.
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		Income (see	ınstru	uctions)	0.	Part I, line 6, column (B)	<u> </u>		0.
			T			3 Deductions directly co			
			1	Gross income from or allocable to debt-	(a)	to debt-finan	cea pro	(b) Other dedu	ictions
1. Description of debt-fi	nanced property			financed property	`-'	(attach schedule)		(attach sched	dule)
(1)			_						
(2)			ļ	· · · · · · · · · · · · · · · · · · ·					
(3)			ļ				_		
(4)			Д.				_		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	adjusted basis allocable to inced property h schedule)		6 Column 4 divided by column 5	!	7 Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%					
(2)				%					
(3)				%					_
(4)				%					
						nter here and on page 1,		Enter here and or	
					'	Part I, line 7, column (A)		Part I, line 7, col	
Totals				>		0			0.
Total dividends-received deductions in	icluded in columi	า 8				•	▶		0.

Schedule F - Interest,		.,,	,		Controlled O				,,,,,,,,,		·
1. Name of controlled organiz	ation	2. Em Identifi num	cation		elated income instructions)		of specified ents made	Includ	t of column 4 t ed in the contr ation's gross i	rolling	6 Deductions directly connected with income in column 5
(1)				<u> </u>							
(2)				1						ĺ	
(3)									,		
								-			· · · · · · · · · · · · · · · · · · ·
(4)	ouzations	L		<u> </u>		<u> </u>		<u> </u>	-		· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Organ			(1)	0 7-1-1	-1	T	10. Part of colu	O 150	Lie leekuded	11 Dos	fuctions directly connected
7 Taxable Income		inrelated incor		9, Iotai	of specified pay made	ments	in the control		nization's		income in column 10
(1)											
(2)											
(3)											
(4)											
				•			Add colur Enter here and line 8,		1, Part I, A)	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals				=0:1::	T) (0)	<u>▶</u>			0.		0
Schedule G - Investm		me of a	Section	n 501(c)(7), (9), or	(17) Or	ganization	1			
	structions)	ome			2. Amount of	Income	3. Deduction directly connected (attach scheduler)	ected	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)					 		(41.4011 301181				(55. 5 5165 551 4)
(1)											<u> </u>
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
						_			•		
Totals				<u> </u>		0.					0
Schedule I - Exploited (see inst	d Exempt ructions)	t Activity	Incon	ne, Othe	r Than Ad	dvertisi	ng Incom	e 			
1 Description of exploited activity	unrelated incom	Gross I business ne from business	directly with p of ur	xpenses connected roduction orelated ss income	4 Net incor from unrelated business (or minus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5 Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									-		
(2)											
(3)											
(4)	 										
(4)	page 1	re and on Part I, col (A)	page	ere and on 1, Part I,), col (B)			-				Enter here and on page 1, Part II, line 26
Totals	•	0.		0.	L						0
Schedule J - Advertis	sing Inco	me (see	instructio	ns)							
Part I Income From					solidated	Basis		<u>-</u>			
1 Name of periodical		2 Gross advertising income	ad	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5 Circula		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1					-			
(2)			\neg		T .						
(3)					-	-					
			-		\dashv		 				
(4)											
Totals (carry to Part II, line (5))	>		0.	0		_					0
											Form 990-T (201

Part II Income From Period columns 2 through 7 on a			rate Basis (For each	ch periodical	isted in P	art II, fill in	
1. Name of periodical	2 Gross advertising Income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6.	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	. 0.	0.					0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			.e -•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		• .			0
Schedule K - Compensatio	n of Officers, I	Directors, and	d Trustees (see in:	structions)			
1 Name			2 Title	time	Percent of devoted to usiness		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		

Form 990-T (2017)

0.

