To: To Whom it May Concern

From: Gaston College Records Custodian

Date: April 27, 2021

Re: Records

The Gaston College Foundation, Inc. advances Gaston College's ability to provide flexible, high-quality and accessible learning opportunities that are relevant and responsive to diverse regional, community and student needs. The Gaston College Foundation, which is guided by a 15 voting member Board of Directors, is an independent 501(c)(3) non-profit organization established pursuant to § 55A of the General Statues of North Carolina for the exclusive support of the College's educational and cultural programs. As an independent non-profit organization, it is not subject to public records laws; however, the Foundation complies with the Internal Revenue Service's requirement to publicly disclose the completed 990 tax returns (attached) for the most recent three years.

PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

A F	or th	e 2016 calendar year, or tax year beginning $ { m JUL} 1$., 2016 and	ending J	<u>UN 30, 2017</u>					
B (Check if applicab	C Name of organization			D Employer identif	ication number				
	Addre		INC.							
	Name chang				23-7	7079454				
	Initial return	\	street address)	Room/suite	E Telephone numb					
	Final return				704-	922-6511				
	termir ated ☐Amen		oreign postal code		G Gross receipts \$ 2,004,781.					
F	return	DALLIAS, NC 20034	TTTAT		H(a) Is this a group					
	tiòn pendi	F Name and address of principal officer: OULLA A	TTTEM		for subordinate	—				
_	 Γον ον	empt status: X 501(c)(3)	ert no.) 4947(a)(1)	or 527	H(b) Are all subordinates	included? Yes Mo a list. (see instructions)				
		te: $\triangleright N/A$	ert 110.) 4347 (a)(1)	01 321	H(c) Group exempti					
		forganization: X Corporation Trust Association	n Other ►	L Year		M State of legal domicile: NC				
		Summary	· ·	1 = 1000		otato or rogal dominoro,				
_	1	Briefly describe the organization's mission or most significa-	ant activities: TO R	ECEIVE	AND HOLD G	IFTS OF				
Governance		MONEY AND ADMINISTER FUNDS FOR								
rna	2	Check this box if the organization discontinued	its operations or dispos	sed of more	than 25% of its net as	ssets.				
ove	3	Number of voting members of the governing body (Part VI,	, line 1a)		3	15				
	4	Number of independent voting members of the governing l	body (Part VI, line 1b)		4					
es 8	5	Total number of individuals employed in calendar year 201				0				
Ĕ	6	Total number of volunteers (estimate if necessary)								
Activities &		Total unrelated business revenue from Part VIII, column (C								
	b	Net unrelated business taxable income from Form 990-T, li	ne 34							
		Contributions and avents (Dort VIII line 11s)			Prior Year 674,509.	Current Year 892,447.				
ne	8				0/4,509.					
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d			364,821.					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			0.					
	1	Total revenue - add lines 8 through 11 (must equal Part VIII)			1,039,330.					
	13	Grants and similar amounts paid (Part IX, column (A), lines			790,869					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.					
v	15	Salaries, other compensation, employee benefits (Part IX, o			0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
ē	b	Total fundraising expenses (Part IX, column (D), line 25)								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e	e)		247,108.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, colum	nn (A), line 25)		1,037,977.					
	19	Revenue less expenses. Subtract line 18 from line 12			1,353.	214,541.				
Net Assets or				Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)			8,536,508.					
et A	21	Total liabilities (Part X, line 26)			562,679.					
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			7,973,829.	8,797,853.				
		alties of perjury, I declare that I have examined this return, including	a accompanying scheduler	e and etateme	ante and to the heet of m	y knowledge and helief it is				
		ct, and complete. Declaration of preparer (other than officer) is basi			•	iy kilowicago alla bolloi, it is				
	,	Name of the second and the second an		non proparor	las any anomougo:					
Sig	n	Signature of officer			Date					
Her		■ JULIA ALLEN, EXECUTIVE DIR	ECTOR							
		Type or print name and title								
			er's signature		Date Check	PTIN				
Paid	i	AMANDA ADAMS			self-empl					
-	oarer	Firm's name CHERRY BEKAERT LLP			Firm's EIN ▶	56-0574444				
Use	Only	Firm's address 1111 METROPOLITAN AV	E. STE. 1000)		14 200 4602				
_		CHARLOTTE, NC 28204			Phone no. 70	04-377-1678				
May	/ the li	RS discuss this return with the preparer shown above? (see	e instructions)			X Yes No				

749,560.

Total program service expenses

Form 990 (2016) GASTON COLLEGE FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
O		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		 ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ıza	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		148		<u> </u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			 ₩
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form 990 (2016) GASTON COLLEGE FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		X
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
3 2	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 ^
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-T		34	Х	
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 33a		†
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	333		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		†
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) GASTON COLLEGE FOUNDATION, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4	1						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	(וֹ						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming							
	(gambling) winnings to prize winners?			1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	()						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts							
	were not tax deductible?			6b	┷					
7	Organizations that may receive deductible contributions under section 170(c).				X					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?										
b	, , , , , , , , , , , , , , , , , , , ,									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		.?	7e	+-	X V				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	+	X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	+					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9							
_				8						
9	Sponsoring organizations maintaining donor advised funds.			00						
_	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a	+	+				
b				9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a b		10a		+						
ы 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	וטט								
'' a	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against	114		-						
	amounts due or received from them.)	11b								
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	<u> 0 .</u>		14b)					
					000					

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management	1							
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X					
5									
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		37						
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
a	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v					
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X					
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V						
10-	Did the exemination have level charters branches as efficience	100	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a		12a	Х						
b	and the same of th	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120							
·	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NC								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable)						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	BRUCE COLE - 704-922-6309								
	201 HIGHWAY 321 SOUTH DALLAS NC 28034								

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Form 990 (2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

		y related organization compensated					Sate			(E)
(A)	(B)		(C) Position			1		(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	altru	onal t		ployee	comi				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MR. FRED JACKSON	0.50	드	드	ō	3	王高	Fc			
PRESIDENT	0.00	Х		Х				0.	0.	0.
(2) MS. ELIZABETH SUMNER	0.50									
VICE PRESIDENT	0.00	Х		х				0.	0.	0.
(3) MR. STEVEN CAMPBELL	0.50									
TREASURER	1.00	Х		Х				0.	0.	0.
(4) MS. M'SHEL BOWEN	0.30									
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) MR. JOE CARPENTER	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) MR. WILLIAM CARSTARTPHEN	0.30									
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) MR. F. BRENARD DALTON	0.50									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) DR. KEVIN DIBELLA	0.30									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) MR. TOM EFIRD	0.50	1							_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) MR. REGIS EGER	0.30	1							_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) MS. JUDITH MALONEY	0.30									
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) MS. RHONDA MCLEAN	0.30	.,								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) MR. CHAD MELVIN	0.30	. ,							_	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) DR. EDWARD SADLER, JR.	0.30	Х						_	_	0
BOARD MEMBER (15) MR. ROBERT TULL	0.00	Λ						0.	0.	0.
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) DR. JIM WATSON	0.50	22						<u> </u>		0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) MRS. JULIA ALLEN	10.00							· ·	•	•
EXECUTIVE DIRECTOR	40.00	1		Х				0.	73,959.	5,988.

632007 11-11-16 Form **990** (2016)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	compensated Employee	s (continued)				
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average	(do				ነ than	one	Reportable	Reportable		l .	timate	
	hours per week					is botl or/trus		compensation	compensation		l	nount (of
	(list any	_					Ĺ	from the	from relate organizatior		l	other pensa	tion
	hours for	direct				l,		organization	(W-2/1099-MI		ı	om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 1111	00,	l	anizati	
	organizations	trust	lal tru		yee	om pe						d relate	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizatio	ons
	line)	lndi	Insti	Officer	Key	High	Former						
(18) MS. CYNTHIA MCCRORY	0.50	1											
ASSISTANT TREASURER	40.00			Х		_		0.	107,1	<u>41.</u>		3,00	<u> </u>
(19) DR. PATRICIA SKINNER	0.50	1		l							_		
SECRETARY	40.00			Х				0.	245,9	13.	5	4,28	<u> 88</u>
		-											
		-											
			_			_							
		-											
						-							
		1											
_	-		-			-							
		1											
		1											
			┢			\vdash							
		1											
1h Sub-total								0.	427,0	13.	6	3,2	76.
1b Sub-total c Total from continuation sheets to Part VI	I Section A							0.	427,0	0.		, ,	0.
d Total (add lines 1b and 1c)								0.	427,0		6	3,2	
Total number of individuals (including but n							no re						
compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,		-			0
<u> </u>												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee.	or	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual		•	•							3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	e <i>J f</i>	for such individual	-		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of com	pensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address	N	INC	3			_	Description of s	ervices	C	ompe	nsation	<u>ი</u>
							\dashv						
							_						
O Tatal assembles of independent and the Co	a almatina en la cel						ا- ما		41				
2 Total number of independent contractors (in		ot IIr	пітес	ı to		se lis)	ted	above) who received me	ore man				
\$100,000 of compensation from the organi	ZaliOII										_	aan "	2010)

23-7079454

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
				y iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues						
S,G	С	Fundraising events	1c					
iifts arA	d	Related organizations						
s, G milk	е	Government grants (contribut						
igi	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ove 1f	892,447.				
of Fri	g	Noncash contributions included in lines	1a-1f: \$	5,362.				
Col	h	Total. Add lines 1a-1f			892,447.			
				Business Code				
ġ.	2 a	L <u>, </u>						
r Vic	b							
Sel	С							
am	d							
Program Service Revenue	е							
Pr	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			179,585.			179,585.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	<u></u>	>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· . <u></u>	>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	932,749.					
	b	Less: cost or other basis						
		and sales expenses	854,312.					
	С	Gain or (loss)	78,437.					
	d	Net gain or (loss)		▶	78,437.			78,437.
Ф	8 a	Gross income from fundraising	ng events (not					
Other Revenu		including \$	of					
eve		contributions reported on line	•					
Ϋ́		Part IV, line 18	a					
ξ		Less: direct expenses						
O	С	Net income or (loss) from fund	draising events	_				
	9 a	Gross income from gaming a						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		>	1 150 150			050 000
	12	Total revenue See instructions			1.150.469.	0.	Ο.	258 022.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 692,816. 692,816. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 7,980. 15,480. 7,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 40,033. 40,033. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 39,971. 12,583. column (A) amount, list line 11g expenses on Sch O.) 27,388. 11,997. $7\overline{17}$ 11,280. Advertising and promotion 12 10,488. 9,573. 915. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 7,062. 1,959. 5,103. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 20,958. 26,282. 5,324. MEMBERSHIP DUES RECOGNITIONS 20,368. 2,053. 18,315. 17,893. 17,893. RECEPTIONS 1,667. 1,252. 415 d REGISTRATION FEES 51,871.149. 51,722. e All other expenses 935,928. 749,560. 116,753. 69,615. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			670,893.	2	712,316.
	3	Pledges and grants receivable, net			1,013,811.	3	284,044.
	4	Accounts receivable, net			, ,	4	,
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect	. , .	/· /·			
s		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				22,838.	9	9,996.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	60,000.			
	b		1 1		60,000.	10c	60,000.
	11	Investments - publicly traded securities			6,768,966.	11	60,000. 8,098,795.
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	8,536,508.	16	9,165,151.		
	17	Accounts payable and accrued expenses		3,768.	17	9,165,151. 6,933.	
	18	Grants payable			18		
	19	Deferred revenue			558,911.	19	360,365.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
S	22	Loans and other payables to current and former	officers,	directors, trustees,			
≝		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
		Schedule D		Г	F.C.O. C.F.O.	25	267 000
	26	Total liabilities. Add lines 17 through 25			562,679.	26	367,298.
		Organizations that follow SFAS 117 (ASC 958		here LX and			
es		complete lines 27 through 29, and lines 33 an			2 1 6 4 2 4 1		2 260 025
anc	27	Unrestricted net assets			3,164,241.	27	3,369,935.
Bal	28			·····	1,358,872.	28	1,955,849. 3,472,069.
힏	29				3,450,716.	29	3,4/2,009.
교		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
ý		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			7,973,829.	32	8,797,853.
_	33	Total net assets or fund balances			8,536,508.	33	
	34	Total liabilities and net assets/fund balances			0,550,500.	34	9,165,151.

