Form 990 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.

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: GASTON COMMUNITY FOUNDATION

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 123

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: GASTONIA, NC 28053

F Name and address of principal officer: ERNEST SUMNER
SAME AS C ABOVE

D Employer identification number: 58-1340834

E Telephone number: 704-864-0927

G Gross receipts $: 23,389,243.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CFGASTON.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1978 M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT TO CHARITABLE ORGANIZATIONS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,588,539.	3,783,018.
9	Program service revenue (Part VIII, line 2g)	201,570.	226,511.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,550,037.	2,800,799.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	297,980.	18,220.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,638,126.	6,828,548.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,442,844.	6,713,082.
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)	451,011.	448,429.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 202,791.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	372,212.	443,702.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,266,067.	7,605,213.
19	Revenue less expenses Subtract line 18 from line 12	2,372,059.	<776,665.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	97,010,137.	83,337,826.
21	Total liabilities (Part X, line 26)	28,847,071.	22,481,191.
22	Net assets or fund balances Subtract line 21 from line 20	68,163,066.	60,856,635.

Part II 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.

Sign Here

▶ Signature of officer — Date: 5/14/19

▶ ERNEST SUMNER, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: AMANDA ADAMS	Preparer's signature: Amanda Adams 2019 05 14	Date: 09:10:34 -04'00'	Check ☐ if self-employed	PTIN: P00748038

Firm's name ▶ CHERRY BEKAERT LLP — Firm's EIN ▶ 56-0574444

Firm's address ▶ 1111 METROPOLITAN AVE. STE. 900
CHARLOTTE, NC 28204

Phone no. 704-377-1678

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

GASTON COMMUNITY FOUNDATION IS THE PRIMARY STEWARD OF PHILANTHROPIC GIVING BY CONNECTING DONORS WITH COMMUNITY NEEDS TO ENHANCE THE LIVES OF PRESENT AND FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 5,269,608. including grants of $ 5,059,098.) (Revenue $ 206,925.)

SINCE 1978, GASTON COMMUNITY FOUNDATION HAS BEEN HELPING DONORS FULFILL THEIR PHILANTHROPIC DREAMS. INDIVIDUALS, FAMILIES AND ORGANIZATIONS ESTABLISH FUNDS AT THE GASTON COMMUNITY FOUNDATION TO CARRY OUT THEIR CHARITABLE GIVING NOW AND IN THE FUTURE. WITH OVER 400 FUNDS UNDER MANAGEMENT, THE FOUNDATION ASSISTS DONORS WITH PLANNED GIVING OPTIONS FOR A CHARITABLE LEGACY, INCLUDING UNRESTRICTED FUNDS, SCHOLARSHIP FUNDS, FUNDS DESIGNATED FOR A SPECIFIC CHARITABLE ORGANIZATION OR FIELD OF INTEREST AS WELL AS MANY ADVISED FUNDS WHERE THE INDIVIDUAL OR CORPORATE DONOR CAN RECOMMEND GRANTS FOR A VARIETY OF COMMUNITY CAUSES.

4b (Code _____) (Expenses $ 1,653,984. including grants of $ 1,653,984.) (Revenue $ 19,586.)

GASTON COMMUNITY FOUNDATION MAKES UNRESTRICTED GRANTS TO ORGANIZATIONS AND PROGRAMS OPERATING IN GASTON COUNTY OR PRIMARILY FOR THE BENEFIT OF GASTON COUNTY CITIZENS THROUGH AN ANNUAL COMPETITIVE GRANT APPLICATION PROCESS.

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 6,923,592.

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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	X	
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 provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	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*	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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	X	
c	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		X
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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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*	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
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		
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		X
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		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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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 organization? *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 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? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

			Yes	No
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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		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		
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		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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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			
a	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 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
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 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	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	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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]

Section 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 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.	1a	20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
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 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 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:				
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 organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X	
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		

Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 ▶

ERNEST SUMNER - 704-864-0927

PO BOX 123, GASTONIA, NC 28053

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD K. CRAIG BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) TIM EFIRD BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ROBERT S. PEARSON INVESTMENT DIRECTOR	1.00	X		X				0.	0.	0.
(4) ARTHUR M. SPENCER, IV DEVELOPMENT DIRECTOR	1.00	X		X				0.	0.	0.
(5) BILL CARSTARPHEN SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(6) RONALD M. SYTZ GRANTS DIRECTOR	1.00	X		X				0.	0.	0.
(7) MAY C. BARGER DIRECTOR	1.00	X						0.	0.	0.
(8) KATHLEEN BOYCE DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT S. BROWNE DIRECTOR	1.00	X						0.	0.	0.
(10) CHRISTA H. HEILIG DIRECTOR	1.00	X						0.	0.	0.
(11) DR. BEN HINTON DIRECTOR	1.00	X						0.	0.	0.
(12) FRED JACKSON DIRECTOR	1.00	X						0.	0.	0.
(13) GAYLE KERSH DIRECTOR	1.00	X						0.	0.	0.
(14) VANN M. MATTHEWS, III DIRECTOR	1.00	X						0.	0.	0.
(15) LAURIE NESS DIRECTOR	1.00	X						0.	0.	0.
(16) NANCY PASCHALL DIRECTOR	1.00	X						0.	0.	0.
(17) MAY ROBINSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARDING STOWE	1.00									
DIRECTOR		X						0.	0.	0.
(19) ANDERSON D. WARLICK	1.00									
DIRECTOR		X						0.	0.	0.
(20) DR. JOHNATHAN D. WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(21) ERNEST W. SUMNER	40.00									
PRESIDENT				X				143,042.	0.	15,993.
1b Sub-total ▶								143,042.	0.	15,993.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								143,042.	0.	15,993.

