54-1467814

Firm's EIN

Phone no

Preparer

Use Only

Firm's address

Spencer Hager

Box 1165 ke, VA

P.O.

Roanoke

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Mosde

24006-1165

		E G. FRAL					<u>54-1</u>	509505			P	age 3
<u>Sct</u>	nedule A - Cost of Go	ods Sold. Ente	r meth	od of invento	ry valuation ▶					·		
1	Inventory at beginning of y	ear 1		6	Inventory at end	of y	ear		_6			
2 `	Purchases	2		7	7 Cost of goods sold. Subtract							
3	Cost of labor	3			line 6 from line 5 Enter here and							
4a	Additional sec 263A costs				ın Part I, line 2				7			
	(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to						Yes	No
b	Other costs (attach schedule)	4b			property produce	ed o	r acquire	ed for resale) apply				
5	Total. Add lines 1 through	4b 5		-	to the organizati	on?						
Sch	nedule C - Rent Incon	ne (From Real I	roper	ty and Pers	onal Property	Le	ased	With Real Prope	rty)		
	ee instructions)	•	•					•	•			
	scription of property										-	
(1)	N/A					-					_	
(2)												
(3)					_							
(4)						_						.
<u> </u>		2 Rent receiv	ed or acco	ued					_		-	
	(2) 5		1					2(a) Dad otraca	41.			
	 (a) From personal property (if the p for personal property is more the 	-	Ì		d personal property (if the property exc			3(a) Deductions directly connected with the inc in columns 2(a) and 2(b) (attach schedule)				
	more than 50%)			50% or if the rent is	'	11.0010111110 2(0) 0110 2(0) (011001100110)			10)			
			 -									
1)				-						 		
(2)			 		 							—
3)	.		<u> </u>									
4)										 _		
Tota			Total					(b) Total deduction				
	otal income. Add totals of o		o) Enter	•	_			Enter here and on pa				
	and on page 1, Part I, line 6			 	<u> </u>			Part I, line 6, column	B) ▶	·		
Sch	edule E – Unrelated [Debt-Financed	Incom	e (see instruc	tions)							
				2 Gross	income from or			3. Deductions directly o			to	
	1 Description of debt-fi	inanced property			locable to debt-financed			debt-financed		ed property		
				property		(a) Straight line depreciation			(b) Other deductions			
						_		(attach schedule)		(attach schedule)		
1)	N/A							. <u> </u>	\perp			
2)					`				\perp			
3)									1			
4)									$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			
	4 Amount of average	5 Average adjusted		e	Column					8. Allocable ded	fuctions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop			divided	- {		ross income reportable olumn 2 x column 6)	1	(column 6 x total o		s
_	property (attach schedule)	(attach schedule	-	by	column 5			oldini 2 x coldini (0)		3(a) and 3(b))	
1)						%			T			
2)						%			T			
-/ 3)						%		·····	T			
<u>9/</u> 4)			-			%			1			
·/	<u> </u>					~	Enter	here and on page 1,	 -	Inter here and o	on nace	
								, line 7, column (A)		Part I, line 7, co		
Tota	le				1	▶ [. ,		•	,	
	s I dividends-received deduc	ctions included in a	oluma º			- 1			+			

Form **990-T** (2018)

<u> Schedule F – Interest, Anni</u>	uities, Royalt	ies, and Ren						(see instruct	ions)	
Name of controlled		2 Employer	Exem	pt Controlled	Organ	ization	is T			
		entification number		ſ		4. Total of specified payments made		5. Part of column 4 that included in the controllin organization's gross incor		Deductions directly connected with income in column 5
(1) N/A										
(2)		-							Ì	
(3)										
(4)									j	
Nonexempt Controlled Organiza	itions									
7 Taxable Income		Net unrelated income iss) (see instructions)	ı	9. Total of specific payments made		ınclı	uded in the	mn 9 that is controlling ross income		Deductions directly nected with income in column 10
(1)										
(2)										
(3)									-	
(4)										
Totals					•	Ente	d columns or here and t I, line 8, co	on page 1,	Ente	d columns 6 and 11 r here and on page 1, l I, line 8, column (B)
Schedule G – Investment In	come of a So	ection 501(c)(7), (9)	, or (17) O	rganiz	ation	(see ins	structions)	•	
1 Description of income		2 Amount of in	ncome	directly o	ductions connected			Set-asides		5 Total deductions and set-asides (col. 3
				(attach	schedule)		(atta	ich schedule) -		plus col 4)
1) N/A								1		
2)										-
3)		416.								
4)		<u> </u>		ļ						
Fotals		Enter here and o Part I, line 9, col								er here and on page 1, rt I, line 9, column (B)
Schedule I – Exploited Exer	npt Activity I	ncome, Othe	er Than	Advertisi	ng Inc	ome (see inst	tructions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendirectly connected production unrelate business in	y with n of ad	4 Net income (liftom unrelated to business (coli 2 minus column If a gain, compicols 5 through	rade umn 3) ute	from act	s income tivity that inrelated s income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1) N/A										
2)										·
3)										
4)				·			,			<u> </u>
「otals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,							Enter here and on page 1, Part II, line 26
Schedule J – Advertising In	come (see ins	structions)								
Part Income From P			Conso	lidated Ba	sis					
1 Name of periodical	2 Gross advertising income	3 Directions		4 Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	cot If te	5 Circi	ulation	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1) N/A	_		T.							<u> </u>
2)										
3)										
4)										
Totals (carry to Part II, line (5))						1				