Form **990** (2016)

Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,15						
2	Total expenses (must equal Part IX, column (A), line 25)	2			28.				
3	Revenue less expenses. Subtract line 2 from line 1	3			41.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,97		$\frac{29.}{83.}$				
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B)) 8								
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis X Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		За		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form	990	(2016)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GASTON COLLEGE FOUNDATION, 23-7079454 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 GASTON COLLEGE FOUNDATION, INC. 23-7079 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	304,663.	370,156.	617,293.	674,509.	892,447.	2859068.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	304,663.	370,156.	617,293.	674,509.	892,447.	2859068.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						432,326.			
	Public support. Subtract line 5 from line 4.						2426742.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	304,663.	370,156.	617,293.	674,509.	892,447.	2859068.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	226,554.	174,127.	185,120.	172,932.	179,585.	938,318.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						3797386.			
12	Gross receipts from related activities,	•	,			12				
13	•	~			•					
Sec	organization, check this box and stop ction C. Computation of Publi	herePer	centage				P			
				olumn (f)		14	63 91 ~			
						<u> </u>				
10a										
h										
U							. \Box			
170										
174		-								
	_				· · · · · · · · · · · · · · · · · · ·	-				
h										
,		_								
	,		•		• •		·			
18				•	,					
17a	14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 63.91 %									

Schedule A (Form 990 or 990-EZ) 2016 GASTON COLLEGE FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to rualify under the tests listed below inlease complete Part II \

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2016 (lin			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Invest					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2015. If the	=	-				
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
10b n 990 or 99	N-E7\	2016

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sect	ion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	•	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
' a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uotiona)		
2		ties Test. Answer (a) and (b) below.	ictions).	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	Г		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	7111041111101 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u>				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
	Breakdown of line 7:			
8	DIEANGUWII UI IIIIE 7.			
<u>a</u>	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 GASTON COLLEGE FOUNDATION,

23-707<u>9454 Page 8</u>

INC.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2016

OMB No. 1545-0047

Name of the organization

Employer identification number

GASTON COLLEGE FOUNDATION 23-7079454 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

GASTON COLLEGE FOUNDATION, INC.

23-7079454

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$150,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$58,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

GASTON COLLEGE FOUNDATION, INC.

23-7079454

(a) No. (b) Description of noncash property given S. (c) FMV (or estimate) (See instructions) (d) Date received Date received Date received Date received S. (d) Date received Date rece	Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. Torm Description of noncash property given (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (f) Date received (g) Date received	No. from		FMV (or estimate)	I .
No. from Description of noncash property given (a)			\$	
(a) No. from Description of noncash property given S	No. from		FMV (or estimate)	I .
No. from Part I (a) No. (b) FMV (or estimate) (See instructions) (a) No. (c) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. (b) FMV (or estimate) (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received			\$	
(a) No. from Description of noncash property given See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given (See instructions) (a) No. from Description of noncash property given (See instructions) (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Description of noncash property given (See instructions)	No. from		FMV (or estimate)	I .
No. from Part I (a) No. from Part I (b) Description of noncash property given S C (c) FMV (or estimate) (See instructions) C (d) Date received (a) No. from Part I (b) Description of noncash property given S (a) No. from Part I (b) Description of noncash property given S (c) FMV (or estimate) (See instructions) Date received (d) Date received (e) FMV (or estimate) (See instructions) Date received (f) FMV (or estimate) (See instructions) Date received (g) FMV (or estimate) (See instructions) Da			\$	
(a) No. from Part I (b) Description of noncash property given (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (See instructions) (d) Date received (d) Date received	No. from		FMV (or estimate)	I .
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (C) FMV (or estimate) (See instructions) (d) Date received			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions) Date received	No. from		FMV (or estimate)	
No. from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	
Sahadula P (Form 900, 900 E7, or 900 PE) (2018)				

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GASTON COLLEGE FOUNDATION, INC.

Employer identification number 23-7079454

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annual to be about N	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
6	Starr and volunteer flours devoted to monitoring, inspecting, i	nariding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concerns	tion cooments duving the year
7	* * ** ** ** ** ** ** *	illig of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e eatiefy the requirements of section 170	/b\/4\/P\/i\
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	ion o imanolar statemento triat describes	the organization a decounting for
Par		Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
b	Assets included in Form 990, Part X		

Sche	dule D (Form 990) 2016 GASTON	COLLEGE FOU	UNDATION,	INC.		23-7	079454	1 P:	_{age} 2
	t III Organizations Maintaining C				Other S				
3	Using the organization's acquisition, accession								;
	(check all that apply):	,		Ü	· ·				
а	Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	е		0 . 0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exemp	t purpose in Pa	rt XIII.		
5	During the year, did the organization solicit o								
•	to be sold to raise funds rather than to be ma		•	•		_	Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		no ii iiio organizatio	ii anowerea	100 01110	51111 555, T dit 14	, 11110 0, 01		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other asso	ets not inc	cluded			
	on Form 990, Part X?					_	Yes		No
h	If "Yes," explain the arrangement in Part XIII					∟			
	Too, explain the arrangement in rait xiii v	and complete the lon	owing table.				Amount		
c	Beginning balance					1c	7 4110 4111		
	Additions during the year					1d			
۰ و	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	٠ ٢			֧֖֝֞֞֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝
Par									
	'	(a) Current year	(b) Prior year	(c) Two years		I) Three years bac	k (e) Four	vears	back
1a	Beginning of year balance	5,297,278.	5,263,257.			5,151,071		125,	
b	Contributions	21,300.	33,925.	<u> </u>	,980.	7,142			894.
c	Net investment earnings, gains, and losses	53.	96.		64.	•			
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g	End of year balance	5,318,631.	5,297,278.	5,263	257.	5,158,213	. 5	151,	071.
2	Provide the estimated percentage of the curr			-	, -	, ,	<u>'</u>		
_	Board designated or quasi-endowment	34.72	%	n ricia as.					
h	Permanent endowment 65.28	%							
c	Temporarily restricted endowment	.00 %							
Ŭ	The percentages on lines 2a, 2b, and 2c short								
32	Are there endowment funds not in the posses	•	tion that are held ar	nd administers	ad for the	organization			
oa	by:	331011 01 tile organiza	tion that are neid at	ia aariii iistore		organization	Γ	Yes	No
	(i) unrelated organizations							103	X
	feet							-+	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require						-+	
V	Describe in Part XIII the intended uses of the						<u>[30]</u>		
Par	t VI Land, Buildings, and Equipm		vinciit iuilus.						
	Complete if the organization answered		. Part IV. line 11a S	See Form 990	Part X lin	ie 10.			
	Description of property	(a) Cost or of		or other		umulated	(d) Bool	k valu	
	2 ccc.,pa.c., or property	basis (investm		(other)	. ,	eciation	(4) 500	· value	-
		, , , , , , , , , , , , , , , , , , , ,		0 000			<i>C</i> 1	2 0 0	<u> </u>

	·	/		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1a (Calumn (d) must ague	60 000.			

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h	See Form 990	Dart Y line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value				nd-of-year market value
		(2) 20011 14:40		(5)		Ta or your manner range
	In a Laboratory State of the Control					
(3) Other	-neid equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(E)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related.	on Form 000 Port IV	/ line 11e	Can Farm 000	Dort V. line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		(c) Method of v	raluation: Cost or er	nd-of-year market value
(1)		. ,				•
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					
	Complete if the organization answered "Yes"		V, line 11d	. See Form 990,	Part X, line 15.	
	(a)	Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	#	4-1				
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	,				-
	Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	1	or 11t. See Forn Book value	1 990, Part X, line 2	ວ.
1.	.,, .		(D)	BOOK Value	-	
	deral income taxes				-	
(2)					-	
(3)					-	
(4)					-	
(5)			-		-	
(6)					-	
(7)			-		-	
(8)					-	
(9)			ļ		-	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2016 GASTON COLLEGE FOUNDATION				7079454 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			1 710 010
1				1	1,719,919.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	COO 402		
a	Net unrealized gains (losses) on investments		609,483.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				609,483.
_	Add lines 2a through 2d			2e	1,110,436.
3	Subtract line 2e from line 1			3	1,110,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	اءا	40,033.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		40,033.	1	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			10	40,033.
_ C				4c 5	1,150,469.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State			_	
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line		-xpoilede per i		·
1	Total expenses and losses per audited financial statements			1	895,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,5,0,5,
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)	l I			
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	895,895.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,033.		
b	Other (Describe in Part XIII.)		-		
	Add lines 4a and 4b			4c	40,033.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	935,928.
	rt XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line 4	; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
PAF	RT V, LINE 4:				
THE	E ENDOWED FUNDS ARE DESIGNATED SPECIFICAL	LY FOR S	CHOLARSHIP		
D.T.C	NMD T DIJM T ON				
DIS	STRIBUTION.				
ם אם	om v itne).				
PAF	RT X, LINE 2:				
тит	F ECTIVITY MICH AS EACH DOWN FEDERAL INCOM	1E MYA 111.	מת שעה מס	O17T	CTONC OF
тпг	FOUNDATION IS EXEMPT FROM FEDERAL INCOM	IE TAX UN	DER THE PR	OVI	SIONS OF
GE/	CTION 501(C)(3) OF THE INTERNAL REVENUE C	יטטדי / "דם	C") TN AC	ררסי	одись мітпи
טבע	TION JULICIAN OF THE INTERNAL REVENUE C	TE) HOLD	.c / • IN AC	COK	DUTACT MITT
TRC	REGULATIONS, THE FOUNDATION IS TAXED ON	יעינשטעון ו	Ер вистигс	S TI	VCOME.
<u> </u>	, ALCOUNTIONS, THE TOURDATION ID TAKED OF	. CHILLIAI	TO DOUTHED	<u>., 11</u>	
WHI	CH CONSISTS OF EARNINGS FROM ACTIVITIES	NOT RELA	янт от сят.	EX	ЕМРТ

PURPOSE OF THE FOUNDATION. THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES

BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS

ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER

Schedule D (Form 990) 2016 GASTON COLLEGE FOUNDATION, INC. 23-7079454 Page 5 Part XIII Supplemental Information (continued)
THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING
AUTHORITIES. THE FOUNDATION HAS EVALUATED ALL OF ITS TAX POSITIONS AND
DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30,
2017. MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE
REQUIREMENTS OF A TAX EXEMPT ORGANIZATION AND IS NOT SUBJECT TO TAX.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

							Employer identification number	
GASTON COLLEGE FOUNDATION, INC.							23-7079454	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
criteria used to award the grants or assis							X Yes No	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
· · · · · · · · · · · · · · · · · · ·					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of graphization (b) FIN (c) IRC section (d) Amount of (f) Method of (g) Description of (h) Five section (d) Amount of (f) Method of (g) Description of (g) Description of (g) Description of (g) Description (f) Description of (g) Description (f) Description of (g) Description (f) Description								
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
GASTON COLLEGE								
201 HIGHWAY 321 SOUTH	56-0792292	170/0\/1\	105 721	0.			SCHOLARSHIPS TO STUDENTS	
DALLAS, NC 28034	30-0792292	170(C)(1)	195,721.	0.			SCHOLARSHIPS TO STUDENTS	
GASTON COLLEGE								
201 HIGHWAY 321 SOUTH							CONSTRUCTION TO BENEFIT	
DALLAS, NC 28034	56-0792292	170(C)(1)	301,045.	21,468.	PURCHASE PRICE	EQUIPMENT	COLLEGE	
·			,	,				
GASTON COLLEGE								
201 HIGHWAY 321 SOUTH							WSGE RADIO STATION	
DALLAS, NC 28034	56-0792292	170(C)(1)	174,582.	0.			SALARIES	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				<u> </u>	
3 Enter total number of other organizations	s listed in the line 1	I table					> 0.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	Casii giani	Casil assistance	(Book, 1 WV, appraisal, other)	
		0.5.1111	4)		
Part IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, columr	n (b); and any other ad	iditional information.	
PART I, LINE 2:					
GRANT APPLICATIONS ARE RECEIVED E	BY THE FOUN	DATION ON	AN ANNUAL	BASIS AND	
APPROVED BY THE FOUNDATION BOARD	OF DIRECTO	במ שה החב.	TD .TIIT.V MFF	TTNC ANV	
AFFROVED BY THE FOUNDATION BOARD	OF DIRECTO	KO AI IIIE.	IK UUUI MEE	IING. ANI	
EXPENDITURES RELATED TO GRANTS GI	VEN REQUIR	E APPROVA	L BY THE FO	UNDATION	
PRIOR TO PAYMENT. FOR SOME GRANT	S, A FINAL	REPORT I	S REQUESTED	TO DETAIL	
PROJECT EXPENSES AND OUTCOMES AT	THE END OF	THE COAN	T DEDIOD		
PROUECT EXPENSES AND OUTCOMES AT	THE END OF	INE GRAN	I PERIOD.		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Quen to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

GASTON COLLEGE FOUNDATION, INC.