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 ▶ 1

		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*		X
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*	X	
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*		X

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,783,018.			
	g	Noncash contributions included in lines 1a-1f $		1,269,589.			
	h	**Total.** Add lines 1a-1f	▶	3,783,018.			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE FEE INCOME	900099	206,925.	206,925.		
	b	OTHER PROGRAM INCOME	900099	19,586.	19,586.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶	226,511.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	2,541,902.			2,541,902.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	10,176. /				
	b	Less rental expenses	0. /				
	c	Rental income or (loss)	10,176. /				
	d	Net rental income or (loss)	▶	10,176.			10,176.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	16,284,592. / 535,000.				
	b	Less cost or other basis and sales expenses	16,285,117. / 275,578.				
	c	Gain or (loss)	<525.> / 259,422.				
	d	Net gain or (loss)	▶	258,897.			258,897.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	REFUNDS AND OTHER	900099	8,044.			8,044.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	8,044.			
	12	**Total revenue.** See instructions	▶	6,828,548.	226,511.	0.	2,819,019.

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,713,082.	6,713,082.		
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	159,036.	31,807.	79,518.	47,711.
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	219,601.	75,146.	86,064.	58,391.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,576.	5,728.	6,454.	4,394.
9 Other employee benefits	26,296.	7,915.	11,129.	7,252.
10 Payroll taxes	26,920.	7,702.	11,698.	7,520.
11 Fees for services (non-employees)				
a Management				
b Legal	2,230.	638.	969.	623.
c Accounting	19,860.	5,682.	8,630.	5,548.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	123,065.		123,065.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,000.	5,150.	7,822.	5,028.
12 Advertising and promotion	55,911.	16,814.	24,867.	14,230.
13 Office expenses	21,043.	8,743.	6,512.	5,788.
14 Information technology	20,311.	5,811.	8,826.	5,674.
15 Royalties				
16 Occupancy	75,454.	19,451.	37,012.	18,991.
17 Travel	2,727.	780.	1,185.	762.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,556.	9,028.	13,713.	8,815.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,251.	3,505.	5,323.	3,423.
23 Insurance	14,083.	2,389.	9,362.	2,332.
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 SALE OF REAL ESTATE	30,270.		30,270.	
b DUES AND MEMBERSHIPS	14,754.	4,221.	6,411.	4,122.
c ANNUAL REPORT/NEWSLETR	2,187.			2,187.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,605,213.	6,923,592.	478,830.	202,791.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	329,291.	1	297,566.
	2	Savings and temporary cash investments	1,505,625.	2	900,398.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	92,163.	4	2,423.
	5	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 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 instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,839.	9	27,303.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 378,487.			
	b	Less accumulated depreciation — 10b: 104,145.	562,171.	10c	274,342.
	11	Investments - publicly traded securities	82,972,205.	11	65,605,849.
	12	Investments - other securities See Part IV, line 11	11,211,048.	12	15,899,499.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	318,795.	15	330,446.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	97,010,137.	16	83,337,826.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	1,489,340.	18	1,218,333.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	25,582,337.	21	19,672,801.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	1,775,394.	25	1,590,057.
	26	**Total liabilities.** Add lines 17 through 25	28,847,071.	26	22,481,191.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	15,063,061.	27	43,641,451.
	28	Temporarily restricted net assets	40,289,078.	28	4,486,757.
	29	Permanently restricted net assets	12,810,927.	29	12,728,427.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	68,163,066.	33	60,856,635.
	34	Total liabilities and net assets/fund balances	97,010,137.	34	83,337,826.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,828,548.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,605,213.
3	Revenue less expenses Subtract line 2 from line 1	3	<776,665.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,163,066.
5	Net unrealized gains (losses) on investments	5	<6,322,980.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	<1,329.>
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<205,457.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	60,856,635.

Part 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	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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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 [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
GASTON COMMUNITY FOUNDATION	58-1340834

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

07

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ 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).**

4 ☐ 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 _____

5 ☐ 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).**

7 ☒ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 university _____

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)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	4123285.	13720243.	5116892.	7588539.	3783018.	34331977.
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	4123285.	13720243.	5116892.	7588539.	3783018.	34331977.
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)						12242123.
6 **Public support.** Subtract line 5 from line 4						22089854.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4123285.	13720243.	5116892.	7588539.	3783018.	34331977.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1696718.	1910685.	1563705.	1355479.	2552077.	9078664.
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)				287,804.		287,804.
11 **Total support.** Add lines 7 through 10						43698445.

12 Gross receipts from related activities, etc (see instructions)	12	1,030,819.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	50.55 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	53.58 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 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 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 supported 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 instructions ▶ ☐

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 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						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **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 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

			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, 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 in 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		
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 in Part I, answer (b) and (c) below*	4a		
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*	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)*	5a		
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		
c	**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 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 (as 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)*	7		
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)*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
c	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		

Section 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.*	2		

Section 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 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		

Section 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)*	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		

Section 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 instructions).**

a ☐ The organization satisfied the Activities Test *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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? *Provide details in* **Part VI.**	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ 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.

