

Form **990-T**

**EXTENDED TO NOVEMBER 15, 2018**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No 1545-0087

**2018**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section: <input checked="" type="checkbox"/> 501(c)(3) <b>017</b> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>  <b>A. J. FLETCHER FOUNDATION</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>909 GLENWOOD AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>RALEIGH, NC 27605-1511</b>	<b>D</b> Employer identification number (Employees' trust, see instructions) <b>23-7423031</b>
		<b>E</b> Unrelated business activity code (See instructions) <b>900099</b>
		<b>C</b> Book value of all assets at end of year <b>130,057,472.</b>
		<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **S CORPORATION SHAREHOLDER**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **DANIEL P. MCGRATH** Telephone number ▶ **919-322-2580**

Part I - Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17)-(attach Form 4797)	4b	-467,478.	-467,478.
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	36,167,927.	36,167,927.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	35,700,449.	35,700,449.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	326,365.
20	Charitable contributions (See instructions for limitation rules)	20	3,537,308.
21	Depreciation (attach Form 4562)	21	
22a	Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b		22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	3,863,673.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	31,836,776.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	31,836,776.

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	31,836,776.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	31,836,776.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	31,835,776.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	6,685,513.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	6,685,513.

**Part V Tax and Payments**

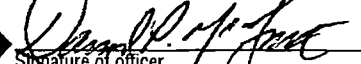
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	994.	
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800	45c	5,062,076.	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		5,063,070.
46	Subtract line 45e from line 44	46		1,622,443.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		1,622,443.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
50a	Payments: A 2017 overpayment credited to 2018	50a	1,052,357.	
b	2018 estimated tax payments	50b	685,000.	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: Form 2439 <input type="checkbox"/> Other <input type="checkbox"/> Total <input type="checkbox"/>	50g		
51	Total payments. Add lines 50a through 50g	51		1,737,357.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input checked="" type="checkbox"/>	52		2,050.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		112,864.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> 112,864. Refunded <input type="checkbox"/>	55		0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. <input type="checkbox"/>		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

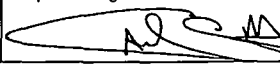
Sign Here

Under penalty 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 officer  Date 11/8/19 Title TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: CARL C. MALLIOS  
 Preparer's signature:   
 Date: 11/08/19  
 Check ☒ if self-employed PTIN: P00244969  
 Firm's name: DELOITTE TAX LLP  
 Firm's EIN: 86-1065772  
 Firm's address: 150 FAYETTEVILLE STREET STE 1000 RALEIGH, NC 27601  
 Phone no.: 919-546-8000

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)
(2)
(3)
(4)

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.. Enter here and on page 1, Part I, line 6, column (B)

0.

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
		0.	0.
Total dividends-received deductions included in column 8			0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A) <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B) <b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A) <b>0.</b>	Enter here and on page 1, Part I, line 10, col (B) <b>0.</b>			Enter here and on page 1, Part II, line 26 <b>0.</b>