 $Employer\ identification\ number \\ 23-7079454$

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DR. PATRICIA SKINNER	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	244,259.	0.	1,654.	48,000.	6,288.	300,201.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

16 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GASTON COLLEGE FOUNDATION, INC. **Employer identification number** 23-7079454

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL OPERATIONS OF ANY PROGRAM OF GASTON COLLEGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE FOUNDATION PAYS FOR VARIOUS EXPENSES FROM RESTRICTED FUNDS FOR A VARIETY OF ACTIVITIES FOR THE COLLEGE. INCLUDING GRANTS OF \$ 8,035. EXPENSES \$ 14,587. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 7A: THE FOUNDATION IS GOVERNED BY A 15 MEMBER BOARD OF DIRECTORS ALL OF WHOM ARE APPOINTED BY GASTON COLLEGE'S BOARD OF TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS DISTRIBUTED TO THE FOUNDATION BOARD FOR REVIEW IMMEDIATELY FOLLOWING ITS COMPLETION, AT A MEETING WHEN POSSIBLE OR VIA EMAIL,

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EACH BOARD MEETING THE CONFLICT OF INTEREST STATEMENT IS READ ALOUD AND ALL MEMBERS MUST ATTEST THAT THERE IS NO BUSINESS ITEM ON THE AGENDA WITH WHICH THEY HAVE A CONFLICT. IF A BOARD MEMBER INDICATES THERE IS A CONFLICT, THE MEMBER IS ASKED TO RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE ON THE ITEM. IF NEEDED, THE MEMBER WILL REMOVE THEMSELVES FROM THE MEETING DURING DISCUSSION AND VOTE ON THE ITEM.

NEEDED.

GASTON COLLEGE FOUNDATION, INC.	23 – 7079454
GASTON COLLEGE FOUNDATION, INC. HAS NO EMPLOYEES. ALL EMPL	OYEES WHO PERFORM
WORK FOR THE FOUNDATION ARE EMPLOYEES OF GASTON COLLEGE.	COMPENSATION AND
BENEFITS ARE DETERMINED BY THE COLLEGE IN ACCORDANCE WITH	THE COLLEGE'S
COMPENSATION PRACTICES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST BY
E-MAIL, BY PHONE, OR IN PERSON.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

GASTON COLLEGE FOUNDATION, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

23-7079454

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of				Direct controlling		
of disregarded entity		foreign country)				entity	5	
· ,		loreign country)				•		
	\dashv							
	4							
	-							
	4							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or more related tax-exe	empt		
(a)	(b)	(c)	(d)	(e)	(f)	(a)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		g) 512(b)(13)	
of related organization	1 mary activity	foreign country)	section	status (if section			rolled tity?	
or rolated organization		Toreign country)	3331311	501(c)(3))	- Criticy		r 	
GASTON COLLEGE - 56-0792292		+	+	33.(3)(3))		Yes	No	
	_							
201 HIGHWAY 321 SOUTH	_							
DALLAS, NC 28034	EDUCATION	NORTH CAROLINA	170(C)(1)		N/A		Х	
	7							
	Ⅎ							
	+	+	+					
	_							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization Primary activity Legal clearly of related organization Primary activity Primary activity Primary activity Legal clearly of related organization Primary activity Predominant income (related, unrelated, excluded from tax under sections \$12-514) Sections \$12-514 Share of total income assets Pres No			. ,									
Name, address, and EIN of related organization Primary activity Indication of related organization Indication of related organization Indication of end-of-year assets Indica	(a)	(b)		(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
excluded from tax under sections 512-514) Coreign Country Excluded from tax under sections 512-514	Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling Predominant income Share of total Share of entity (related, unrelated, income end-of-year ellections)		Code V-UBI amount in box	General managin	Percentage ownership				
Country Sections 512-514 Yes No K-1 (Form 1065) Yes No	ğ		foreign	,	excluded from tax under				ILIUIIS?	20 of Schedule	ule partner?	<u>'</u>
			country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	-											
	-											
	_											
												<u> </u>
	-	1										
												<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	A	<u> </u>
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)				1 g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1 p	X	
	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must com-	nplete th	is line, including covered re	elationships and transaction thresholds.			
	(a) (b)		(c)	(d)			
	Name of related organization Transac	ction	Amount involved	Method of determining amount inv	/olved		
	type (a	a-s)					
1)							
2)							
3)							
4)							
5)							
٥,							
6)				0-1-1-1	D /F =	- 000	0040
32163	63 09-06-16			Schedule	K (Forn	n 990	2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate tions?		General manage partne	(k) al or Percentage ging ownership
	-									
										-
										-
	_							Ochodolo		

DLN: 93493078001439 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service

Open to Public Inspection For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 C Name of organization
GASTON COLLEGE FOUNDATION INC D Employer identification number B Check if applicable ☐ Address change 23-7079454 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 201 HIGHWAY 321 SOUTH ☐ Application pending (704) 922-6511 City or town, state or province, country, and ZIP or foreign postal code DALLAS, NC 28034 G Gross receipts \$ 3,023,846 Name and address of principal officer **H(a)** Is this a group return for JULIA ALLEN □Yes ☑No subordinates? 201 HIGHWAY 321 SOUTH H(b) Are all subordinates DALLAS, NC 28034 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GASTONCOLLEGEFOUNDATION ORG L Year of formation 1968 **M** State of legal domicile NC **K** Form of organization lacksquare Corporation lacksquare Trust lacksquare Association lacksquare Other lacksquareSummary 1 Briefly describe the organization's mission or most significant activities
THE MISSION OF GASTON COLLEGE FOUNDATION, INC. IS TO RAISE, INVEST, ADMINISTER AND DISBURSE FUNDS EXCLUSIVELY FOR
CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES FOR THE BENEFIT OF GASTON COLLEGE. ANY GIFTS RECEIVED BY THE
FOUNDATION ARE USED FOR DIRECT NEEDS OF THE COLLEGE INCLUDING DESIGNATED PROGRAMS, SCHOLARSHIPS, OPERATING AND Activities & Governance CAPITAL EXPENSES Check this box \blacktriangleright \square if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 75 7a ٥ Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 892,447 8 Contributions and grants (Part VIII, line 1h) . 449,292 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 258,022 344,177 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,150,469 793,469 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 692.816 343.150 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶82,773 243,112 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 308.981 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 935,928 652,131 19 Revenue less expenses Subtract line 18 from line 12 . 214.541 141,338 Assets or End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 9,165,151 9,812,406

Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

21 Total liabilities (Part X, line 26) .

knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	***	***			2019-03-11	
Sign	Sign	ature of officer			Date	
lere	ľ					
iere		A ALLEN EXECUTIVE DIRECTOR/ CDO				
	Туре	e or print name and title				
	l '	Print/Type preparer's name	Prenarer's signature	Date		PTIN

Paid Preparer Use Only

Check | If | P00748038 AMANDA ADAMS AMANDA ADAMS self-employed Firm's EIN ▶ 56-0574444 Firm's address ► 1111 METROPOLITAN AVE STE 900 Phone no (704) 377-1678 CHARLOTTE, NC 28204 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions)

22 Net assets or fund balances Subtract line 21 from line 20 .

367,298

8,797,853

668,210

9,144,196

	1 990 (2017)					Page 2
Par	t IIII Statement	of Program Service	Accomplis	hments		
	Check If Sche	dule O contains a respor	nse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		•		
SCIE	NTIFIC, OR EDUCATIO	NAL PURPOSES FOR TH	BENEFIT OF	GASTON COLLEGE AN'	TER AND DISBURSE FUNDS EXCL / GIFTS RECEIVED BY THE FOUND , OPERATING AND CAPITAL EXPE	ATION ARE USED FOR
2	the prior Form 990 o	undertake any significar r 990-EZ?		- ·		☐ Yes ☑ No
3	•	se new services on Schecease conducting, or ma		changes in how it cond	ucts, any program	☐ Yes ☑ No
	If "Yes," describe the	se changes on Schedule	0			
4		d 501(c)(4) organizatior	ns are required	to report the amount of	largest program services, as mea of grants and allocations to others	
		ue, ir any, for each prog	rain service re	ported		
	(Code	ue, ir any, for each prog	199,070	ported including grants of \$	199,070) (Revenue \$)
4a	(Code See Additional Data			'	199,070) (Revenue \$)
4a 4b	•			'	199,070) (Revenue \$ 76,057) (Revenue \$)
	See Additional Data (Code) (Expenses \$	199,070	including grants of \$)
	See Additional Data (Code) (Expenses \$	199,070	including grants of \$ including grants of \$)
4b	(Code See Additional Data (Code See Additional Data (Code See Additional Data) (Expenses \$) (Expenses \$	199,070 118,788 115,537	including grants of \$ including grants of \$	76,057) (Revenue \$)
4b	(Code See Additional Data (Code See Additional Data (Code See Additional Data) (Expenses \$) (Expenses \$) (Expenses \$ ces (Describe in Schedul	199,070 118,788 115,537	including grants of \$ including grants of \$ including grants of \$	76,057) (Revenue \$)

or X as applicable

Checklist of Required Schedules

Yes

Page 3

No

No

No

No

No

Nο

Nο

No

No

Νo

Nο

Νo

Nο

No

No

No

Νo

No

No

Νo

Form **990** (2017)

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . $\$

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22

Yes 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form 990 (2017)

Page 4

Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for mining requirements for fine EN TOTAL 114, Report of Foreign bank and Financial Accounts (FBAK)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to line 3a of 3b, did the organization meronin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHIII	990 (2017)			Page
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			110
,	members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.			
	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records BRUCE COLE 201 HIGHWAY 321 SOUTH DALLAS, NC 28034 (704) 922-6309			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization					Pen	saceu	CITI	ployees who receive	ed more than \$100	,,000
 List all of the organization's former director organization, more than \$10,000 of reportable co 										
List persons in the following order individual trus compensated employees, and former such person	tees or directo		-				•	-		
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m inless office	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) MR FRED JACKSON PRESIDENT	0 50	х		х				0	0	0
(2) DR JIMMY JIM R WATSON PAST PRESIDENT	0 50	x		х				0	0	0
(3) MS ELIZABETH SUMNER VICE PRESIDENT	0 50	x		x				0	0	0
(4) MR STEVEN CAMPBELL TREASURER	0 50 1 00	х		х				0	0	0
(5) MS M'SHEL BOWEN DIRECTOR	0 30	х						0	0	0
(6) MR JOE CARPENTER	0 50	×						0	0	0

		hustee	ol Trustee)ee	mpensated				
(1) MR FRED JACKSON	0 50								_	_
PRESIDENT	0 00	X		X				0	0	0
(2) DR JIMMY JIM R WATSON	0 50	Х		x				0	0	0
PAST PRESIDENT	0 00	^						0	U	
(3) MS ELIZABETH SUMNER	0 50	X		x				0	0	0
VICE PRESIDENT	0 00	^		^				U	U	٥
(4) MR STEVEN CAMPBELL	0 50	.,		.,						
TREASURER	1 00	X		X				0	0	0
(5) MS M'SHEL BOWEN	0 30									
DIRECTOR	0 00	X						0	0	0
(6) MR JOE CARPENTER	0 50								_	_
DIRECTOR	0 00	X						U	0	0
(7) MR WILLIAM CARSTARTPHEN	0 30	V						0	0	0
DIRECTOR	0 00	X						U	U	٥
(8) MR F BRENARD DALTON	0 50									
DIRECTOR	0 00	×						U	U	0
(9) DR KEVIN DIBELLA	0 30									_
DIRECTOR	0 00	X						0	0	0
(10) MR TOM EFIRD	0 50									
DIRECTOR	0 00	X						0	0	0
(11) MR REGIS EGER	0 30							0	0	0
		X	1	ı	1	1	1	ı U	0	ı