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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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 integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
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. For result greater than zero, explain in **Part VI.** See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,550,407.	13,741,070.	13,807,004.	14,243,746.	13,468,998.
b Contributions	12,951,285.	87,720.	35,422.	172,852.	675,169.
c Net investment earnings, gains, and losses	<374,794.>	1,758,729.	276,750.	51,528.	559,506.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,584,621.	862,904.	378,106.	661,122.	459,927.
g End of year balance	39,542,277.	14,724,615.	13,741,070.	13,807,004.	14,243,746.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 50.50 %
b Permanent endowment ▶ 49.50 %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (3b) | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	243,124.			243,124.
b Buildings				
c Leasehold improvements		18,230.	6,008.	12,222.
d Equipment		117,133.	98,137.	18,996.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				274,342.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	15,899,499.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,899,499.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-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.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	1,515,544.
(3)	ANNUITY REMAINDER PAYABLE	74,513.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		1,590,057.

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	177,046.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	<6,322,980.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	<205,457.>		
e	Add lines 2a through 2d			2e	<6,528,437.>
3	Subtract line 2e from line 1			3	6,705,483.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,065.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	123,065.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	6,828,548.

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

1	Total expenses and losses per audited financial statements			1	7,482,148.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,482,148.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,065.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	123,065.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,605,213.

Part XIII Supplemental Information.

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.

PART IV, LINE 2B:

WHEN A FUND IS ESTABLISHED AT GCF WITH FUNDS CONTRIBUTED BY AN ORGANIZATION (THE "DONOR") AND THE DONOR IS ALSO NAMED THE BENEFICIARY OF THE FUND AND RECEIVES DISTRIBUTIONS OF INCOME, SUBJECT TO GCF'S SPENDING POLICY, IT IS CONSIDERED A RECIPROCAL TRANSFER IN ACCORDANCE WITH ASC 958-605. ACCORDINGLY, GCF REPORTS SUCH FUNDS AS ASSETS WITH AN OFFSETTING LIABILITY.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF 43 INDIVIDUAL DONOR RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO

Part XIII Supplemental Information (continued)

FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

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 RELATED 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 DECEMBER 31, 2018 OR 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-217,108.
CSV OF LIFE INSURANCE POLICIES	11,651.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-205,457.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

GASTON COMMUNITY FOUNDATION

Employer identification number

58-1340834

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		4,159,794.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		10,668,566.
3 a Subtotal	0	0			14,828,360.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			14,828,360.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	[X] Yes	[ ] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	[ ] Yes	[X] No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions

PART I, LINE 3:

THE AMOUNT REPORTED REPRESENTS THE FAIR MARKET VALUE OF INVESTMENTS IN THE REGION HELD AT THE END OF THE YEAR.

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GASTON COMMUNITY FOUNDATION

Employer identification number
58-1340834

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 assistance? [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 recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION POST 23 1530 MOORE DRIVE GASTONIA, NC 28054	56-6060502	501(C)(3)	5,630.	0.			GENERAL SUPPORT
AMERICAN RED CROSS, GASTON COUNTY 190 S. OAKLAND ST. GASTONIA, NC 28052		501(C)(3)	5,597.	0.			GENERAL SUPPORT
ANIMAL LEAGUE OF GASTON COUNTY 972 E. FRANKLIN BLVD GASTONIA, NC 28054	03-0417697	501(C)(3)	18,725.	0.			GENERAL SUPPORT
APPALACHIAN STATE UNIVERSITY ASU BOX 32005 BOONE, NC 28608		501(C)(3)	19,000.	0.			GENERAL SUPPORT
ARC OF GASTON COUNTY 200 E. FRANKLIN BLVD GASTONIA, NC 28052	56-0771889	501(C)(3)	9,352.	0.			GENERAL SUPPORT
B.R.E.A.D., INC. 161 B W. FRANKLIN BLVD GASTONIA, NC 28052	56-2023951	501(C)(3)	9,521.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 156.