(4)

Total Enter here and on page 1, Part II, line 14

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information

OMB No 1545-0123

Nam		A. J. FLETCHER FOUNDATION					23-7423031
		Note: See the instructions to find out if the corporation is a small corporation exempt				· ·	
		from the alternative minimum tax (AMT) under section 55(e)				;	
		, , , , , , , , , , , , , , , , , , , ,					
1		Taxable income or (loss) before net operating loss deduction				1	17,647,373.
2		Adjustments and preferences.					
	a	Depreciation of post-1986 property				2a	-73,827.
	b	Amortization of certified pollution control facilities				2b	
	C	Amortization of mining exploration and development costs				2c	
		Amortization of circulation expenditures (personal holding companies only)				2d	
	е	Adjusted gain or loss				2e	-21,216.
	f	Long-term contracts				21	
	g	Merchant marine capital construction funds				2g	
	h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)				2h	
	ı	Tax shelter farm activities (personal service corporations only)				2i	
	j	Passive activities (closely held corporations and personal service corporations only)				2]	
	k	Loss limitations				2k	
	ŀ	Depletion				21	
		Tax-exempt interest income from specified private activity bonds				2m	
	n	Intangible drilling costs				2n	4 6 44 6
		Other adjustments and preferences	ST	ATEMENT	6 *	20	10,110.
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				3	17,562,440.
4		Adjusted current earnings (ACE) adjustment;	1.	1 15 560	440	٦.	
		ACE from line 10 of the ACE worksheet in the instructions	4a	17,562	,440.	١,	
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	۱		^	, * -	
		negative amount. See instructions	4b		0.	- 1	
		Multiply line 4b by 75% (0.75) Enter the result as a positive amount	4c			┨ .	
		Enter the excess, if any, of the corporation's total increases in AMTI from prior					
		year ACE adjustments over its total reductions in AMTI from prior year ACE				1.7	
		adjustments. See instructions Note: You must enter an amount on line 4d	ي ا				
	_	(even if line 4b is positive)	4d	<u> </u>		┨	ļ
	е	ACE adjustment.					
		 If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	J			4e	0.
5		Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT	J			5	17,562,440.
6		Alternative tax net operating loss deduction. See instructions				6	27,302,1220
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residii	al		۲	
•		interest in a REMIC, see instructions				7	17,562,440.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine 8c)				<u> </u>
	а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	,				
		group, see instructions. If zero or less, enter -0-	8a	[~	
	b	Multiply line 8a by 25% (0 25)	8b			1	
		Exemption Subtract line 8b from \$40,000 If completing this line for a member of a control	led			1	
		group, see instructions. If zero or less, enter -0-				8c	0.
9		Subtract line 8c from line 7. If zero or less, enter -0-				9	17,562,440.
10		Multiply line 9 by 20% (0 20)				10	3,512,488.
11		Alternative minimum tax foreign tax credit (AMTFTC) See instructions				11	
12		Tentative minimum tax Subtract line 11 from line 10				12	3,512,488.
13		Regular tax liability before applying all credits except the foreign tax credit				13	6,153,793.
14		Alternative minimum tax Subtract line 13 from line 12 If zero or less, enter -0 Enter here	e and o	n			
	_	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1			14	0.
INAZ	١.	For Panerwork Reduction Act Notice, see separate instructions					Form 4626 (2017)

* SEE ALSO

STATEMENT 5

717001

•	Adjusted Current Earnings ((ACE) Worksheet		
	➤ See ACE Worksheet Inst	ructions		
Pre-adjustment AMTI Enter the amount from	line 3 of Form 4626		1	17,562,440.
2 ACE depreciation adjustment		ا ما	1 - 1	
a AMT depreciation				
b ACE depreciation.	[A) (A)		.	
(1) Post-1993 property	2b(1)		i l	
(2) Post-1989, pre-1994 property	2b(2)	_		
(3) Pre-1990 MACRS property	2b(3)	 -]]	
(4) Pre-1990 original ACRS property	2b(4)	 	-	
(5) Property described in sections			-	
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)		.	
(7) Total ACE depreciation Add lines 2b(1		[2b(7)]		
c ACE depreciation adjustment Subtract line 2t	• •		2c	
3 Inclusion in ACE of items included in earnings	s and profits (E&P)	ا ما	1 1	
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts	turate (an) dd)	3b		
c All other distributions from life insurance con	- · · · · · · · · · · · · · · · · · · ·	3c	l	
d Inside buildup of undistributed income in life		3d	 .	
e Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) tnrougn (ix)	0.		
for a partial list)	f toward and a FOR Addition On them	3e	—— - <u></u> -	
f Total increase to ACE from inclusion in ACE o		ugn 3e	3f	
4 Disallowance of items not deductible from E&	iP	1 4. 1		
a Certain dividends received		4a		
Dividends paid on certain preferred stock of public ut				
affected by P L 113-295, Div A, section 221(a)(41)(A)		4b		
c Dividends paid to an ESOP that are deductible	` ·	4c		
d Nonpatronage dividends that are paid and dec	auctible under section			
1382(c)	\ 4/d\/2\(\) and (\) for a	40	 	
e Other items (see Regulations sections 1.56(g)- 1(0)(3)(1) and (11) for a	40	} }	
partial list) f Total increase to ACE because of disallowance	e of items and deductible from ERD. Add I	4e	- 	
		nes 4a uirough 4e	4f	
5 Other adjustments based on rules for figuring	ICAP	5a	-	
a Intangible drilling costs		5b		
b Circulation expenditures		5c	 	
c Organizational expenditures		5d		
d LIFO inventory adjustments		5e		
e Installment sales	En through Co			
f Total other E&P adjustments Combine lines 5Disallowance of loss on exchange of debt poor			5f 6	
			7	
 7 Acquisition expenses of life insurance compa 8 Depletion 	mes for qualified foreign contracts		8	
•	from eals or evolution of are 1004 areas	ertv.	9	
	• , , ,	•	"	
10 Adjusted current earnings. Combine lines 1,	20, 51, 41, and 51 initiagn 9 Enter the resu	nt nere and on the 4a of	10	17,562,440.
Form 4626			10	11,302,440.