DIRECTOR (12) MS JUDITH MALONEY DIRECTOR (13) MS RHONDA MCLEAN DIRECTOR (14) MR CHAD MELVIN DIRECTOR (15) DR EDWARD SADLER JR DIRECTOR (16) MRS JULIA ALLEN EXECUTIVE DIRECTOR/CDO (17) MS CYNTHIA MCCRORY ASST TREASURER Form **990** (2017) Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Par	Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	ihes	st Compensa	ted	Employees	(cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	ox, ι n of or/t	t che unle: ficer	ss pers	son	(D) Reportable compensatio from the organization (2/1099-MISO	on [W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F Estima amount of compen from organizat relat organiza	ated of other sation the ion and ed
(18) [DR PATRICIA SKINNER	0 50												
	ETARY	40 00			×					0	245	5,913		54,288
-										_				
										_				
	Sub-Total			•	•	•	-					-		
	otal from continuation sheets to Part Votal (add lines 1b and 1c)	•				,	-		0		427,01	L3		63,276
2	Total number of individuals (including but of reportable compensation from the orga	t not limited to t			abov	/e) v	vho re	ceive	ed more than \$	100,	,000			
													Yes	No
3	Did the organization list any former offici line 1a? <i>If "Yes," complete Schedule J for</i>			key e	empl	loye •	e, or h	nghe •	est compensate	ed en	nployee on	3		No.
4	For any individual listed on line 1a, is the organization and related organizations grandividual									om th	ne	4	Yes	
5	Did any person listed on line 1a receive o	r accrue compe	nsation	from	anv	/ un	related	dore	anızatıon or ın	dıvid	lual for	-	162	
	services rendered to the organization? If "									•	•	5		No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

(C)

Compensation

Form 990 (2017)

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

Section B. Independent Contractors

compensation from the organization ▶ 0

Part \	VIII Statement of	Revenue						rage J
		e O contains a	respor	nse or note to any	line in this Part VII	ı		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigi	ns	1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues		1b					
Gra not	c Fundraising events		1c					
S. A	d Related organizatio	ns L	1d					
Giff ilar	e Government grants (co	<u>-</u>	1e					
ns,	f All other contributions,	Ļ	<u> </u>					
Contributions, Giffs, Grants and Other Similar Amounts	and similar amounts no		1f	449,292				
單	g Noncash contribution							
a at	ın lınes 1a-1f \$							
<u>ة</u> ك	h Total.Add lines 1a-1	.f	•	· · •	449,292			
<u> </u>	_			Business	Code			
75	2a							
oğ ∣	D		_					
ع ا	C							
3	_							
ıran.	f All other program se		_					
Program Service Revenue	gTotal.Add lines 2a-2f							
	3 Investment income (in		nde in	terest and other	1	Т		
	sımılar amounts) .			•	183,31	2		183,312
	4 Income from investme		-		\ <u></u>	<u> </u>		
	5 Royalties	(1) Post	• •	(u) Porcenal	•			
	6a Gross rents	(ı) Real	+	(II) Personal	\dashv			
	b Less rental expenses							
	c Rental income or				1			
	(loss)	. (1)						
	d Net rental income of	r (loss) (i) Securitie		· · ▶				
	7a Gross amount from sales of assets other than inventory	,,,	1,242	(II) Other				
	b Less cost or other basis and sales expenses	2,23	0,377					
	C Gain or (loss)	16	0,865					
	d Net gain or (loss)		_	>	160,86	5		160,865
Other Revenue	8a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	ot ed on line 1c)						
Re	b Less direct expenses	s	ь					
her	c Net income or (loss)		_	nts 🕨	_			
₹	9a Gross income from g See Part IV, line 19	aming activitie	S					
			а					
	b Less direct expenses		b					
	c Net income or (loss)		ctivitie T	es >				
	10aGross sales of invent returns and allowand	es	a					
	b Less cost of goods s	sold	b					
-	C Net income or (loss) Miscellaneous		nvento T	Business Code		 		
-	11a	Revenue		Dusiness code	-			
	b		-					
	С							
	d All other revenue							
	e Total. Add lines 11a			•				
	12 Total revenue. See	Instructions	• •	• • • •	793,46	9	0	0 344,177
								Form 990 (2017)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses					
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	343,150	343,150							
2 Grants and other assistance to domestic individuals See Part IV, line 22									
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16									
4 Benefits paid to or for members									
5 Compensation of current officers, directors, trustees, and key employees									
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 Other salaries and wages									
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)									
9 Other employee benefits									
10 Payroll taxes									
11 Fees for services (non-employees)									
a Management									
b Legal									
c Accounting	11,375		11,375						
d Lobbying	,								
e Professional fundraising services See Part IV, line 17									
- · · · · · · · · · · · · · · · · · · ·	42.029		42.020						
f Investment management fees	43,928	40.000	43,928						
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,720	18,330	34,390						
12 Advertising and promotion	21,020	2,157	18,863						
13 Office expenses	45,097	37,955	7,142						
14 Information technology									
15 Royalties									
16 Occupancy									
17 Travel	8,911	4,439	4,472						
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .									
19 Conferences, conventions, and meetings									
20 Interest									
21 Payments to affiliates									
22 Depreciation, depletion, and amortization									
23 Insurance	4,300	4,300							
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		·							
a RECEPTIONS	37,360			37,360					
b RECOGNITIONS	20,119	4,326	15,793						
С									
d									
e All other expenses	64,151	18,738		45,413					
25 Total functional expenses. Add lines 1 through 24e	652,131	433,395	135,963	82,773					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)									

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

1

2

3

4

5

6

8

9

10c

11

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13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

9.996

60.000

37.154

6.933

360,365

367,298

3.369.935

1.955.849

3.472.069

8,797,853

9.165.151

9,165,151

8.061.641

712.316

284,044

Page **11**

930.220

203,438

11.396

60,000

37,227

7,644

660,566

668,210

3,367,256

2.286.892

3.490.048

9,144,196

9.812.406

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9.812.406

8.570.125

Check if Schedule O contains a response or note to any line in this Part IX .

Part II of Schedule L .

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Less accumulated depreciation

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under

II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Notes and loans receivable, net . . Inventories for sale or use .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

10a

10b

60.000

(A)

Beginning of year

3a

3b

Nο

Form 990 (2017)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 23-7079454

Name: GASTON COLLEGE FOUNDATION INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FOUNDATION PROVIDES FUNDING FOR SCHOLARSHIPS FOR GASTON COLLEGE STUDENTS AS WELL AS GRANTS FOR FACULTY

Form 990, Part III, Line 4b: THE FOUNDATION PROVIDES SUPPORT TO THE COLLEGE FOR VARIOUS PROGRAMS

Form 990, Part III, Line 4c: THE FOUNDATION ACCEPTS GIFTS AND PROVIDES FUNDING FOR THE COLLEGE'S RADIO STATION WSGE 91.3

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493078001439
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	OMB No 1545-0047 2017
Depar	lment of	f the Treasury	▶ Inf	ormation abou	► Attach to Form to Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection
Nam	e of th	nie Service he organiza LEGE FOUNDA			<u></u>	<u> </u>		Employer identific	<u> </u>
GASI	JN COL	LEGE FOUNDA	TON INC					23-7079454	
	rt I				us (All organization it is (For lines 1 thro			See instructions.	
1	n ganiz		•		•	3 ,	,	/A\/:\	
_		•		·	sociation of churches				
2					1)(A)(ii). (Attach Sch	•	• •		
3		·	•	•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	escribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	rıbed ın sectior	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)							
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box
а		Type I. A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i				
С		Type III f	ınctionally		supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	oox if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally dorganizations	integrated supporting	organization			
g				_	ipported organization(s)		_	
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				<u> </u>					
Tota	l								

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fa	ils to qualify und	er the tests liste	ed below, please	complete Part	III.)		
S	ection A. Public Support							
	Calendar year	(-) 2012	(b) 2014	(a) 201E	(4) 2016	(-)	2017	(f) Takal
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e).	2017	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	370,156	617,293	674,509	892,447		449,292	3,003,697
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	370,156	617,293	674,509	892,447		449,292	3,003,69
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							420.214
	supported organization) included on							439,218
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from							2.564.476
	line 4							2,564,479
S	ection B. Total Support		•					
	Calendar year	()2042	(1.)204.4	()2045	(1)2046	, ,,	2017	(OT 1.1
	(or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d) 2016	(e).	2017	(f)Total
7	Amounts from line 4	370,156	617,293	674,509	892,447		449,292	3,003,697
8	Gross income from interest,	,	,	,			<u> </u>	
·	dividends, payments received on							
	securities loans, rents, royalties and	174,127	185,120	172,932	179,585		183,312	895,076
	income from similar sources							
9	Net income from unrelated business							
_	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI)							
11	Total support. Add lines 7 through							
	10							3,898,77
12	Gross receipts from related activities, e	tc (see instruction	ıs)		•	12		
				d Countle on COlor			/-\/2\	
13	First five years. If the Form 990 is fo	r the organization s	first, second, thir	a, rourth, or fifth t	ax year as a sect	ion 501	(c)(3) orga	nization,
	check this box and stop here						▶ ⊔	
S	ection C. Computation of Public	Support Perce	ntage					
14	Public support percentage for 2017 (lin	e 6, column (f) dıv	ided by line 11, co	lumn (f))		14		65 780 %
	Public support percentage for 2016 Sch			` ' ' '		15		63 910 %
	33 1/3% support test—2017. If the			- l 12 l	14 - 22 +/20/		ما منطقه المصلم	
16a					14 15 33 1/3% OF	more, c	neck this b	
	and stop here. The organization qualit							▶ ☑
b	33 1/3% support test—2016. If the	e organization did r	ot check a box on	line 13 or 16a, ar	nd line 15 is 33 1/	3% or m	nore, check	this
	box and stop here. The organization	qualifies as a publi	cly supported orga	nization				▶□
17-	10%-facts-and-circumstances test				13, 16a, or 16b	and line	14	·
1 / č	is 10% or more, and if the organization							
	in Part VI how the organization meets:							

ightharpoonsorganization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed l	below, please co	omplete Part II.)	
S	ection A. Public Support		1	T	ı		Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
c	13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support				1		ı
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С							
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	_ 7						
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organizatior	n's first, second, tl	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganization,
	check this box and stop here						▶⊔
	ection C. Computation of Public			l (f))		T -= T	
15	Public support percentage for 2017 (lin		•	column (f))		15	
16	Public support percentage from 2016 S		-			16	
	ection D. Computation of Invest Investment income percentage for 20:			line 13 column /4	://	1 4 1	
17	· ·		• • • • •	mie 13, column (1	<i>))</i>	17	
18	Investment income percentage from 2		•	on line 14 and lin	00 15 is mara +h	18 23 1/3% and lin	0 17 is not
	331/3% support tests—2017. If the	=					e 17 is not ▶□
	more than 33 1/3%, check this box and a 33 1/3% support tests—2016. If the	-					· —
D	not more than 33 1/3%, check this box	-					→ □
20	Private foundation. If the organization	-	-		-		▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

supervised by or in connection with its supported organizations

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

Schedule A (Form 990 or 990-EZ) 2017

5a

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations Ves No

Page 4

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

		,	163	140	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation If historic and continuing relationship, explain	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509				

	If NO, describe in Part VI now the supported organizations are designated if designated by class of purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below			

	(a)(1) or (2) If Yes, explain in Part VI now the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	45		

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
4 Income tax imposed in prior year
5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
6

	excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to whe details in Part VI) See instructions		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6		
~	Underdistributions of any for years prior to 2017		

details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a		1	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

6		
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
i Carryover from 2012 not applied (see instructions)		

Schedule A (Form 990 or 990-EZ) (2017)

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Schedule A (Form 990 or 990-EZ) 2017

Software ID:

Software Version: EIN: 23-7079454

Name: GASTON COLLEGE FOUNDATION INC

Page 8

Name: GASTON COLLEGE TOUNDATION INC

-	•
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV,
	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1,
	Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
	instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Revenue included on Form 990, Part VIII, line 1

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493078001439 OMB No 1545-0047

Open to Public

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** GASTON COLLEGE FOUNDATION INC 23-7079454 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Page **2**