3 Enter total number of other organizations listed in the line 1 table ▶

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACKPACK WEEKEND FOOD PROGRAM INC PO BOX 551030 GASTONIA, NC 28055	47-1591744	501(C)(3)	115,503.	0.			GENERAL SUPPORT
BAPTIST CHILDREN'S HOME OF NC, INC. - PO BOX 338 - THOMASVILLE, NC 27360	56-0547499	501(C)(3)	9,396.	0.			GENERAL SUPPORT
BAPTIST STATE CONVENTION OF NORTH CAROLINA - PO BOX 237 - PLEASANT GARDEN, NC 27313	45-4002807	501(C)(3)	12,843.	0.			GENERAL SUPPORT
BELMONT ABBEY COLLEGE 100 BELMONT MT. HOLLY ROAD BELMONT, NC 28012	56-0547498	501(C)(3)	21,168.	0.			GENERAL SUPPORT
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 28012	56-6054647	501(C)(3)	18,339.	0.			GENERAL SUPPORT
BELMONT HISTORICAL SOCIETY, INC PO BOX 244 BELMONT, NC 28012	05-0623064	501(C)(3)	8,402.	0.			GENERAL SUPPORT
BIG PICTURE COMPANY, INC. 325 PUBLICK ST. PROVIDENCE, RI 02905	05-0485883	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BIT OF HOPE RANCH 5001 CR WOOD DR. GASTONIA, NC 28056	26-3268114	501(C)(3)	18,266.	0.			GENERAL SUPPORT
BLACK MOUNTAIN HOME FOR CHILDREN, YOUTH AND FAMILIES - 80 LAKE EDEN ROAD - BLACK MOUNTAIN, NC 28711	56-0538018	501(C)(3)	8,050.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GREATER GASTON - PO BOX 23 - GASTONIA, NC 28052	56-1419498	501(C)(3)	177,849.	0.			GENERAL SUPPORT
CAMP SERTOMA OF GASTON COUNTY PO BOX 343 DALLAS, NC 28034	56-1245326	501(C)(3)	12,400.	0.			GENERAL SUPPORT
CAMP SUNSHINE 1850 CLAIRMONT ROAD DECATUR, GA 30033	58-1872217	501(C)(3)	16,476.	0.			GENERAL SUPPORT
CAMPBELL UNIVERSITY PO BOX 116 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	46,050.	0.			GENERAL SUPPORT
CANCER SERVICES OF GASTON COUNTY, INC. - 306 S. COLUMBIA ST. - GASTONIA, NC 28054	56-1164253	501(C)(3)	18,979.	0.			GENERAL SUPPORT
CATAWBA HEIGHTS BAPTIST CHURCH 311 BELMONT MT HOLLY RD BELMONT, NC 28012		501(C)(3)	6,000.	0.			GENERAL SUPPORT
CATAWBA LANDS CONSERVANCY 105 W. MOREHEAD STREET CHARLOTTE, NC 28202	58-1969605	501(C)(3)	33,439.	0.			GENERAL SUPPORT
CATHERINE'S HOUSE, INC. PO BOX 1633 BELMONT, NC 28012	56-1684940	501(C)(3)	10,232.	0.			GENERAL SUPPORT
CHERRYVILLE AREA MINISTRIES PO BOX 611 CHERRYVILLE, NC 28021	56-1002225	501(C)(3)	14,280.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY BAPTIST CHURCH 1128 RANSOM ST. GASTONIA, NC 28052		501(C)(3)	7,766.	0.			GENERAL SUPPORT
CHRIST SCHOOL 500 CHRIST SCHOOL RD ARDEN, NC 28704	56-0615187	501(C)(3)	10,500.	0.			GENERAL SUPPORT
CITY OF BELMONT PO BOX 431 BELMONT, NC 28012		170(C)(1)	141,000.	0.			GENERAL SUPPORT
CLASSROOM CENTRAL 2116 WILKINSON BLVD CHARLOTTE, NC 28208	03-0455618	501(C)(3)	8,141.	0.			GENERAL SUPPORT
CLOVER LIBERTY PENTECOSTAL CHURCH PO BOX 747 BOWLING GREEN, SC 29703	57-1072322	501(C)(3)	6,600.	0.			GENERAL SUPPORT
CORNERSTONE CHRISTIAN CENTER PO BOX 370 GASTONIA, NC 28053	56-1614683	501(C)(3)	22,048.	0.			GENERAL SUPPORT
COVENANT BAPTIST CHURCH 3131 ERSKINE DRIVE GASTONIA, NC 28054		501(C)(3)	12,097.	0.			GENERAL SUPPORT
COVENANT COMMUNITY SCHOOL, INC. 3415 UNION RD GASTONIA, NC 28056	45-1620113	501(C)(3)	8,614.	0.			GENERAL SUPPORT
COVENANT PRESBYTERIAN CHURCH 1000 E. MOREHEAD ST. CHARLOTTE, NC 28204	56-1855739	501(C)(3)	65,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISIS ASSISTANCE MINISTRY 805 W. AIRLINE AVENUE GASTONIA, NC 28052	56-1281718	501(C)(3)	72,595.	0.			GENERAL SUPPORT
CRISIS PREGNANCY CENTER 800 ROBINSON ROAD GASTONIA, NC 28056	56-1499208	501(C)(3)	54,095.	0.			GENERAL SUPPORT
CRU PO BOX 628222 ORLANDO, FL 32862	95-6006173	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DALLAS MINISTRY PO BOX 832 DALLAS, NC 28034	56-2193816	501(C)(3)	7,979.	0.			GENERAL SUPPORT
DANIEL STOWE BOTANICAL GARDEN 6500 S. NEW HOPE RD BELMONT, NC 28012	56-1676433	501(C)(3)	323,139.	0.			GENERAL SUPPORT
DAVIDSON UNITED METHODIST CHURCH PO BOX 718 DAVIDSON, NC 28036		501(C)(3)	45,000.	0.			GENERAL SUPPORT
DOWNTOWN BELMONT DEVELOPMENT ASSOCIATION - PO BOX 431 - BELMONT, NC 28012	47-4333734	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DREAM CENTER OF GASTON COUNTY 2782 FAIRVIEW DRIVE GASTONIA, NC 28052	42-1695206	501(C)(3)	52,356.	0.			GENERAL SUPPORT
EAST CAROLINA UNIVERSITY E 5TH STREET GREENVILLE, NC 27858		501(C)(3)	7,500.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERSKINE COLLEGE PO BOX 668 DUE WEST, SC 29639	57-0314390	501(C)(3)	5,500.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 550714 GASTONIA, NC 28055	44-0610626	501(C)(3)	19,259.	0.			GENERAL SUPPORT