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

	a line-by-line bas	IS)				
. 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 readershij costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
2)					<u></u>	
3)						
4)		<u> </u>				
Totals from Part I		1				
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	1	l .	i			1

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

1. Name	2 Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1) WILLIAM H. FRALIN	CO-TRUSTEE	100.00%	
(2) ROBERT P. FRALIN	CO-TRUSTEE	100.00%	
(3) KATHERINE F. WALKER	CO-TRUSTEE	100.00%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	

Form **990-T** (2018)

25760T HORACE G.-FRALIN CHARITABLE TRUST

54-1509505

Federal Statements

FYE: `12/31/2018

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Directions (F		Net Income
UNRELATED BUS. INC. ON 990	\$ -4,835	\$	\$	-4,835
Total	\$ -4,835	\$	0 \$	-4,835

Statement 2 - Form 990-T, Part II, Line 20 - Charitable Contributions

Description	Amount
Current year Contributions Prior year Contributions	\$ 2,500,079
Total Contributions Available Less: Allocation to Taxable Fringe	2,500,079
Less: Contributions Disallowed	2,408,248
Total Deduction Allowed	91,831

SCHEDULE D. (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or 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. ▶Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092

Employer identification number

_H	ORACE G. FRALIN CHARITA	BLE TRUST		54-	150	9505
Note	: Form 5227 filers need to complete only Parts	I and II				
Pa	rt I Short-Term Capital Gains a	nd Losses - Genera	illy Assets Held One	Year or Less (S	See ir	nstructions)
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		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I,		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
whole dollars			 	tine 2, column (g)		column (g)
1a	Totals for all short-term transactions reported on Form			ļ		
	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					
	Totals for all transactions reported on Form(s) 8949 with			<u> </u>	,	
••	Box A checked]]
	Totals for all transactions reported on Form(s) 8949 with					
	Box B checked			j		
3	Totals for all transactions reported on Form(s) 8949 with					[
	Box C checked		<u> </u>			•
4	Short-term capital gain or (loss) from Forms 46	684, 6252, 6781, and 882	4		4	
5	Net short-term gain or (loss) from partnerships	. S corporations, and other	er estates or trusts		5	22,700
6	Short-term capital loss carryover Enter the am	•				
	Carryover Worksheet	•	·	•	6	k
7	Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in co	olumn (h) Enter here and o	n		
	line 17, column (3) on the back		_	_ _	7	-22,700
Pa	rt II Long-Term Capital Gains a	<u>nd Losses - Genera</u>	<u>lly Assets Held More</u>	Than One Year	r (Se	e instructions)
See in	structions for how to figure the amounts to enter on the	(d)	(e)	(g)		(h) Gain or (loss)
lines b	elow	Proceeds	Cost	Adjustments to gain or loss from	,	Subtract column (e) from column (d) and
This fo	rm may be easier to complete if you round off cents to	(sales price)	(or other basis)	Form(s) 8949, Part I		combine the result with
whole	dollars		 	line 2, column (g)		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					
<u></u>	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	•				
_ <u></u>	Totals for all transactions reported on Form(s) 8949 with	ţ				
•	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 24	39, 4684, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships,	S corporations, and other	estates or trusts	1	12	221,066
13	Capital gain distributions	= serperanene, une enter		•	13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the am	ount, if any, from line 14 c	of the 2017 Capital Loss			·····
-	Carryover Worksheet		F		15	()
16	Net long-term capital gain or (loss). Combine	e lines 8a through 15 in co	olumn (h) Enter here and o	n		
_	line 18a, column (3) on the back			>	16	221,066