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE	FMV AMOUNT
APPALACHIAN REGIONAL	N/A	
HEALTHCARE FOUNDATION		50,000.
BOOK HARVEST	N/A	25,000.
COMMON CAUSE EDUCATION FUND NC	N/A	40,000.
DUKE UNIVERSITY SANFORD SCHOOL OF PUBLIC POLICY	N/A	15,000.
EAST DURHAM CHILDREN'S	N/A	
INITIATIVE		250,000.
FRIENDS OF NC STATE	N/A	
MUSEUM-NATURAL SCIENCE		37,000.
NC ARTS COUNCIL FOUNDATION	N/A	30,000.
NC MUSEUM OF LIFE & SCIENCE,	N/A	
INC		40,000.
NC SYMPHONY FOUNDATION	N/A	25,000.
NORTH CAROLINA JUSTICE CENTER	N/A	425,000.
OAK HILL ACADEMY	N/A	5,000.
PUBLIC SCHOOL FORUM OF NC, INC	N/A	190,000.
SOUTHEASTERN BAPTIST	N/A	
THEOLOGICAL SEMINARY		15,000.
STEP UP MINISTRIES	N/A	50,000.
STUDENT U	N/A	75,000.
THE FLETCHER ACADEMY SCHOOL OF ACHEIVEMENT, INC.	N/A	600,000.
UNC CENTER FOR PUBLIC	N/A	
TELEVISION		50,000.
UNC LAW FOUNDATION INC.	N/A	25,000.
WOMEN'S FUND OF THE BLUE RIDGE	N/A	20,000.
URBAN MINISTRIES OF WAKE	N/A	22 222
COUNTY	4-	30,000.
WAKE FOREST UNIVERSITY	N/A	80,000.
CENTER FOR CHILD AND FAMILY	N/A	60,000.
HOPE REINS	N/A	25,000.
HOSPICE OF WAKE COUNTRY	N/A	25,000.
MARBLES KIDS MUSEUM	N/A	50,000.
NORTH CAROLINA COASTAL	N/A	35 000
FEDERATION INC	N / N	35,000.
NORTH CAROLINA COMMUNITY	N/A	E00 000
FOUNDATION	N / 3	500,000.
SCHOOL OF JOURNALISM	N/A	60 000
FOUNDATION OF NC INC	N / N	60,000.
SOUTHERN COALITION FOR SOCIAL	N/A	75,000.
JUSTICE	NT / D	75,000.
UNITED ARTS COUNCIL OF RALEIGH	N/A	5,000.
& WAKE COUNTRY, INC	NT / 7	5,000.
WAKE COUNTRY MEDICAL SOCIETY	N/A	35,000.
COMMUNITY HEALTH FOUNDATION	N/A	200,000.
YMCA OF THE TRIANGLE AREA	N/A	200,000.