FIRST NORTH CAROLINA 2901 E. GATE CITY BLVD, STE 2400 GREENSBORO, NC 27401	46-1301122	501(C)(3)	7,750.	0.			GENERAL SUPPORT
FIRST ARP CHURCH OF GASTONIA 317 S. CHESTER ST. GASTONIA, NC 28052		501(C)(3)	168,766.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF BELMONT - 102 SOUTH CENTRAL AVENUE - BELMONT, NC 28012		501(C)(3)	51,798.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF GASTONIA - 1621 EAST GARRISON BLVD - GASTONIA, NC 28054	56-0623926	501(C)(3)	174,667.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF MT. HOLLY - 133 S. MAIN STREET - MOUNT HOLLY, NC 28120		501(C)(3)	15,000.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH OF GASTONIA - 190 E. FRANKLIN BLVD - GASTONIA, NC 28052		501(C)(3)	342,870.	0.			GENERAL SUPPORT
FIRST WESLEYAN CHRISTIAN SCHOOL 208A S CHURCH ST. GASTONIA, NC 28054	58-1362131	501(C)(3)	5,597.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOREST HILL CHURCH 7224 PARK RD CHARLOTTE, NC 28210		501(C)(3)	114,300.	0.			GENERAL SUPPORT
FOUNDATION FOR THE CAROLINAS 220 N. TRYON ST. CHARLOTTE, NC 28202	56-6047886	501(C)(3)	15,898.	0.			GENERAL SUPPORT
FRIENDS OF THE GASTON CO. PUBLIC LIBRARY - 1555 E. GARRISON BLVD - GASTONIA, NC 28054	58-1658724	501(C)(3)	20,040.	0.			GENERAL SUPPORT
GARDNER-WEBB UNIVERSITY PO BOX 997 BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	15,896.	0.			GENERAL SUPPORT
GASTON AQUATICS, INC. 3340 ROBINWOOD RD., STE 100-409 GASTONIA, NC 28054	81-4736825	501(C)(3)	14,503.	0.			GENERAL SUPPORT
GASTON AREA LUTHERAN FOUNDATION 916 S. MARIETTA ST GASTONIA, NC 28054	20-4427421	501(C)(3)	12,843.	0.			GENERAL SUPPORT
GASTON ARTS COUNCIL PO BOX 242 GASTONIA, NC 28053	56-1257449	501(C)(3)	18,775.	0.			GENERAL SUPPORT
GASTON CHRISTIAN SCHOOL, INC. 1025 LOWELL BETHESDA RD GASTONIA, NC 28056	56-1244158	501(C)(3)	60,215.	0.			GENERAL SUPPORT
GASTON COLLEGE FOUNDATION, INC. 201 HIGHWAY 321 S DALLAS, NC 28034	23-7079454	501(C)(3)	38,580.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GASTON COMMUNITY CHURCH PO BOX 550741 GASTONIA, NC 28055		501(C)(3)	119,000.	0.			GENERAL SUPPORT
GASTON COUNTY EDUCATION FOUNDATION 943 OSCEOLA ST GASTONIA, NC 28053	56-1764830	501(C)(3)	125,062.	0.			GENERAL SUPPORT
GASTON COUNTY FAMILY PROMISE PO BOX 67 GASTONIA, NC 28053	02-0580265	501(C)(3)	13,983.	0.			GENERAL SUPPORT
GASTON COUNTY FAMILY YMCA 201 S CLAY ST. GASTONIA, NC 28052	56-0655420	501(C)(3)	800,786.	0.			GENERAL SUPPORT
GASTON COUNTY HEALTH DEPT. 991 WEST HUDSON BOULEVARD GASTONIA, NC 28052		170(C)(1)	50,220.	0.			GENERAL SUPPORT
GASTON COUNTY MUSEUM OF ART & HISTORY - PO BOX 429 - DALLAS, NC 28034	56-1122208	501(C)(3)	10,122.	0.			GENERAL SUPPORT
GASTON COUNTY SCHOOLS 943 OSCEOLA ST GASTONIA, NC 28054		170(C)(1)	5,299.	0.			GENERAL SUPPORT
GASTON DAY SCHOOL 2001 GASTON DAY SCHOOL ROAD GASTONIA, NC 28056	56-6076613	501(C)(3)	265,600.	0.			GENERAL SUPPORT
GASTON FAMILY HEALTH SERVICES, INC. - 703 S. MARTIN ST. - GASTONIA, NC 28052	58-1958398	501(C)(3)	7,474.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GASTON HOSPICE 2525 COURT DRIVE GASTONIA, NC 28054	58-1341530	501(C)(3)	39,072.	0.			GENERAL SUPPORT
GASTON HUMANE SOCIETY, INC. PO BOX 2334 GASTONIA, NC 28053	56-1163492	501(C)(3)	5,702.	0.			GENERAL SUPPORT
GASTON LITERACY COUNCIL, INC. 116 S MARIETTA ST. GASTONIA, NC 28052	58-1665789	501(C)(3)	62,434.	0.			GENERAL SUPPORT
GASTON MUSIC EDUCATION FOUNDATION PO BOX 339 GASTONIA, NC 28056	56-6049858	501(C)(3)	6,997.	0.			GENERAL SUPPORT
GASTON RESIDENTIAL SERVICES, INC. 905 N NEW HOPE RD, STE A GASTONIA, NC 28053	51-0138261	501(C)(3)	5,003.	0.			GENERAL SUPPORT
GASTON SCHOOL OF THE ARTS 825 UNION ROAD GASTONIA, NC 28054	56-1418036	501(C)(3)	43,706.	0.			GENERAL SUPPORT
GASTON SKILLS, INC. 1301 BESSEMER CITY RD GASTONIA, NC 28052	56-0840716	501(C)(3)	5,557.	0.			GENERAL SUPPORT
GASTON TOGETHER PO BOX 817 GASTONIA, NC 28053	56-2048064	501(C)(3)	132,097.	0.			GENERAL SUPPORT
GASTONIA POTTERS HOUSE, INC. PO BOX 322 LOWELL, NC 28098	56-2114637	501(C)(3)	78,825.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GASTONIA SISTER CITIES, INC. PO BOX 1748 GASTONIA, NC 28053	58-1968576	501(C)(3)	8,040.	0.			GENERAL SUPPORT
GIRL SCOUTS CAROLINAS PEAKS TO PIEDMONT - 8818 W. MARKET STREET - COLFAX, NC 27235	56-0577629	501(C)(3)	108,788.	0.			GENERAL SUPPORT