Pai	t IIII	Organizations Ma	aintaining Col	lections of Art, l	Histor	ical T	reas	ures, or O	ther	Similar Asset	S (cont	inued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)												
а		Public exhibition			d		Loa	n or exchang	e prog	grams			
b		☐ Scholarly research e ☐ Other											
С	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			rm 990), Part	IV,	line 9, or re	porte				
1a		organization an agent, ed on Form 990, Part >		an or other intermed	diary for	r contri	butio	ns or other a	ssets		Yes	□ N	lo
ь	If "Yes	s," explain the arrange	ment in Part XIII	and complete the fo	ollowing	table				Amou	ınt		_
c	Beginr	ning balance		·	_			1	с				_
d	Addıtı	ons during the year						1	d				_
е	Distrib	outions during the year	•					1	e				
f	Ending	g balance						1	f				
2 a	Dıd th	e organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or c	ustodial acco	unt lia	ability?	Yes		_ 0
b	If "Yes	s," explain the arrange	ment in Part XIII	Check here if the e	xplanat	ion has	bee	n provided in	Part 2				
Pa	rt V	Endowment Fund	is. Complete ıf	the organization	answei	red "Y	es" c	n Form 99	0, Par	rt IV, line 10.			
_	_			(a)Current year	(b)₽	Prior yea				(d)Three years b		Four yea	
	=	ng of year balance .		5,318,631		5,297	_		63,257			5,	151,071
		utions		17,905		21	L,300 53		33,925 96		64		7,142
		estment earnings, gain	is, and losses	/4			33				04		-
		or scholarships	•										-
е		xpenditures for facilitie grams	?S										
f	Adminis	strative expenses .											
g	End of y	year balance		5,336,610		5,318	3,631	5,2	97,278	5,263,	257	5,	158,213
2 a		e the estimated percer designated or quasi-ei	-	ent year end balance 34 600 %	e (line 1	g, colu	mn (a)) held as					
Ь	Perma	nent endowment >	65 400 %										
С	Tempo	orarily restricted endov	vment ▶										
·	•	ercentages on lines 2a,		ld equal 100%									
За		ere endowment funds zation by	not in the posses	sion of the organiza	tion tha	it are h	eld a	nd admınıste	red fo	r the		Yes	No
	(i) un	related organizations									3a(i)		No
		lated organizations .									3a(ii)		No
ь 4		s" on 3a(II), are the rel be In Part XIII the Inte	-	·			· •				3b		
	rt VI	Land, Buildings,			willelic	Tullus							
·C	I C AT	Complete if the ord			rm 990), Part	IV,	line 11a. Se	ee Foi	rm 990, Part X	, line 1	0.	
	Descrip	otion of property	(a) Cost or oth (investme	ner basis (b) Cost	or other	•	_	_				ook valu	e
12	Land .					ſ	50,000						60,000
		ı					,						
	_	old improvements											
		· · · · · · · · · · · · · · · · · · ·											
		ent											
		 Ines 1a through 1e <i>(Co</i>	olumn (d) must ei	ual Form 990. Part	X, colu	mn (B)	, line	10(c)).		>			60,000
			(- /	,	.,	(-)	,	- 1 - / / -		I			22,000

Investments—Other Securities. Complete See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value
) Financial derivatives	<u>: : : :</u>		
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Investments—Program Related. Complete if the organization answered 'Yes' of the investment (a) Description of investment	on Form 990, Par (b) Boo		11c. See Form 990, Part X, line 13. (c) Method of valuation
)			Cost or end-of-year market value
)			
)			
)			
)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶		
Part IX Other Assets. Complete if the organization answer		990, Part I\	/, line 11d See Form 990, Part X, line 15
(a) Descrip		990, Part I\	/, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Descrip		990, Part I\	
(a) Descrip		990, Part I\	
(a) Descrip		990, Part I\	
(a) Descrip))))		990, Part I\	
(a) Descrip))))		990, Part I\	
(a) Descrip		990, Part I\	
(a) Descrip		990, Part I\	
(a) Descrip		990, Part I\	
(a) Description (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	otion	990, Part I\	
(a) Description (b) Description (b) Inne 15) Part X Other Liabilities. Complete if the organization	otion		(b) Book value
(a) Description (b) Inne 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	otion		(b) Book value
(a) Description (b) Inne 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	otion	· · ·	(b) Book value
(a) Description (b) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (e) Description of liability	otion	· · ·	(b) Book value
(a) Description (b) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (f) Description of liability (h) Description of liability	otion	· · ·	(b) Book value
(a) Description (b) Must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	otion	· · ·	(b) Book value
(a) Description (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	otion	· · ·	(b) Book value
(a) Description (b) Must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	otion	· · ·	(b) Book value
(a) Description (b) Description of liability (c) Description of liability (a) Description of liability (b) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (f) Description of liability (f) Description of liability	otion	· · ·	(b) Book value
(a) Description (b) Description (c) Description (d) Description (e) Description (e) Description of liability (f) Descrip	otion	· · ·	(b) Book value
(a) Description (b) Description (c) Description (d) Descriptio	otion	· · ·	(b) Book value
(a) Description (b) Detail (Column (b) must equal Form 990, Part X, col (B) line 15) (c) Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability (b) Federal income taxes (c) Description of liability (d) Description of liability (e) Description of liability	otion	· · ·	(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

1 608,203 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a

2b b 2c c Other (Describe in Part XIII) 2d d

Add lines 2a through 2d . . 2e 3 3

608,203 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 43.928 4b b Add lines **4a** and **4b** 4c 43,928 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 652.131

Supplemental Information

Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

hedule D (Form 990) 2017	Page	Page 5		
Part XIII Supplemental Information (continued		_		
Return Reference	Explanation			
		_		
		_		
		_		
		_		
		_		
		_		
		_		
		_		

Schedule D (Form 990) 2017

Additional Data

Software ID:

Software Version: **EIN:** 23-7079454

THE ENDOWED FUNDS ARE DESIGNATED SPECIFICALLY FOR SCHOLARSHIP DISTRIBUTION

Name: GASTON COLLEGE FOUNDATION INC.

Return Reference

PART V, LINE 4

Supplemental Image	
Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") IN ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELA TED TO THE EXEMPT PURPOSE OF THE FOUNDATION THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE FOUNDATION HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2018 MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX EXEMPT ORGANIZATION AND IS NOT SUBJECT TO TAX ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493078001439 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** GASTON COLLEGE FOUNDATION INC 23-7079454 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

REQUESTED TO DETAIL PROJECT EXPENSES AND OUTCOMES AT THE END OF THE GRANT PERIOD

GRANT APPLICATIONS ARE RECEIVED BY THE FOUNDATION ON AN ANNUAL BASIS AND APPROVED BY THE FOUNDATION BOARD OF DIRECTORS AT THEIR JULY

MEETING ANY EXPENDITURES RELATED TO GRANTS GIVEN REQUIRE APPROVAL BY THE FOUNDATION PRIOR TO PAYMENT FOR SOME GRANTS, A FINAL REPORT IS

Explanation

(7)

Part IV

PART I, LINE 2

Return Reference

nce	Explanatio	n .				
Supplemental 1	Informatio	on. Provide the in	nformation required in	Part I, line 2; Part III,	column (b); and any other	addıtıonal ınformatıon.

Schedule I (Form 990) 2017

Additional Data

GASTON COLLEGE

DALLAS, NC 28034

201 HIGHWAY 321 SOUTH DALLAS, NC 28034 GASTON COLLEGE

201 HIGHWAY 321 SOUTH

Software Version:

56-0792292

56-0792292

EIN: 23-7079454 Name: GASTON COLLEGE FOUNDATION INC

Software ID:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation ıf applıcable organization grant cash (book, FMV, appraisal, or government assistance other)

170(C)(1)

170(C)(1)

(g) Description of

(h) Purpose of grant or assistance

SCHOLARSHIPS TO STUDENTS

SALARIES

WSGE RADIO STATION

non-cash assistance

199,070

87,872

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) 56-0792292 170(C)(1) 40.000 STEP UP FUND

GASTON COLLEGE 201 HIGHWAY 321 SOUTH DALLAS, NC 28034

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DALLAS, NC 28034

GASTON COLLEGE 56-0792292 170(C)(1) 16,208 PURCHASE PRICE EQUIPMENT CONSTRUCTION TO 201 HIGHWAY 321 SOUTH BENEFIT COLLEGE

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed Data -	DLN: 9349	9307	8001	439
Sch	edule J	Compensation Information	ОМЕ	3 No	1545-0	0047
(For	ո 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest				
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	17	7
		▶ Attach to Form 990.				
	tment of the Treasury al Revenue Service	▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.			o Pul ectio	
Nar	ne of the organiza		r identificatio			
GAS	TON COLLEGE FOUN	NDATION INC 23-70794	54			
Pa	rt I Questi	ons Regarding Compensation				
					Yes	No
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Form Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class	s or charter travel $igsqcup$ Housing allowance or residence for personal ${\sf u}$	se			
	_	r companions \square Payments for business use of personal resider	ice			
		nification and gross-up payments				
	☐ Discretion	nary spending account				
b		ixes in line 1a are checked, did the organization follow a written policy regarding payment or rein all of the expenses described above? If "No," complete Part III to explain	nbursement	1 b		
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a				
3		If any, of the following the filing organization used to establish the compensation of the				
		CEO/Executive Director Check all that apply Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Part III				
		eation committee				
		of other organizations Deficient compensation survey of study Approval by the board or compensation comm	uttee			
4	During the year related organiza	r, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organ ation	ization or a			
а	_	rance payment or change-of-control payment?		4a		No
b		or receive payment from, a supplemental nonqualified retirement plan?		4b		No
c	•	or receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	- 1/ \/-					
5		B), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
5		contingent on the revenues of				
а	The organization	n?		5a		No
b	Any related orga	anization?		5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any contingent on the net earnings of				
а	The organization	n ²		6a		No
b	Any related orga			6b		No
	•	e 6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed lescribed in lines 5 and 67 If "Yes," describe in Part III		7		No
8		ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
9		8, did the organization also follow the rebuttable presumption procedure described in Regulation	s section	8		No_
Ear D		uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T	Schodule 1 /	9 Earm	000)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 DR PATRICIA SKINNER 0 (i) 0 0 0 0 **SECRETARY** 244,259 0 1,654 48,000 6,288 300,201 (ii)

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493078001439 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number GASTON COLLEGE FOUNDATION INC 23-7079454 Part I Types of Property (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications **5** Clothing and household 558 DONOR Χ goods Х 3 8,400 DONOR Cars and other vehicles 7 Boats and planes . . Intellectual property . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . Food inventory . . . Х 60 DONOR 19 Drugs and medical supplies . 20 **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . . 12,409 DONOR Χ 31 25 Other ▶ (ENTERTAINMENT/EVENT TICKETS/GIVEAWAYS/RECOGNITION) 4 12,005 DONOR 26 Other ▶ (Χ CLASSROOM SUPPLIES -COMMERCIAL WIRING/INDUSTRIAL FITTINGS/WELDING SUP 27 Other ▶ (__ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes Nο 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)	Page 2
Part II Supplemental Info	ermation.
Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
Ι, column (b), the nu	umber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2017)

efile GRAPH	l: 934930 78 001439								
SCHEDUL (Form 990 or EZ)	E O Supplem 990- Complete to Form 9	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the org GASTON COLLEGE 990 Schedul	Inspection tification number								
Return Reference	Explanation								
FORM 990, PART VI, SECTION A, COLLEGE BOARD OF TRUSTEES SHALL ELECT THE DIRECTORS OF THE FOUNDATION THE BOARD OF TRUSTEES FOR SUCH DIRECTORS									

LINE 7A

Return Explanation
Reference

FORM 990, THE 990 IS DISTRIBUTED TO THE FOUNDATION BOARD FOR REVIEW IMMEDIATELY FOLLOWING ITS COMPLE TION, AT A MEETING WHEN POSSIBLE OR VIA EMAIL, IF NEEDED

SECTION B, LINE 11B

Return Explanation
Reference

FORM 990, AT THE BEGINNING OF EACH BOARD MEETING, THE CONFLICT OF INTEREST STATEMENT IS READ ALOUD A
PART VI, ND EACH MEMBER MUST ATTEST THAT THERE IS NO BUSINESS ITEM ON THE AGENDA WITH WHICH THEY HA
SECTION B, VE A CONFLICT IF A BOARD MEMBER INDICATES THERE IS A CONFLICT, THE MEMBER IS ASKED TO REC
LINE 12C USE THEMSELF FROM ANY DISCUSSION OR VOTE ON THE ITEM

Return Explanation
Reference

FORM 990, THE FOUNDATION DOES NOT HAVE EMPLOYEES ALL EMPLOYEES WHO WORK FOR THE FOUNDATION ARE EMPLOYEES OF GASTON COLLEGE COMPENSATION AND BENEFITS ARE DETERMINE IN ACCORDANCE THE THE COLLEGE'S COMPENSATION PRACTICES