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) <b>0.</b>	Enter here and on page 1, Part I, line 11, col (B) <b>0.</b>				Enter here and on page 1, Part II, line 27 <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
APPALACHIAN REGIONAL HEALTH CARE	N/A	50,000.
CATHOLIC CHARITIES DIOCESE OF RALEIGH INC	N/A	250,000.
COMMON CAUSE EDUCATION FUND	N/A	100,000.
DUKE UNIVERSITY - 324 BLACKWELL ST	N/A	500,000.
DURHAM PUBLIC SCHOOLS	N/A	100,000.
DURHAM PUBLIC SCHOOLS FOUNDATION	N/A	30,000.
DURHAM TECHNICAL COMMUNITY COLLEGE	N/A	150,000.
EAST COAST GREENWAY ALLIANCE (TRIANGLE TRAILS)	N/A	50,000.
EAST DURHAM CHILDREN'S INITIATIVE	N/A	200,000.
FLETCHER ACADEMY SCHOOL OF ACHIEVEMENT	N/A	1,070,000.
GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION	N/A	150,000.
HOKE COUNTY BOARD OF EDUCATION	N/A	50,000.
JUSTICE LOVE FOUNDATION, INC.	N/A	10,000.
NC ARTS COUNCIL FOUNDATION	N/A	30,000.
NC CENTER ON ACTUAL INNOCENCE	N/A	62,500.
NC COMMUNITY FOUNDATION	N/A	452,000.
NC INSTITUTE FOR MINORITY & ECONOMIC DEVELOPMENT	N/A	50,000.
NC JUSTICE CENTER	N/A	425,000.
NC STATE UNIVERSITY ALUMNI ASSOCIATION	N/A	24,000.
NC STATE NATURAL RESOURCES FOUNDATION, INC.	N/A	15,000.
OAK HILL ACADEMY	N/A	5,000.
PARTNERS FOR YOUTH OPPORTUNITY	N/A	25,000.
PUBLIC SCHOOL FORUM OF NC, INC.	N/A	100,000.
SCALAWAG	N/A	15,000.
SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY	N/A	15,000.
SOUTHERN COALITION FOR SOCIAL JUSTICE	N/A	75,000.
STUDENT U	N/A	50,000.
THE SALVATION ARMY	N/A	25,000.
TRIANGLE FAMILY SERVICES	N/A	25,000.
TRIANGLE GOLF FOUNDATION, INC.	N/A	60,000.
UNC CENTER FOR PUBLIC TELEVISION	N/A	50,000.
UNC CHAPEL HILL ARTS & SCIENCE FOUNDATION	N/A	25,000.
UNC SCHOOL OF JOURNALISM & MASS COMM FOUNDATION	N/A	62,000.
URBAN MINISTRIES OF WAKE COUNTY, INC.	N/A	30,000.

A. J. FLETCHER FOUNDATION

23-7423031

WAKE FOREST UNIVERSITY	N/A
WOMEN'S FUND OF THE BLUE RIDGE	N/A
YMCA OF THE TRIANGLE	N/A

80,000.
10,000.
400,000.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

4,820,500.

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 2

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015 1,924,970

FOR TAX YEAR 2016

FOR TAX YEAR 2017 1,424,265

TOTAL CARRYOVER

3,349,235

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

4,820,500

TOTAL CONTRIBUTIONS AVAILABLE

8,169,735

TAXABLE INCOME LIMITATION AS ADJUSTED

3,537,308

EXCESS 10% CONTRIBUTIONS

4,632,427

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

4,632,427

ALLOWABLE CONTRIBUTIONS DEDUCTION

3,537,308

TOTAL CONTRIBUTION DEDUCTION

3,537,308



A. J. FLETCHER FOUNDATION

23-7423031

FORM 990-T

INCOME (LOSS) FROM S CORPORATIONS

STATEMENT 3

DESCRIPTION

NET INCOME  
OR (LOSS)

CAPITAL HOLDING COMPANY, INC. - ORDINARY BUSINESS INCOME  
(LOSS)

36,167,927.

TOTAL INCLUDED ON FORM 990-T, LINE 5

36,167,927.

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No 1545-0123

**2018**

Name

Employer identification number

**A. J. FLETCHER FOUNDATION**

**23-7423031**

**Part I Short-Term Capital Gains and Losses** (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)
<b>1a</b> 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				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				-30.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
<b>6</b> Unused capital loss carryover (attach computation)			SEE STATEMENT 4	6 ( 881,646. )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -881,676.

**Part II Long-Term Capital Gains and Losses** (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)
<b>8a</b> 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				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				361,326.
<b>11</b> Enter gain from Form 4797, line 7 or 9				11
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
<b>14</b> Capital gain distributions				14
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 361,326.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18 0.

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

## Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

# 2018

Attachment Sequence No **12A**

▶ Go to [www.irs.gov/Form8949](http://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.

Name(s) shown on return

Social security number or taxpayer identification no.

23-7423031

## A. J. FLETCHER FOUNDATION

Before you check Box A, B, or C 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 I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note** You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

**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.

**Social security number or taxpayer identification no.**

23-7423031

A. J. FLETCHER FOUNDATION

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

**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 **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

[illegible]

**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.

**General Business Credit**

OMB No 1545-0895

**2018**Attachment  
Sequence No **22**

- Go to [www.irs.gov/Form3800](http://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.