GIRLS ON THE RUN OF THE FOOTHILLS 214 E. FRANKLIN BLVD GASTONIA, NC 28052	56-2201835	501(C)(3)	21,126.	0.			GENERAL SUPPORT
GLOBAL CROSS MINISTRIES 64 BOWEN DRIVE BELMONT, NC 28012	45-2410416	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GASTON COUNTY - 1840 E. FRANKLIN BLVD - GASTONIA, NC 28054	56-1634454	501(C)(3)	35,799.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY CHARLOTTE 3815 LATROBE DRIVE CHARLOTTE , NC 28211	56-1366233	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HEART SOCIETY OF GASTON COUNTY, INC - 1101 E. GARRISON BLVD - GASTONIA, NC 28054	56-1330921	501(C)(3)	36,145.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	56-0529999	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HOLY ANGELS, INC. 6600 WILKINSON BLVD. BELMONT, NC 28012	51-0230406	501(C)(3)	61,796.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF RUTHERFORD COUNTY 374 HUDLOW ROAD FOREST CITY, NC 28043	56-1337169	501(C)(3)	17,300.	0.			GENERAL SUPPORT
HOUSE OF MERCY, INC. 701 MERCY DR BELMONT, NC 28012	56-1733055	501(C)(3)	5,500.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GASTON COUNTY - 201 S. TRYON ST. - CHARLOTTE, NC 28202	56-0672085	501(C)(3)	7,852.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF GASTON COUNTY 2020 REMOUNT RD, W-109 GASTONIA, NC 28054	56-6047689	501(C)(3)	5,835.	0.			GENERAL SUPPORT
KEEP GASTONIA BEAUTIFUL PO BOX 1748 GASTONIA, NC 28053	58-1339253	501(C)(3)	7,365.	0.			GENERAL SUPPORT
LEAST OF THESE CAROLINAS 469 HOSPITAL DRIVE GASTONIA, NC 28054	46-2326191	501(C)(3)	31,635.	0.			GENERAL SUPPORT
LET ME RUN - GASTON CO. DHHS 991 WEST HUDSON BOULEVARD GASTONIA, NC 28052		170(C)(1)	6,997.	0.			GENERAL SUPPORT
LENOIR-RHYNE UNIVERSITY 625 7TH AVE NE HICKORY, NC 28601		501(C)(3)	6,500.	0.			GENERAL SUPPORT
LIBERTY UNIVERSITY PO BOX 10425 LYNCHBURG, VA 24506		501(C)(3)	9,500.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE ENRICHMENT CENTER OF CLEVELAND COUNTY - 110 LIFE ENRICHMENT BLVD - SHELBY, NC 28150	58-1406638	501(C)(3)	52,500.	0.			GENERAL SUPPORT
LINCOLN COUNTY HISTORICAL ASSOCIATION - 403 E MAIN ST. - LINCOLNTON, NC 28092	56-1245526	501(C)(3)	25,299.	0.			GENERAL SUPPORT
LITTLE THEATRE OF GASTONIA PO BOX 302 GASTONIA, NC 28053	56-0792898	501(C)(3)	18,269.	0.			GENERAL SUPPORT
LORAY GIRLS' HOME, INC. 104 S. FIRESTONE ST. GASTONIA, NC 28052	56-1526723	501(C)(3)	10,930.	0.			GENERAL SUPPORT
MENDED HEARTS 4403 PATRIOTS WAY GASTONIA, NC 28056	45-4381036	501(C)(3)	9,610.	0.			GENERAL SUPPORT
MEREDITH COLLEGE 3800 HILLSBOROUGH ST. RALEIGH, NC 27607	56-0530242	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MIRAVIA 3737 WEONA AVE CHARLOTTE, NC 28209	56-1866587	501(C)(3)	13,604.	0.			GENERAL SUPPORT
MOUNT HOLLY COMMUNITY DEVELOPMENT FOUNDATION - 124 S. MAIN STREET - MOUNT HOLLY, NC 28120	20-0738339	501(C)(3)	7,069.	0.			GENERAL SUPPORT
MOUNT HOLLY COMMUNITY GARDEN PO BOX 352 MOUNT HOLLY, NC 28120	82-2483394	501(C)(3)	6,901.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT HOLLY COMMUNITY RELIEF ORGANIZATION - PO BOX 831 - MOUNT HOLLY, NC 28120	56-1790303	501(C)(3)	6,183.	0.			GENERAL SUPPORT
MOUNT HOLLY FARMERS MARKET 226 S MAIN ST MOUNT HOLLY, NC 28120	26-0464156	501(C)(3)	9,357.	0.			GENERAL SUPPORT
MYERS PARK UNITED METHODIST CHURCH 1501 QUEENS RD CHARLOTTE, NC 28207		501(C)(3)	10,000.	0.			GENERAL SUPPORT
NAVIGATORS PO BOX 60079 ALBERT LEA, MN 56007	20-4421206	501(C)(3)	6,250.	0.			GENERAL SUPPORT
NC BANKERS ASSOCIATION FOUNDATION PO BOX 19999 RALEIGH, NC 27619	56-0340440	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NC CENTER FOR APPLIED TECHNOLOGY P O BOX 1044 BELMONT, NC 28012	58-1846272	501(C)(3)	6,970.	0.			GENERAL SUPPORT
NC STATE ENGINEERING FOUNDATION 230 PAGE HALL RALEIGH, NC 27695	56-6046987	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NC STATE UNIVERSITY CAMPUS BOX 7302 RALEIGH, NC 27695-7302		170(C)(1)	28,250.	0.			GENERAL SUPPORT
NEW RIVER CONSERVANCY PO BOX 1480 WEST JEFFERSON, NC 28694	58-1949660	501(C)(3)	12,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CHARLOTTE ROWING, INC. 20011 CHAPEL POINTE LANE CORNELIUS, NC 28031	46-4057146	501(C)(3)	6,130.	0.			GENERAL SUPPORT
OFF THE STREETS PROGRAM, INC. PO BOX 550351 GASTONIA, NC 28055	30-0247482	501(C)(3)	33,206.	0.			GENERAL SUPPORT
OPTIMIST INTERNATIONAL FOUNDATION 4494 LINDELL BLVD ST. LOUIS, MO 63108	23-7102928	501(C)(3)	10,926.	0.			GENERAL SUPPORT
PAACS PO BOX 1118 BRISTOL, TN 37621	75-2527674	501(C)(3)	7,000.	0.			GENERAL SUPPORT