LINE 15

Return Explanation
Reference

LINE 19

FORM 990, THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATE PART VI, MENTS, AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND VIA THE FOUNDATION WEBSITE SECTION C.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493078001439 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GASTON COLLEGE FOUNDATION INC 23-7079454 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons Complet	e if the orga	nization	answered '	'Yes" on F	orm 990,	Part IV	, line 34 be	cause it had one	or more			
(a) Name, address, and EIN of related organization		(b) Primary activity				(c) Legal domicile (state or foreign country)		(d) Exempt Code section		(e) harity status in 501(c)(3))	(f) Direct controllin entity	Section (13) co	g) n 512(b) ontrolled tity?
										Yes	No		
(1)GASTON COLLEGE 201 HIGHWAY 321 SOUTH	EDUCATION			NC	170(C)(1)						No		
DALLAS, NC 28034 56-0792292									N/A				
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 50135	5Y				Schedule R (Fo	rm 990) 2	017		

(a) Name, address, and EIN of related organization	(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fr tax unde sections 5: 514)	ted, total in d, om er	e of	(g) Share of nd-of-year assets	(† Dispropi allocai	rtionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percentac ownershi
					314)				Yes	No		Yes	No	
							+							
							+							
Identification of Related Organizat because it had one or more related org							answei	red "Yes	on Fo	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	Τ	(f)	T	(g)	(I		T_	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal micile or foreign			Type of entit C corp, S cor or trust)		re of total income		of end- year issets	or- Perce	ntage rship	(1	ection 512 .3) control entity?
			untry)										\	Yes No
													+	+
														+
														+
		1		1			- 1		1		1		- 1	- 1

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)	1b	Yes						
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)	1d		No					
e Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)	1 f		No					
g Sale of assets to related organization(s)	1 g		No					
h Purchase of assets from related organization(s)	1h		No					
i Exchange of assets with related organization(s)	1i		No					
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No					
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes						
o Sharing of paid employees with related organization(s)	10	Yes						

_				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	

1r Yes 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (d) Method of determining amount involved (b) Transaction (c) Amount involved type (a-s)

Page 3

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		g ?	(k) Percentage ownership
			514)	Yes	No	۱ ۱		Yes	No		Yes	No	¹
								·					
								·					
								·					
										Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

DLN: 93493072014000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization D Employer identification number B Check if applicable GASTON COLLEGE FOUNDATION INC ☐ Address change 23-7079454 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) 201 HIGHWAY 321 SOUTH BOX 3 ☐ Amended return ☐ Application pending (704) 922-6511 City or town, state or province, country, and ZIP or foreign postal code DALLAS, NC $\,\,$ 28034 G Gross receipts \$ 2,634,405 Name and address of principal officer H(a) Is this a group return for LUKE UPCHURCH □Yes **☑**No subordinates? 201 HIGHWAY 321 SOUTH BOX 3 H(b) Are all subordinates DALLAS, NC 28034 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no) ☐ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ WWW GASTONCOLLEGEFOUNDATION ORG L Year of formation 1968 M State of legal domicile NC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF GASTON COLLEGE FOUNDATION, INC. IS TO RAISE, INVEST, ADMINISTER AND DISBURSE FUNDS EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, OR EDUCATIONAL PURPOSES FOR THE BENEFIT OF GASTON COLLEGE. ANY GIFTS RECEIVED BY THE FOUNDATION ARE USED FOR DIRECT NEEDS OF THE COLLEGE INCLUDING DESIGNATED PROGRAMS, SCHOLARSHIPS, OPERATING AND Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 75 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 449,292 1,089,668 Ravenue Program service revenue (Part VIII, line 2g) . 0 449,004 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 344.177 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 793.469 1,538,672 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 343,150 338,835 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶75,102 308,981 402,684 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 652,131 741,519 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 141,338 797,153 Assets or d Balances End of Year Beginning of Current Year 10,754,831 20 Total assets (Part X, line 16) . 9,812,406 21 Total liabilities (Part X, line 26) . 668,210 695,349 9,144,196 Net assets or fund balances Subtract line 21 from line 20 . 10,059,482 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-06 Signature of officer Date Sign Here LUKE UPCHURCH INTERIM EXECUTIVE DIRECTOR/CDO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00748038 **Paid** self-employed ► CHERRY BEKAERT LLP Firm's EIN > 56-0574444 Firm's name Preparer Use Only Firm's address ▶ 1111 METROPOLITAN AVE STE 900 Phone no (704) 377-1678 CHARLOTTE, NC 28204 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	nt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respoi	nse or note to a	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		·		
SCIE	NTIFIC, OR EDUCATIO	NAL PURPOSES FOR TH	E BENEFIT OF	GASTON COLLEGE AN'	STER AND DISBURSE FUNDS EXCLU Y GIFTS RECEIVED BY THE FOUNDA S, OPERATING AND CAPITAL EXPEN	ATION ARE USED FOR
				,		
2	the prior Form 990 o	undertake any significai r 990-EZ? se new services on Sch		5 ,		□Yes ☑No
3	•	cease conducting, or ma		changes in how it cond	ucts, any program	□ Yes ☑ No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) and		ns are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code) (Expenses \$	233,194	including grants of \$	233,194) (Revenue \$)
	See Additional Data		· 			<u> </u>
4b	(Code) (Expenses \$	134,241	ıncludıng grants of \$	12,500) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	153,596	ıncludıng grants of \$	93,141) (Revenue \$)
	See Additional Data					
4d		ces (Describe in Schedu	•			
	(Expenses \$	ınclu	ding grants of	\$) (Revenue \$)
4e	Total program serv	rice expenses ▶	521,0	31		

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

12a

12b

13

14a

14h

15

16

17

18

19

20a

20b

21

Yes

Yes

Yes

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

No

Form **990** (2018)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Form	990 (2018)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

37

38

Part V

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Nο

Nο

No

36

37

38

6

0

1a

1b

Yes

Yes

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14b

15

No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>: Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a 10b		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	103	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		1
6~	ction C. Disclosure	16b		
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶			
	NC NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►SHELLY ALMAN CONTROLLER 201 HIGHWAY 321 SOUTH DALLAS, NC 28034 (704) 922-6309			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

Check this box if neither the organization no		r -						(D)		(E)
(A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation organization organization (W. 2/1000)								(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	· MISC)	MISC)	related organizations
(1) MR STEPHEN D CAMPBELL	0 50	×		Х				0	0	0
PRESIDENT	0 00	_ ^		^				ľ	0	٥
(2) MR FRED JACKSON	0 50	.,		.,						
PAST PRESIDENT	0 00	X		Х				0	0	0
(3) MR REGIS EGER	0 50	l								
VICE PRESIDENT	0 00	X		Х				0	0	0
(4) MR CHAD MELVIN	0 50	l						_	_	_
TREASURER	0 00	X		Х				0	0	0
(5) MR GREG M BOTNER	0 30									
DIRECTOR	0 00	X						0	0	0
(6) MS M'SHEL BOWEN	0 30									
DIRECTOR	0 00	Х						0	0	0
(7) MR JOE D CARPENTER	0 30									
DIRECTOR	0 00	Х						0	0	0
(8) MR WILLIAM P CARSTARPHEN	0 30									
DIRECTOR	0 00	Х						0	0	0
(9) MR TOM EFIRD	0 30									
DIRECTOR	0 00	Х						0	0	0
(10) MR JOHN S LOWERY JR	0 30									
DIRECTOR		Х						0	0	0
(11) MS JUDITH MALONEY	0 00									
DIRECTOR		Х						0	0	0
(12) MS RHONDA MCLEAN	0 00									
DIRECTOR		Х						0	o	0
(13) MS ELIZABETH N SUMNER	0 00									
DIRECTOR	0 00	Х						0	0	0
(14) MR LUKE UPCHURCH INTERIM EXECUTIVE DIRECTOR	10 00			х				0	64,011	6,957
	30 00 0 50									
(15) MS CYNTHIA MCCRORY				Х				0	110,015	12,569
ASST TREASURER	40 00 0 50									
(16) DR PATRICIA SKINNER				х				О	253,874	54,904
SECRETARY	40 00						_			

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than on	on (do	(C) o not ox, u in off tor/tr	che inles	eck mo ss pers and a	ore on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			4			ted				
	1	l	ı	ı I			I		l	i

1b Sub-Total											74,430
d Total (add lines 1b and 1c)											74,430
										Yes	No

		_
1b 9	ub-Total	_
c T	otal from continuation sheets to Part VII, Section A	_
d٦	otal (add lines 1b and 1c)	<u> </u>
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0	
	Yes No	_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on	
	line 1a? If "Yes," complete Schedule J for such individual	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	Individual	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	
	services rendered to the organization? If "Yes," complete Schedule J for such person	

a	Total (add lines 1b and 1c)	10		/4,430
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors	,		

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on									
	line 1a? If "Yes," complete Schedule J for such individual	3		No						
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes							
		4	res							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule 1 for such person	5		No						
Se	Section B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation									

4	organization and related on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	ition	

	Individual		4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization o services rendered to the organization? If "Yes," complete Schedule J for such person		5		No				
S	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								

	5	No						
Se	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) Name and business address	(B) Description of services		(C) Compensation				

_ •	Decision by Endependent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year									
	(A) Name and business address	(B) Description of services	(C) Compensation							

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part	VIII St	atement o	f Revenue								rage J
	Che	eck ıf Schedu	le O contains	a respo	onse or note to an				<u> </u>		🗆
							(A) revenue	(B) Related exemp functio	t n	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Feder	ated campaig	ıns	1a				revenu	e		512 - 514
nts ants	b Memb	ership dues		1b							
Gra not	c Fundr	aising events	;	1c							
-, <u>4</u>	d Relate	ed organizatio	ons	1d							
ija Jiga	e Govern	nment grants (d	contributions)	1e							
ns, Sir		er contributions									
utio	above	milar amounts r	not included	1f	1,089,668						
<u> </u>		ash contributi es 1a - 1f \$ _	ons included	10	412						
Contributions, Gifts, Grants and Other Similar Amounts			n-1f		<u>,415</u>						
				•	Busines	s Code	1,089,668				
Service Revenue	2a				Dusines	3 Code					+
4				-							
3											
že z	_										
E	е			_							
Program	f All othe	er program se	ervice revenue	2							
4	g Total. A	Add lines 2a-	2f	•	<u> </u>						
			including divid		nterest, and other	r ▶	294,20	9			294,209
			ent of tax-exe			• <u> </u>					
	5 Royaltie	s	<u></u>			▶					
			(ı) Rea	I	(II) Personal						
	6a Gross r	ents									
	b Less re	ental expenses									
	c Rental i	income or				\dashv					
	(loss)					_					
	d Net re	ntal income o	or (loss)								
	7a Gross ar	mount	(ı) Securi	ties	(II) Other	_					
	from sal assets o	ther	1,2	250,528							
	than inv	entory									
		asıs and	1,0	095,733							
	sales ex C Gain or	xpenses · (loss)	1	154,795		_					
				•	•	_	154,79	5			154,795
			fundraising ev								
nue	contrib	utions report	ed on line 1c)								
e v e						_					
r R		-	es) from fundrais	b sina evi	ents						
Other Revenue	9a Gross i	ncome from o	gamıng actıvıt								
0	See Pa	rt IV, line 19		a							
	b Less d	lirect expense	es	ь		\dashv					
		•) from gaming	L	les						
		sales of inven									
	returns	anu anowan	ces	a							
	b Less c	ost of goods	sold	Ь		7					
) from sales of	invent	ory >						
	11a	Miscellaneous	Revenue		Business Code	_					
	114										
	ь										
	5										
	с										
	d All othe	er revenue .							+		
		Add lines 11a			>						
	12 Total r	evenue. See	Instructions				J 800 -	2			
							1,538,67	۷	0		0 449,004 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	338,835	338,835		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,928		11,928	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	44,661		44,661	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	158,782	131,712	27,070	
12 Advertising and promotion	26,579	9,383	17,196	
13 Office expenses	36,998	17,603	19,395	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	6,092	4,345	1,747	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				_
23 Insurance	4,300	4,300		_
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O) a RECEPTIONS	44,554	474		44,080
b RECOGNITIONS	16,592	1,475	15,117	
c EQUIPMENT	12,176	12,176		
d				