Name(s) shown on return

A. J. FLETCHER FOUNDATION

Identifying number

23-7423031

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT).**

(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 <b>2</b>			
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3		
4	Carryforward of general business credit to 2018 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 2019 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			
	<ul style="list-style-type: none"> <li>Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return</li> <li>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</li> </ul>	7	6,700,891	
8	Alternative minimum tax			
	<ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 11</li> <li>Corporations Enter -0-</li> <li>Estates and trusts Enter the amount from Schedule I (Form 1041), line 56</li> </ul>	8		
9	Add lines 7 and 8	9	6,700,891	00
10a	Foreign tax credit	10a	994	
b	Certain allowable credits (see instructions)	10b		
c	Add lines 10a and 10b	10c	994	00
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	6,699,897	00
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	12	6,699,897	00
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See instructions	13	1,679,025	
14	Tentative minimum tax			
	<ul style="list-style-type: none"> <li>Individuals Enter the amount from Form 6251, line 9</li> <li>Corporations Enter -0-</li> <li>Estates and trusts Enter the amount from Schedule I (Form 1041), line 54</li> </ul>	14	0	
15	Enter the greater of line 13 or line 14	15	1,679,025	00
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	5,020,872	00
17	Enter the <b>smaller</b> of line 6 or line 16	17	0	
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization			

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2018)

**Part II Allowable Credit** *(continued)***Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

<b>18</b>	Multiply line 14 by 75% (0.75). See instructions.	<b>18</b>		
<b>19</b>	Enter the greater of line 13 or line 18.	<b>19</b>		
<b>20</b>	Subtract line 19 from line 11. If zero or less, enter -0-.	<b>20</b>		
<b>21</b>	Subtract line 17 from line 20. If zero or less, enter -0-.	<b>21</b>		
<b>22</b>	Combine the amounts from line 3 of all Parts III with box A, C, or D checked.	<b>22</b>		
<b>23</b>	Passive activity credit from line 3 of all Parts III with box B checked. <b>23</b>			
<b>24</b>	Enter the applicable passive activity credit allowed for 2018. See instructions.	<b>24</b>		
<b>25</b>	Add lines 22 and 24.	<b>25</b>		
<b>26</b>	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.	<b>26</b>	0	00
<b>27</b>	Subtract line 13 from line 11. If zero or less, enter -0-.	<b>27</b>	5,020,872	00
<b>28</b>	Add lines 17 and 26.	<b>28</b>	0	00
<b>29</b>	Subtract line 28 from line 27. If zero or less, enter -0-.	<b>29</b>	5,020,872	00
<b>30</b>	Enter the general business credit from line 5 of all Parts III with box A checked.	<b>30</b>	5,729,337	
<b>31</b>	Reserved.	<b>31</b>		
<b>32</b>	Passive activity credits from line 5 of all Parts III with box B checked. <b>32</b>			
<b>33</b>	Enter the applicable passive activity credits allowed for 2018. See instructions.	<b>33</b>		
<b>34</b>	Carryforward of business credit to 2018. 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.	<b>34</b>		
<b>35</b>	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions.	<b>35</b>		
<b>36</b>	Add lines 30, 33, 34, and 35.	<b>36</b>	5,729,337	00
<b>37</b>	Enter the <b>smaller</b> of line 29 or line 36.	<b>37</b>	5,020,872	00
<b>38</b>	<b>Credit allowed for the current year.</b> 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: <ul style="list-style-type: none"> <li>• Individuals: Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51</li> <li>• Corporations: Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts: Form 1041, Schedule G, line 2b</li> </ul>	<b>38</b>	5,020,872	00

Name(s) shown on return

Identifying number

A. J. FLETCHER FOUNDATION

23-7423031

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below See instructions

- A** ☒ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III ☐

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 5886, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0 00
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b> 56-1979330	5,729,328
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 5886, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b> 56-1979330	9
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	5,729,337 00
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	5,729,337 00