A.J. FLETCHER FOUNDATION		23-7423031			
YMCA OF THE TRIANGLE AREA	N/A	400,000.			
TOTAL TO FORM 990-T, PAGE 1,	AL TO FORM 990-T, PAGE 1, LINE 20				
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2			
DESCRIPTION	•	AMOUNT			
DOMESTIC PRODUCTION ACTIVITIE	ES DEDUCTION	1,457,237.			
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,457,237.			

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBUTIONS SUI	BJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS U	NUSED CONTRIBUTIONS			
FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014	1,100,883			
FOR TAX YEAR 2015 FOR TAX YEAR 2016	1,924,970			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CON	TRIBUTIONS	3,025,853 3,547,000		
TOTAL CONTRIBUTIONS AVAILADTAXABLE INCOME LIMITATION		6,572,853 2,122,735		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		4,450,118 0 4,450,118	·	
ALLOWABLE CONTRIBUTIONS DE	OUCTION		2,122,	735
TOTAL CONTRIBUTION DEDUCTION	ON	-	2,122,	735

FORM 990-T	INCOME (LOSS) FRO	M S CORPORAT	CIONS	STATEMENT 4
S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)
CAPITAL HOLDING COMPANY, INC.	24,360,692.	0.	4,873,648.	19,487,044.
TO FORM 990-T, LINE 5	24,360,692.	0.	4,873,648.	19,487,044.

FORM 4626 AMT	CONTRIBUTIONS	STATEMENT	5
CARRYOVER OF PRIOR YEARS UNUSED CO	ONTRIBUTIONS 1,083,019		
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	1,786,827		
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTIONS		2,869, 3,547,	
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS ADJUSTED		6,416, 2,113,	
EXCESS CONTRIBUTIONS		4,303,	549
ALLOWABLE CONTRIBUTIONS		2,113,	297
AMT CHARITABLE DEDUCTION REGULAR CONTRIBUTION DEDUCTION		2,113, 2,122,	
AMT CONTRIBUTION ADJUSTMENT		9,	438

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 6
DESCRIPTION		AMOUNT
OTHER AMT ITEMS FROM CHARITABLE CONTRIBUT	672. 9,438.	
TOTAL TO FORM 4626,	LINE 20	10,110.

AMT DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) ADJUSTMENT	STATEMENT 7
1) AMTI BEFORE DPAD	19,019,677 16,191,523
3) SMALLER OF LINE 1 OR LINE 2 BUT NOT LESS THAN 0	16,191,523 1,457,237 8,142,217 4,071,109
7) SMALLER OF LINE 4 OR LINE 6	1,457,237
9) AMT DPAD (ADD LINES 7 AND 8)	1,457,237 1,457,237
11) AMT DPAD ADJUSTMENT (LINE 10 LESS LINE 9)	0

The A.J. Fletcher Foundation applied for a refund on Form 4466 in April 2018. The refund of \$1,750,000 has already been received.

SCHEDULE D' (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

A. J. FLETCHER FOUNDATION				23-7423031			
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Yea	r 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 ga or loss from Form(s) 894 Part I, line 2, column (g	19,	(ħ) 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							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on					40.500		
Form(s) 8949 with Box C checked	L		<u> </u>		-40,620.		
4 Short-term capital gain from installment sales	•	7		4			
5 Short-term capital gain or (loss) from like-kin	•			5			
6 Unused capital loss carryover (attach comput	•			6	()		
7 Net short-term capital gain or (loss) Combin				7	-40,620.		
Part II Long-Term Capital Ga	ins and Losses - Ass	sets Held More Tha	an 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 ga or loss from Form(s) 894 Part II, line 2, column (s	in 19, 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							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked	<u> </u>				-841,026.		
11 Enter gain from Form 4797, line 7 or 9				11			
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12			
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine		nh <u></u>	*	15	-841,026,		
Part III Summary of Parts I and	d II	<u> </u>			·····		
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capita	ıl loss (line 15)		16			
17 Net capital gain. Enter excess of net long-term		•	•	17			
18 Add lines 16 and 17. Enter here and on Form has qualified timber gain, also complete Part		oper line on other returns 1	f the corporation	18	0.		
Note If losses exceed gains, see Capital loss	es in the instructions.		'				