40,022

741,519

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

728

521,031

8,272

145,386

31,022

75,102

Form	990 /	(2018)			Page 11
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX .	<u></u>		<u>. </u>
			(A)		(B)
—	_		Beginning of year	\vdash	End of year
	1	Cash-non-interest-bearing	930.220	1	576.526
	l	Savings and temporary cash investments			
	1	Pledges and grants receivable, net	203,438	<u> </u>	306,676
		Accounts receivable, net		4	+
		Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		$\overline{\Box}$	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1	8	
4	9	Prepaid expenses and deferred charges	11,396	9	6,533
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 60,000	٦		
	b	Less accumulated depreciation 10b	60,000	10c	60,000
	11	Investments—publicly traded securities	8,570,125	11	9,767,826
	12	Investments—other securities See Part IV, line 11	1	12	
	13	Investments—program-related See Part IV, line 11	1	13	
	14	Intangible assets	1	14	
	l	Other assets See Part IV, line 11	37,227	15	37,270
	16	Total assets.Add lines 1 through 15 (must equal line 34)	9,812,406	16	10,754,831
		Accounts payable and accrued expenses	7,644	17	6,460
.	18	Grants payable		18	
	19	Deferred revenue	660,566	19	688,889
	20	Tax-exempt bond liabilities		20	
Ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	1		
del	1	persons Complete Part II of Schedule L		22	
_ <u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
.	24	Unsecured notes and loans payable to unrelated third parties	1	24	
1		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
.		Total liabilities. Add lines 17 through 25	668,210	26	695,349
			1		,
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,367,256	27	3,330,493
_ <u> 8</u>		Temporarily restricted net assets	2,286,892		3,090,884
	l	Permanently restricted net assets	3,490,048		3,638,105
<u> </u>		Organizations that do not follow SFAS 117 (ASC 958),		<u> </u>	
or Fund		check here ▶ □ and complete lines 30 through 34.		1 1	1
		Capital stock or trust principal, or current funds		30	1
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,144,196	33	10,059,482
Z	34	Total liabilities and net assets/fund balances	9,812,406	34	10,754,831

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,538,672
2	Total expenses (must equal Part IX, column (A), line 25)	2			741,519
3	Revenue less expenses Subtract line 2 from line 1	3			797,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	,144,196
5	Net unrealized gains (losses) on investments	5			118,133
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10	,059,482
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	ľ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	li
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	За		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

Additional Data

Software ID: Software Version:

EIN: 23-7079454

Name: GASTON COLLEGE FOUNDATION INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

THE FOUNDATION PROVIDES FUNDING FOR SCHOLARSHIPS FOR GASTON COLLEGE STUDENTS AS WELL AS GRANTS FOR FACULTY

Form 990, Part III, Line 4b: THE FOUNDATION PROVIDES SUPPORT TO THE COLLEGE FOR VARIOUS PROGRAMS

Form 990, Part III, Line 4c: THE FOUNDATION ACCEPTS GIFTS AND PROVIDES FUNDING FOR THE COLLEGE'S RADIO STATION WSGE 91.3

SCHEDULE A (Form 990 or Con 990EZ)		Complete if the	Public Charity Status and Public Support complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.				2018		
epartment of the T	arviva		o <u>www.irs.gov/Form</u> s	9 <u>90</u> for the late	est information		Open to Public Inspection		
lame of the o ASTON COLLEGE	FOUNDATION	I INC				Employer identific	ation number		
Part I R	eason for	Public Charity Sta	tus (All organization	s must comple	ete this part.) S	23-7079454 See instructions.			
ne organizatio	n is not a pr	ıvate foundatıon becau:	se it is (For lines 1 thro	ough 12, check o	nly one box)				
1 A	hurch, conv	ention of churches, or a	association of churches	described in sec	tion 170(b)(1)	(A)(i).			
2	school descr	bed in section 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
3 A	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
na	me, city, an	d state	ited in conjunction with	·			·		
	-	n operated for the bene • (Complete Part II)	fit of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170		
. •			or governmental unit de	scribed in secti	on 170(b)(1)(A	ı)(v).			
		n that normally received ()(1)(A)(vi). (Comple	s a substantial part of it te Part II)	s support from a	a governmental u	nıt or from the gener	al public described ii		
3	community t	rust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	II)				
			described in 170(b)(1) See instructions Enter				ege or university or		
fro inv	m activities estment inc	related to its exempt for ome and unrelated bus	s (1) more than 331/39 inctions—subject to cert iness taxable income (le Complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross		
	30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
mo	re publicly s	supported organizations	ed exclusively for the be described in section 5 s the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a			
Ty	pe I. A supp ganization(s	porting organization ope	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
ma	nagement o		pervised or controlled in zation vested in the sand and C.						
			supporting organization (tions) You must com				ited with, its		
I Ty	pe III non- nctionally int	functionally integrated The organization	ed. A supporting organion generally must satisfact IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported organ			
:	eck this box	if the organization rece	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally		
_		Type III non-functional supported organization:	y integrated supporting s	organization	·	_			
			supported organization(T'		(
(i) Name of supported organization		ed (ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing docume			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)		
				Yes	No				
tal							 		
	k Reduction	n Act Notice, see the	Instructions for	Cat No 1128!	5F :	Schedule A (Form 9	90 or 990-F7) 20 [.]		

(b)(1)(A)(ix)

Page 2

III. If the organization fa	ails to qualify ur	nder the tests lis	ted below, plea	se complete Par	t III.)	
Section A. Public Support						
Calendar year	(3) 2014	(b) 2015	(c) 2016	(d) 2017	(a) 2018	(f) Total

Section A. Public Support Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") Tax revenues level for the organization she has been been for the paid organization she has been for the paid organization she has been for the paid organization she has been for the organization without charge 4 Total, Add lines 1 through 3 The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge and person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from similar sources activates, whether or not the business is regularly carned on loss from the safe of capital assets activities, whether or not the business is regularly carned on loss from the safe of capital assets activities, whether or not the business is regularly carned on loss from the safe of capital assets activities, whether or not the business is regularly carned on loss from the safe of capital assets activities, whether or not the business is regularly carned on loss from the safe of capital assets activities, whether or not the business is regularly carned on the safe of capital assets activities, whether or not the business is regularly carned on or loss from the safe of capital assets activities, whether or not the business is regularly carned on or loss from the safe of capital assets activities, whether or not the business is regularly carned on the safe of capital assets activities, whether or not the business is regularly carned on the safe of capital assets and c		(Complete only if you che						y under Part
Calendar year (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") 2 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities (for total) 4 Total, Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4			ils to qualify und	er the tests liste	ed below, please	e complete Part	III.)	
Continued Con	S							
membership fees received (Do not include any "unusual grant") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf at the organization is benefit and either paid to or expended on its behalf at the value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3		(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf a furnished by a governmental unit to the organization without charge of the organization included on line 1 that exceeds 2% of the amount of publicly supported organization) included on line 1 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of publicly supports. Subtract line 5 from line 4 that exceeds 2% of the amount of public supports. Subtract line 5 from line 4 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public supports and line 1 that exceeds 2% of the amount of public support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support bercentage for 2017 Schedule A, Part III, line 14 16 Total support test of the amount of public support devices a position of public supports and to theck the box on line 13, and	1	membership fees received (Do not	617,293	674,509	892,447	449,292	1,089,668	3,723,209
organization's benefit and either paid to or expended on its behalf at the value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 617,293 674,509 892,447 449,292 1,089,668 3,723,209 892,000 and person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 397,050 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 6 17,293 674,509 892,447 449,292 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,089,668 3,723,209 1 1,0	2							
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		in Part VI how the organization meets t	the "facts-and-circu	ımstances" test T	he organization q	ualifies as a public	ly supported	
organization b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line			t_2017 If the ere	anization did not	check a hov on lin	ne 13 165 166 55	- 17a and line	▶□

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, .			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations							
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,						

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
describe the designation If historic and continuing relationship, explain	1
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described	
in section 509(a)(1) or (2)	

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below		

	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) numbers?		

	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		

	determination	3b	'	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	_	$\overline{}$	

U	Did the organization have ditimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	
		_	

С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organizations? If "Yes " provide detail in Part VI.		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in		

6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	section 4958(c)(3)(c)), a family member of a substantial contributor, or a 35% controlled entity with regard to a					
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7º If "Yes,"					
	complete Part I of Schedule L (Form 990 or 990-EZ)					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as					

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		\vdash
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
_	cetton b. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
		1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
_	action C. Tuna II Summarting Organizations			
3	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	103	110
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	1		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tayyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_				
1	ection E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	otions)		
	The organization satisfied the Activities Test. Complete line 2 below	Ctions)		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		, 55	1	i

instructions)

	Type 111 Non-1 directionally Integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

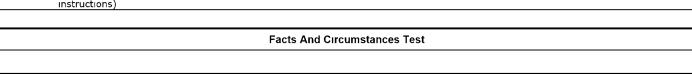
Software ID:

Software Version: EIN: 23-7079454

SACTON CO

Name: GASTON COLLEGE FOUNDATION INC

Schedule A (F	Form 990 or 990-EZ) 2018	Page
S	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (sinstructions)	C, line 1, t V



efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

DLN: 93493072014000

Open to Public Inspection

	TON COLLEGE FOUNDATION INC		Employer ide	enuncation	пишьег
			23-7079454		
Pa	rt I Organizations Maintaining Donor Adv Complete of the organization answered "Yo		or Accounts.		
		(a) Donor advised funds	(b)Funds	and other	accounts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
i	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		dvised funds are		Yes □ No
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?				Yes □ No
Pa	rt II Conservation Easements. Complete if t	he organization answered "Yes" on For	m 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)			
	Preservation of land for public use (e g , recreation	on or education) Preservation of a	n historically imp	ortant land	area
	Protection of natural habitat	☐ Preservation of a	certified historic	structure	
	Preservation of open space				
:	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fo			of the Year
а	Total number of conservation easements		2a	t the Lina (or the real
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified histor	ric structure included in (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ured after 7/25/06, and not on a historic	2d		
i	Number of conservation easements modified, transferr tax year ▶	ed, released, extinguished, or terminated by	the organization	during the	
	Number of states where property subject to conservati	on easement is located ▶			
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,	☐ Yes	Пъ
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing o	conservation ease		ng the year
,	Amount of expenses incurred in monitoring, inspecting \$ \begin{align*} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, handling of violations, and enforcing conse	rvation easement	s during the	e year
,	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements of section :	170(h)(4)(B)(ı)	☐ Yes	□ No
ı	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the		,	and	□ N0
	the organization's accounting for conservation easeme	nts			
ar	Complete if the organization answered "You		her Similar As	sets.	
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research in			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for put following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
(i	i)Assets included in Form 990, Part X		▶ \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		ancıal gaın, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$		

b Assets included in Form 990, Part X

Par	1111	Organizations Maintaining Co	llections of Art, F	listori	ical T	reas	ures, or	Other	Similar Asse	ts (con	tinued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the f	ollowing t	hat are a	significant use	of its co	llection	
а		Public exhibition		d		Loar	n or excha	ange prog	rams			
b		Scholarly research		е		Othe	er					
c		Preservation for future generations										
4	Provid Part)	de a description of the organization's co KIII	llections and explain	how the	ey furt	her th	ne organız	atıon's ex	kempt purpose i	n		
5		g the year, did the organization solicit c s to be sold to raise funds rather than to							ılar	Yes	□ r	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990), Part	: IV,	line 9, or	reporte	d an amount	on For	m 990,	Part
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ıan or other ıntermed	ıary for	contri	ibutio	ns or othe	er assets i	_	Yes		No
b	If "Y∈	es," explain the arrangement in Part XII	I and complete the fo	llowing	table		[Amo	unt		_
c	Begin	ining balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				_
f	Endın	g balance						1f				_
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or c	ustodial a	ccount lia	ıbılıty? 🗆	Yes		No
b		s," explain the arrangement in Part XIII							_	-		
Pa	rt V	Endowment Funds. Complete if										
		·	(a)Current year	(b) P	rior yea	ar	(c)Two ye	ears back	(d)Three years b	ack (e)Four yea	rs back
1a	Beginn	ing of year balance	5,336,610		5,31	8,631		5,297,278	5,263,	.257	5	,158,213
b	Contrib	outions	176,899		1	7,905		21,300	33,	,925		104,980
c	Net inv	estment earnings, gains, and losses	77			74		53		96		64
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance	5,513,586		5,33	6,610		5,318,631	5,297,	278	5	,263,257
2 a		de the estimated percentage of the curr d designated or quasi-endowment >	ent year end balance 34 020 %	(line 1	g, colu	ımn (a	a)) held a	S				
b	Perm	anent endowment ► 65 980 %										
С	Temp	orarily restricted endowment > () %									
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%									
3a		here endowment funds not in the posses nization by	ssion of the organizat	ion tha	t are h	neld ai	nd admını	stered fo	r the		Yes	No
		nrelated organizations			•					3a(i)		No
	If "Ye	elated organizations	ns listed as required o			۲۶.	· ·			3a(ii 3b	<u> </u>	No
4		ribe in Part XIII the intended uses of the	_	wment	funds							
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization answ		m 000) Dart	- T\/	line 112	See For	m aan Part V	/ line :	10	
	Descri	ption of property (a) Cost or ot (investment)	her basis (b) Cost						epreciation		Book valu	ie
1a	Land					60,000						60,000
b	Buildin	gs					1					
		old improvements										
		nent										
		lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, colui	mn (B), line	10(c)) -		<u> </u>			60.000