PEER PLACE PO BOX 8142 GALLATIN, TN 37066	82-2829682	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PHILADELPHIA EVANGELICAL LUTHERAN CHURCH - 1910 PHILADELPHIA CHURCH ROAD - DALLAS, NC 28034		501(C)(3)	42,800.	0.			GENERAL SUPPORT
PHOENIX COUNSELING CENTER 631 BRAWLEY SCHOOL RD MOORESVILLE, NC 28117	20-2493799	501(C)(3)	36,595.	0.			GENERAL SUPPORT
PIEDMONT COUNCIL BOY SCOUTS OF AMERICA - 1222 E FRANKLIN BLVD - GASTONIA, NC 28054	43-6075050	501(C)(3)	113,471.	0.			GENERAL SUPPORT
PLACE OF REFUGE 800 ROBINSON ROAD GASTONIA, NC 28056	51-0548464	501(C)(3)	10,449.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASANT RIDGE ELEMENTARY SCHOOL 937 S. MILLER ST. GASTONIA, NC 28052		501(C)(3)	10,000.	0.			GENERAL SUPPORT
PRESERVATION NORTH CAROLINA PO BOX 27644 RALEIGH, NC 27644	56-1145386	501(C)(3)	146,000.	0.			GENERAL SUPPORT
PRESBYTERIAN SAMARITAN COUNSELING CENTER - 5203 SHARON RD. - CHARLOTTE, NC 28210	56-1061160	501(C)(3)	12,900.	0.			GENERAL SUPPORT
PRESBYTERY OF WESTERN NORTH CAROLINA - 114 SILVER CREEK ROAD - MORGANTON , NC 28655	56-1452137	501(C)(3)	107,500.	0.			GENERAL SUPPORT
QUEEN OF THE APOSTLES ROMAN CATHOLIC - 503 N. MAIN ST - BELMONT, NC 28012		501(C)(3)	7,500.	0.			GENERAL SUPPORT
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 28207	56-0530003	501(C)(3)	7,125.	0.			GENERAL SUPPORT
ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	501(C)(3)	8,500.	0.			GENERAL SUPPORT
S.O.C.K.S, INC. PO BOX 269 MCADENVILLE, NC 28101	58-1820384	501(C)(3)	9,274.	0.			GENERAL SUPPORT
SADLER ELEMENTARY SCHOOL 3950 WEST FRANKLIN BLVD GASTONIA, NC 28052		501(C)(3)	6,500.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 107 S. BROAD ST GASTONIA, NC 28052	58-0660607	501(C)(3)	100,888.	0.			GENERAL SUPPORT
SALVATION ARMY BOYS & GIRLS CLUB 107 S. BROAD ST GASTONIA, NC 28052	58-0660607	501(C)(3)	7,160.	0.			GENERAL SUPPORT
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 35229	63-0312914	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SCHIELE MUSEUM 1500 E GARRISON BLVD GASTONIA, NC 28054	56-0770432	501(C)(3)	66,160.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF METROLLINA - 500B SPRATT ST - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	12,750.	0.			GENERAL SUPPORT
SHELTER OF GASTON COUNTY 330 DR. MARTIN LUTHER KING WAY GASTONIA, NC 28052		170(C)(1)	22,212.	0.			GENERAL SUPPORT
SHINING HOPE FARMS 328 WHIPPOORWILL LANE MOUNT HOLLY, NC 28120	30-0067482	501(C)(3)	30,484.	0.			GENERAL SUPPORT
SOUTHERN WESLEYAN UNIVERSITY PO BOX 1020 CENTRAL, SC 29630	57-0324936	501(C)(3)	5,597.	0.			GENERAL SUPPORT
SPECIAL KARE MINISTRIES 5218 WOODLAND BAY DR BELMONT, NC 28012	20-1251487	501(C)(3)	5,868.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARK'S EPISCOPAL CHURCH 258 W. FRANKLIN AVE GASTONIA, NC 28052		501(C)(3)	8,400.	0.			GENERAL SUPPORT
ST. MARY'S FREE WILL BAPTIST CHURCH - PO BOX 83 - BRIDGETON, NC 28519		501(C)(3)	10,000.	0.			GENERAL SUPPORT
TEMPLE EMANUEL 320 S SOUTH ST GASTONIA, NC 28052		501(C)(3)	14,450.	0.			GENERAL SUPPORT
TRI-COUNTY ANIMAL RESCUE, INC. PO BOX 176 ALEXIS, NC 28006	56-2101756	501(C)(3)	14,312.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL - 450 RIDGE RD STE 2215 - CHAPEL HILL, NC 27514		170(C)(1)	47,250.	0.			GENERAL SUPPORT
UNC - WILMINGTON 601 S COLLEGE RD WILMINGTON, NC 28403		170(C)(1)	7,000.	0.			GENERAL SUPPORT
UNC CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223		170(C)(1)	27,179.	0.			GENERAL SUPPORT
UNC SCHOOL OF LAW CAMPUS BOX 3380 CHAPEL HILL, NC 27599		501(C)(3)	12,000.	0.			GENERAL SUPPORT
UNITED WAY OF GASTON COUNTY 200 E FRANKLIN BLVD GASTONIA, NC 28052	56-0653356	501(C)(3)	56,896.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY FARM, INC. PO BOX 6341 GASTONIA, NC 28056	27-2026487	501(C)(3)	7,415.	0.			GENERAL SUPPORT
VOICES FOR KIDS, INC. PO BOX 550321 GASTONIA, NC 28055	04-3797707	501(C)(3)	56,825.	0.			GENERAL SUPPORT
WEBB STREET SCHOOL 1623 N WEBB ST. GASTONIA, NC 28052	47-5023374	501(C)(3)	11,176.	0.			GENERAL SUPPORT
WESTERN CAROLINA UNIVERSITY 1 UNIVERSITY DRIVE CULLOWHEE, NC 28723		170(C)(1)	11,000.	0.			GENERAL SUPPORT
WITH FRIENDS, INC. 2098 KEITH DR GASTONIA, NC 28054	56-1738637	501(C)(3)	91,155.	0.			GENERAL SUPPORT
YOUNG LIFE GASTON COUNTY 3801 WINGFIELD DRIVE GASTONIA, NC 28056	84-0385934	501(C)(3)	17,184.	0.			GENERAL SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(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