Sch.	edule D (Form 1041) 2018 HORACE G. FRALIN (CHARIT	ABLE T	RUST	54-150950	5	Page 2
_	art III Summary of Parts I and II		(1) Bene		(2) Estate's		10.5
	Caution: Read the instructions before completing th	us part	(see i	nstr)	or trust's		(3) Total
17 '	Net short-term gain or (loss)	17			-22,	700	-22,700
18	Net long-term gain or (loss):						
а	Total for year	18a			221,	066	221,066
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b					
С	28% rate gain	18c					<u> </u>
19	Total net gain or (loss). Combine lines 17 and 18a	▶ 19			198,	<u> 366</u>	198,366
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 104	1, line 4 (o	r Form 990-T	, Part I, I	ne 4a) If lines 18a and	19, co	olumn (2), are net
gaın	s, go to Part V, and don't complete Part IV If line 19, column (3),	, ıs a net lo	ss, complete	Part IV a	and the Capital Loss Ca	arryov	∕er Worksheet, as
	ssary						
_P	art IV Capital Loss Limitation	·					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form	990-T, Par	t I, line 4c, if	a trust), i	he smaller of		
а	The loss on line 19, column (3) or b \$3,000					20	<u> </u>
Note	e: If the loss on line 19, column (3), is more than \$3,000, or if For	rm 1041, pa	age 1, line 22	(or Forn	1 990-T, line 38), is a los	ss, coi	nplete the Capital
	s Carryover Worksheet in the instructions to figure your capital						
	art V Tax Computation Using Maximum Capit						
	n 1041 filers. Complete this part only if both lines 18a and 19 in		are gains, o	r an amo	unt is entered in Part I o	r Part	II and there is an
-	on Form 1041, line 2b(2), and Form 1041, line 22, is more than						
	tion: Skip this part and complete the Schedule D Tax Workshe e	et in the ins	structions if				
	ither line 18b, col (2) or line 18c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than						
	n 990-T trusts. Complete this part only if both lines 18a and 19	-					
	Form 990-T, line 38, is more than zero. Skip this part and comple	ete the Sch	redule D Tax	Worksh	eet in the instructions if	eithe	r line 18b, col (2) or
	18c, col (2) is more than zero				00 020	·····	Τ
21	Enter taxable income from Form 1041, line 22 (or Form 990-T,	line 38)		21	90,830		
22	Enter the smaller of line 18a or 19 in column (2)	-	00 266			ļ	1
~~	but not less than zero 22		<u>.98,366</u>	1			
23	Enter the estate's or trust's qualified dividends from						
	Form 1041, line 2b(2) (or enter the qualified dividends						}
24	included in income in Part I of Form 990-T)		00 266				
24 2r	Add lines 22 and 23 24		<u>.98,366</u>				
25	If the estate or trust is filing Form 4952, enter the		0				
20	amount from line 4g, otherwise, enter -0-		0		100 266		
26	Subtract line 25 from line 24 If zero or less, enter -0-			26	<u>198,366</u>		
27	Subtract line 26 from line 21 If zero or less, enter -0- Enter the smaller of the amount on line 21 or \$2,600			28	2,600	1	
28 29	Enter the smaller of the amount on line 27 or \$2,000			29	2,000	1	
30	Subtract line 29 from line 28 If zero or less, enter -0- This amo	ount is taxe.	d at 0%	29		30	2,600
31	Enter the smaller of line 21 or line 26	Julit 15 taxe	u at 070	31	90,830	**********	2,000
32	Subtract line 30 from line 26			32	195,766		·
33	Enter the smaller of line 21 or \$12.700			33	12,700	1	1
34	Add lines 27 and 30			34	2,600		
35	Subtract line 34 from line 33 If zero or less, enter -0-			35	10,100		
36	Enter the smaller of line 32 or line 35			36	10,100		Ì
37	Multiply line 36 by 15% (0 15)				20/200	37	1,515
38	Enter the amount from line 31			38	90,830		
39	Add lines 30 and 36			39	12,700		
40	Subtract line 39 from line 38 If zero or less, enter -0-			40	78,130		
41	Multiply line 40 by 20% (0 20)			—— -	▶	41	15,626
42	Figure the tax on the amount on line 27 Use the 2018 Tax Rate	Schedule	for Estates	1			
•	and Trusts (see the Schedule G instructions in the instructions			42			
43	Add lines 37, 41, and 42		,	43	17,141		
44	Figure the tax on the amount on line 21 Use the 2018 Tax Rate	Schedule	for Estates				
-	and Trusts (see the Schedule Gunstructions in the instructions			امدا	31 994		1

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)

THE HORACE G FRALIN CHARITABLE TRUST 12/31/2018

FORM 990-T, PAGE 1, PART 1, LINE 4(a) & 5 -IIRTI FROM PARTNERSHIPS AND S-CORPORATIONS

2018 UBTI	10 5,522 62,259 125,169 571	193,531			
CY PAL Disallowed (Carryforward)	92,188 97,882 44,061	234,131			
Total	10 5,522 62,259 125,169 571 (92,188) (97,882)	(40,600)			
LT Cap Gain	63 120,024 100,983 (4) 7,974 569 (662)	228,947			
ST Cap Gain	(59,220) 36,477 43	(22,700)			
S-Corp Interest	01	10			
Other UBTI	(15,152)	(15,152)			
Passive Income	5,459 1,455 2,861 532	10,307	193,531	(22,700) 221,066 (4,835)	193,531
CORPORATIONS Passive Loss	(100,162) (98,451) (43,399)	(242,012)		Made up of ST Capital Loss LT Capital Gain Loss from Ptrships	
UBTI FROM PARTNERSHIPS AND S-CORPORATIONS	F&W Management Corporation SFM PE, LP SFM Capital Markets, LP SFM Global Strategies, LP SFM Opportunities, III Yield Pool II SFM Opportunities, V SFM Opportunities, IV		Total UBTI	•	