721051 03-01-18

JWA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Part IV Alternative Tax for Corporations with Qualified T	imber Gain. Complete Pa	rt IV only if the corporation ha	s
qualified timber gain under section 1201(b) Skip this part if you are filing			
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	3	•
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		-
21 Enter the smallest of (a) the amount on line 19, (b) the amount on line 20, or			, ,
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0 238)		22	
23 Subtract line 17 from line 20 If zero or less, enter -0-	23		-
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap			``
the return with which Schedule D (Form 1120) is being filed		24	
(1 1		
25 Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
		سسب سند	
27 Multiply line 26 by 35% (0 35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) ap	opropriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29 Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		30	
		Schedule [) (Form 1120) 2017

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

23-7/23031

A. J. FLETCHER	C FOUNDAT	TON					423031
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	iation as Form 10	you received an 199-B Either will	y Form(s) 1099-B show whether yo	or substitute state ur basis (usually you	ment(s) fro ur cost) wa	om your broker Ass as reported to the	Substitute IRS by your
Part I Short-Term. Transact	ctions involving c	ctions reported on	Form(s) 1099-B sho	wing basis was report	ed to the IF	RS and for which no i	adjustments or
codes are required. Enter the							
You must check Box A, B, or C below If you have more short-term transactions than we (A) Short-term transactions re	vill fit on this page for o	one or more of the box	es complete as many	forms with the same box	checked as yo	ove)	
(B) Short-term transactions re					c Note as	ove,	
X (C) Short term transactions n							
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other		nt, if any, to gain or ou enter an amount	(h) Gain or (loss).
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo, day, yr)	Date sold or disposed of	(sales price)	basis See the	in column column (f	(g), enter a code in). See instructions	Subtract column (e)
(Example 100 of X12 00)	(11.0 ; 52.);	(Mo, day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
FROM SCHEDULE K-1							
(FORM 1120-S)	VARIOUS	VARIOUS					<40,620.>
	 						
	 						
	 					-	
	<u> </u>						
	 			-			
	 						
				<u> </u>			
							
				 			
	<u> </u>			 	<u> </u>		
							
	<u>ļ.</u>		 				
	<u> </u>			 		<u> </u>	
		<u> </u>	ļ	·	<u> </u>		-
				-			
	ļ						
	1			 	-		
2 Tatala Add the amounts in an	uman (d) (a) (a)	and (h) (authtrast					
2 Totals. Add the amounts in col negative amounts) Enter each							
Schedule D, line 1b (if Box A a		•					
above is checked), or line 3 (if	•	•					<40,620.>

Note: If you checked Box A 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

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

A. J. FLETCHER FOUNDATION

23-7423031

Before you check Box D, E, or F below, see whether y				
statement will have the same information as Form 103	99-B Either will show wh	ether your basıs (usuall	y your cost) was reported to the IRS by	y your
broker and may even tell you which box to check		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Down II I		· · · · · · · · · · · · · · · · · · ·		

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

you have more long-term transactions than will no 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 Adjustment, if any, to gain or (d) (e) (h) (a) (b) (c) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired in column (g), enter a code in column (f) See instructions. (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo., day, yr) (a) see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment FROM SCHEDULE K-1 (FORM 1120-S) VARIOUS VARIOUS <841.026.> 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

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

723012 11-02-17 Form **8949** (2017)

above is checked), or line 10 (if Box F above is checked)

<841,026.>

General Business Credit

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form3800 for instructions and the latest information

➤ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

Name(s)	shown on return	ldentifyi	ng number	
A. J	FLETCHER FOUNDATION	23-74	23031	
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)	<u> </u>	
	(See instructions and complete Part(s) III before Parts I and II)			
1	General business credit from line 2 of all Parts III with box A checked	1		
2	Passive activity credits from line 2 of all Parts III with box B checked 2	7		
3	Enter the applicable passive activity credits allowed for 2017 See instructions	3		
4	Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4		
5	Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with box D checked See instructions	5		
6	Add lines 1, 3, 4, and 5	6	0	00
Part	II Allowable Credit			
7	Regular tax before credits	T - I		
	Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Connections Form Form 1040NR, lines 42 and 44 Connections Form Form 1040NR, lines 42 and 44 Connections Form 1040NR, lines 42 and 44			
	 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return 	7	6,156,002	
	Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return			
8	Alternative minimum tax	لمدين		
	Individuals Enter the amount from Form 6251, line 35			
	Corporations Enter the amount from Form 4626, line 14	8		<u> </u>
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	,		
_				
9	Add lines 7 and 8	9	6,156,002	100
40-	[40a] 2 200]			
	Foreign tax credit 2,209	∤ . 1		
b	Certain allowable credits (see instructions) 10b	400		
С	Add lines 10a and 10b	10c	2,209	00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,153,793	00
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 6,153,793 00] <i>;</i>		
	l l	10,		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 (see	1 - 1		
	instructions) 13 1,664,900	<u> </u> ,		
14	Tentative minimum tax	·		
	• Individuals Enter the amount from Form 6251, line 33			
	Corporations Enter the amount from Form 4626, line 12 14 3,512,488	1		
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15	3,512,488	00
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	2,641,305	
17	Enter the smaller of line 6 or line 16	17		
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	1 		