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Total. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2b b Donated services and use of facilities 2c Recoveries of prior year grants d 2d

Page 4

118,133

696.858

696,858

44,661

741.519

Schedule D (Form 990) 2018

2e

3

4c

5

44.661

1,494,011

Add lines 2a through 2d e 2e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 44,661 4a

b Other (Describe in Part XIII) 4h Add lines **4a** and **4b** 40 44,661 c 5 1,538,672

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

4a

4h

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c c Other (Describe in Part XIII) . 2d d Add lines 2a through 2d . . e

Subtract line **2e** from line **1** Amounts included on Form 990, Part IX, line 25, but not on line 1:

3

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2018

Part XI

1

2

4

Investment expenses not included on Form 990, Part VIII, line 7b . .

b c

5

Add lines **4a** and **4b**

Supplemental Information Part XIII

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Forn	n 990) 2018	Page 5
Part XIII	Supplemental Info	ormation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

Additional Data

Software Version:

Software ID:

EIN: 23-7079454

THE ENDOWED FUNDS ARE DESIGNATED SPECIFICALLY FOR SCHOLARSHIP DISTRIBUTION

Name: GASTON COLLEGE FOUNDATION INC

PART V, LINE 4

Return Reference

Supplemental Information

ppremental amortification					
Return Reference	Explanation				
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") IN ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELA TED TO THE EXEMPT PURPOSE OF THE FOUNDATION THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE FOUNDATION HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2019 MANAGEMENT BELIEVES THAT THE FOUNDATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX EXEMPT ORGANIZATION AND IS NOT SUBJECT TO TAX ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS				

Supplemental Information

DLN: 93493072014000 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number GASTON COLLEGE FOUNDATION INC 23-7079454 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

GRANT APPLICATIONS ARE RECEIVED BY THE FOUNDATION ON AN ANNUAL BASIS AND APPROVED BY THE FOUNDATION BOARD OF DIRECTORS AT THEIR JULY MEETING ANY EXPENDITURES RELATED TO GRANTS GIVEN REQUIRE APPROVAL BY THE FOUNDATION PRIOR TO PAYMENT FOR SOME GRANTS, A FINAL REPORT IS

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

REQUESTED TO DETAIL PROJECT EXPENSES AND OUTCOMES AT THE END OF THE GRANT PERIOD

(6)

Explanation

(7)

Part IV

Return Reference PART I, LINE 2

Additional Data

GASTON COLLEGE

DALLAS, NC 28034

201 HIGHWAY 321 SOUTH DALLAS, NC 28034 GASTON COLLEGE

201 HIGHWAY 321 SOUTH

Software ID: **Software Version: EIN:** 23-7079454 Name: GASTON COLLEGE FOUNDATION INC

56-0792292

56-0792292

Form 990, Schedule I, Part II, Grants and Other Assistance to D

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,

170(C)(1)

170(C)(1)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

Domestic Organiza	tions and Domesti	c Governments.
(d) Amount of cash	(e) Amount of non-	(f) Method of valua

233,194

93,141

ver	nme	nts.			
					4

(h) Purpose of grant (g) Description of non-cash assistance or assistance

> SCHOLARSHIPS TO STUDENTS

SALARIES

WSGE RADIO STATION

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GASTON COLLEGE 56-0792292 170(C)(1) 12,500 VET PROGRAM 201 HIGHWAY 321 SOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DALLAS, NC 28034

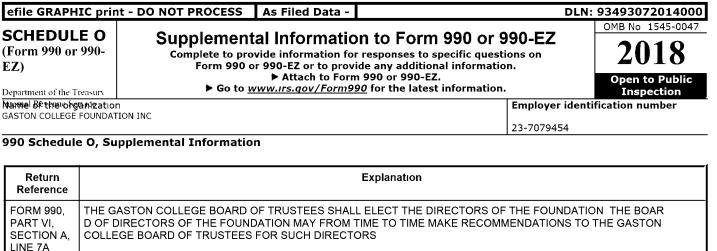
efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	Dat	:a -	DLN: 93	49307	72014	000			
	edule J	Compen	sat	ion Information	OI	ИВ No	1545-0	3047			
•	n 990) tment of the Treasury	Com ▶ Complete if the organization ▶ A	pens ansv ttacl	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, h to Form 990. r instructions and the latest inforn	line 23.	2018 Open to Public					
•	al Revenue Service	F Go to www.ns.gov/roimss	<u>U</u> 101	mstructions and the fatest miori	ilation.		ectio				
	me of the organiza				Employer identifica	tion nu	ımber				
GAS	TON COLLEGE FOUN	NDATION INC			23-7079454						
Pa	rt I Questi	ons Regarding Compensation									
							Yes	No			
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to provi									
	_	s or charter travel		Housing allowance or residence for	•			İ			
		companions	Ц	Payments for business use of persoi							
		nification and gross-up payments	Н	Health or social club dues or initiation							
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)						
b		xes in line 1a are checked, did the organiza all of the expenses described above? If "No,			nent or reimbursement	1b					
2		ation require substantiation prior to reimbu				2					
	directors, truste	es, officers, including the CEO/Executive D	irecto	or, regarding the items checked in line	e la?						
3	organization's C	If any, of the following the filing organization EO/Executive Director Check all that applyed organization to establish compensation o	Do	not check any boxes for methods							
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study							
		of other organizations	H	Approval by the board or compensa	tion committee						
4		, did any person listed on Form 990, Part V	— II, Se								
	related organiza	ition	·								
а	Receive a sever	ance payment or change-of-control payme	۱t۶			4a		No			
b	Participate in, o	r receive payment from, a supplemental no	nqua	lified retirement plan?		4b		No			
c	•	r receive payment from, an equity-based co		-		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons and provide the	ne ap	plicable amounts for each item in Part	: III			İ			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ione	must complete lines 5-9							
5		ed on Form 990, Part VII, Section A, line 1a		•							
		ontingent on the revenues of		,							
а	The organization	٦٦				5a		No			
b	Any related orga					5b		No			
	•	5a or 5b, describe in Part III									
6		ed on Form 990, Part VII, Section A, line 1a ontingent on the net earnings of	ı, dıd	the organization pay or accrue any							
а	The organization	n [?]				6a		No			
b	Any related orga					6b		No			
	•	6a or 6b, describe in Part III									
7		ed on Form 990, Part VII, Section A, line 1a escribed in lines 5 and 6? If "Yes," describe			1	7		No			
8		nts reported on Form 990, Part VII, paid or nitial contract exception described in Regula			escribe	8		No			
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow the rebu	table	presumption procedure described in	Regulations section	9		1,5			
Ear I	Danarwark Badu	iction Act Notice, see the Instructions	for E	orm 990 Cat No. 5	i0053T Schedule 1	/Eorn	990)	2018			

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(1)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other as deferred on prior compensation compensation compensation reportable Form 990 compensation 1 DR PATRICIA SKINNER 0 (i) 0 0 0 0 **SECRETARY** 252,221 0 1,653 48,000 6,904 308,778 (ii)

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018



Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990,	AT THE BEGINNING OF EACH BOARD MEETING, THE CONFLICT OF INTEREST STATEMENT IS READ ALOUD A
PART VI,	ND EACH MEMBER MUST ATTEST THAT THERE IS NO BUSINESS ITEM ON THE AGENDA WITH WHICH THEY HA
SECTION B,	VE A CONFLICT IF A BOARD MEMBER INDICATES THERE IS A CONFLICT, THE MEMBER IS ASKED TO REC
LINE 12C	USE THEMSELF FROM ANY DISCUSSION OR VOTE ON THE ITEM

Return Explanation
Reference

FORM 990,	THE FOUNDATION DOES NOT HAVE EMPLOYEES ALL EMPLOYEES WHO WORK FOR THE FOUNDATION ARE EMPL
PART VI,	OYEES OF GASTON COLLEGE COMPENSATION AND BENEFITS ARE DETERMINED IN ACCORDANCE WITH THE C
SECTION B,	OLLEGE'S COMPENSATION PRACTICES
LINE 15	

Explanation Return Reference

FORM 990. THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATE MENTS. AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND VIA THE FOUNDATION WEBSITE PART VI.

SECTION C.

990 Schedule O, Supplemental Information

LINE 19

Return Explanation

Treference	
FORM 990,	OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 131,712 MANAGEMENT AND GENERAL EXPE
PART IX,	NSES 27,070 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 158,782
LINE 11G	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

GASTON COLLEGE FOUNDATION INC

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493072014000 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

							23-7	079454				
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answei	ed "Yes'	on Form 9	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary acti	vity	(c) Legal domic or foreign	l ale (state country)	(d) Total inc	ome	(e) End-of-year as	sets	(f) Direct con enti l	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Comple	l ete if the organ	nization a	answered "	Yes" on F	l orm 990,	Part I\	/, line 34 bed	cause	it had one or r	nore	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dor	(c) nicile (state in country)	(d Exempt Cod) de section	Public of (if secti	(e) charity status on 501(c)(3))	Dı	(f) irect controlling entity	Section (13) co ent	512(b
(1)GASTON COLLEGE 201 HIGHWAY 321 SOUTH DALLAS, NC 28034 56-0792292	EDUCATIO	N		NC	170(C)(1)				N/A		Yes	No No
											_	
											\vdash	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90		(-3·	t No 50135	iv				Sch	edule R (Form !	990) 20	118
ioi i apcimoin neauction Act Notice; see the Instructions for Follii s	-v.		ca	. 140 JOLJJ					3011	SUBJECT NOT UTILITY	JJU; 21	

(a) Name, address, and EIN o related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of e end-of-year assets	Disprop	h) ortionate itions?	(i) Code V-UB amount in b 20 of Schedule K- (Form 1065	Gen- par par	naging tner?	(k) Percent owners
		-			31.,			Yes	No		Yes	No	
												\vdash	
												1 1	
Identification of Related Organ because it had one or more relate						zation ansv	wered "Yes	on F	orm 99	90, Part I\	/, line	34	
Identification of Related Organ because it had one or more relate (a) Name, address, and EIN of related organization		s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e)	vered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Pero	/, line (h) entage ership	 Se (1	(ı) ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity
because it had one or more relate (a) Name, address, and EIN of	d organizations treated as	s a corporati	(c) Legal Simicile or foreign	st during th	(d) controlling Typentity (C c	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pero	(h) entage	 Se (1	ection 5 13) cont entity

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	 1a		No
b Gift, grant, or capital contribution to related organization(s)	 1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	 1c		No
d Loans or loan guarantees to or for related organization(s)	 1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
b. Purchase of accets from related organization(s)	1h		No

d	Loans or loan guarantees to or for related organization(s)	1 d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1 f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
	lance of feedlikes, any washing a sale to valated a sample to valated as a sample to valated as a sample to valated as a sample to valate 111	Nο	

f Dividends from related organization(s)		No
g Sale of assets to related organization(s)	,	No
h Purchase of assets from related organization(s)	וו	No
i Exchange of assets with related organization(s)	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	(No
I Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n Yes	;
o Sharing of paid employees with related organization(s)	Yes	;
p Reimbursement paid to related organization(s) for expenses	Yes	;
q Reimbursement paid by related organization(s) for expenses	Yes	•

i Exchange of assets with related organization(s)				11	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	'es
o Sharing of paid employees with related organization(s)				10 Y	'es
p Reimbursement paid to related organization(s) for expenses				1p Y	'es
q Reimbursement paid by related organization(s) for expenses				1q Y	'es
r Other transfer of cash or property to related organization(s)				1r Y	'es
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	us line, including covered	relationships and tra	insaction thresholds		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a	amount invo	olved
	type (a-s)				

m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
f r Other transfer of cash or property to related organization(s)				1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	relationships and tran	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	volved	
			_	•		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	()) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2018