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

PART I, LINE 2:

THE ORGANIZATION REVIEWS EVERY GRANT REQUEST AND TRACKS EVERY GRANT'S UTILIZATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

GASTON COMMUNITY FOUNDATION

Employer identification number

58-1340834

Part I 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		
2	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		
3	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		
4	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			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	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	7		X
8	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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERNEST W. SUMNER	(i)	143,042.	0.	0.	11,443.	4,550.	159,035.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
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	(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 M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: GASTON COMMUNITY FOUNDATION

Employer identification number: 58-1340834

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	36	1,269,589.	FAIR MARKET VALUE
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				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 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 — 29: 0

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
GASTON COMMUNITY FOUNDATION

Employer identification number
58-1340834

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

IN ORDER TO PROTECT THE PRIVACY OF THE DONORS, A PUBLIC DISCLOSURE COPY OF FORM 990 IS CIRCULATED VIA US MAIL OR E-MAILED TO ALL BOARD DIRECTORS BEFORE THE FORM IS FILED.

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

BOARD MEMBERS REVIEW ANNUALLY FOR ANY CONFLICTS OF INTEREST. THE PRESIDENT AND FINANCIAL COORDINATOR REVIEW ALL TRANSACTIONS TO ENSURE COMPLIANCE. IN THE EVENT OF A POTENTIAL CONFLICT, THAT MEMBER WILL RECUSE THEMSELVES FROM ALL DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION AND COMPARES TO THE DATA AVAILABLE THROUGH THE COUNCIL ON FOUNDATIONS. ALL DISCUSSIONS ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CSV OF LIFE INSURANCE	11,651.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-217,108.
TOTAL TO FORM 990, PART XI, LINE 9	-205,457.