Part				
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and of	enter	-0- on line 26	Ι
18	Multiply line 14 by 75% (0 75) See instructions	18		
19	Enter the greater of line 13 or line 18	19		
20	Subtract line 19 from line 11 If zero or less, enter -0-	20		
21	Subtract line 17 from line 20 If zero or less, enter -0-	21		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		-
23	Passive activity credit from line 3 of all Parts III with box B checked 23	<u>_</u> _		
24	Enter the applicable passive activity credit allowed for 2017 See instructions	24		
25	Add lines 22 and 24	25		
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	4,488,893	
27	Subtract line 13 from line 11 if Zero or less, effer -0-		4,400,055	00
28	Add lines 17 and 26	28	00	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	4,488,893	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	638,006	
31	Reserved	31		_
32	Passive activity credits from line 5 of all Parts III with box B checked 32			
33	Enter the applicable passive activity credits allowed for 2017 See instructions	33		
34	Carryforward of business credit to 2017 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34		
35	Carryback of business credit from 2018 Enter the amount from line 5 of Part III with box D checked See instructions	35		
36	Add lines 30, 33, 34, and 35	36	638,006	00
37	Enter the smaller of line 29 or line 36	37	638,006	00
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Form 1040, line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	638,006	

•	•					
, Form 38	00 (2017)				1	Page 3
Name(s)	shown on return	lo	dentify	ing number		
A. J. FLETCHER FOUNDATION					123031	
Part I		e inst	ructions)			
	ete a separate Part III for each box checked below (see instructions)					
	General Business Credit From a Non-Passive Activity E Reserved					
в□	General Business Credit From a Passive Activity F Reserved					
c \square	General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit Ca	arryfo	rwards	
D \square	General Business Credit Carrybacks H 🔲 Reserved					
	ou are filing more than one Part III with box A or B checked, complete and attach firs	t an a	additional Part	t III co	mbining amounts t	fro <u>m</u>
all I	Parts III with box A or B checked. Check here if this is the consolidated Part III.					<u> </u>
	(a) Description of credit		(b)		(c) Enter the appropr	
	on any line where the credit is from more than one source, a separate Part III is needed for e rough entity	ach	If claiming the from a pass-th entity, enter th	rough	Enter the appropr amount	riate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b	•			!
С	Increasing research activities (Form 6765)	1c				
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				<u> </u>
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				L
i	New markets (Form 8874)	<u> 1i</u>				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>				
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k				
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r			<u></u>	ļ
s	Alternative fuel vehicle refueling property (Form 8911)	1s				ļ
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				<u> </u>
V	Agricultural chemicals security (carryforward only)	1v				ļ
w	Employer differential wage payments (Form 8932)	1w				
x	Carbon dioxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				-
z	Qualified plug-in electric vehicle (carryforward only)	1z				<u> </u>
aa	Employee retention (Form 5884-A)	1aa				-
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	<u> </u>			
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	56-19793	30	637,696	<u> </u>
þ	Work opportunity (Form 5884)	4b				
C	Biofuel producer (Form 6478)	4c				-
d	Low-income housing (Form 8586, Part II)	4d	ļ			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				<u> </u>
g	Qualified railroad track maintenance (Form 8900)	4g				1.

Small employer health insurance premiums (Form 8941)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Increasing research activities (Form 6765)

Reserved

Other

j

Z

5

6

310

638,006 00

4h

4j

4z

5

6

4i 56-1979330