

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE FOUNDATION FOR A HEALTHY HIGH POINT		A Employer identification number 46-2174223	
Number and street (or P O box number if mail is not delivered to street address) 501 NORTH MAIN STREET NO 2-B		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code HIGH POINT, NC 27260		B Telephone number (see instructions) (336) 822-7740	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 49,160,893		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	4,877,715			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,317,121	1,317,121		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	741,559			
	b Gross sales price for all assets on line 6a	13,499,463			
	7 Capital gain net income (from Part IV, line 2)		741,559		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	6,936,395	2,058,680		
	13 Compensation of officers, directors, trustees, etc	163,856	16,386		147,470
	14 Other employee salaries and wages	100,501	10,050		90,451
	15 Pension plans, employee benefits	32,875	3,288		28,614
	16a Legal fees (attach schedule)	64,879	23		64,856
	b Accounting fees (attach schedule)	37,548	21,343		11,107
	c Other professional fees (attach schedule)	175,508	154,513		20,995
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	60,332	25,913		15,844
	19 Depreciation (attach schedule) and depletion	14,232	0		
	20 Occupancy	5,982	598		5,384
	21 Travel, conferences, and meetings	21,628	246		22,187
	22 Printing and publications	4,406	441		4,127
	23 Other expenses (attach schedule)	84,554	3,829		84,837
	24 Total operating and administrative expenses. Add lines 13 through 23	766,301	236,630		495,872
	25 Contributions, gifts, grants paid	993,535			1,983,595
	26 Total expenses and disbursements. Add lines 24 and 25	1,759,836	236,630		2,479,467
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	5,176,559			
	b Net investment income (if negative, enter -0-)		1,822,050		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,242,945	1,333,072	1,333,072
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ <u>3,877,715</u> Less allowance for doubtful accounts ▶ _____		3,877,715	3,877,715
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	29,143,312	25,092,984	25,092,984
	c Investments—corporate bonds (attach schedule)	19,676,652	18,809,598	18,809,598
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ <u>109,577</u> Less accumulated depreciation (attach schedule) ▶ <u>74,816</u>	41,339	34,761	34,761
15 Other assets (describe ▶ _____)	456	12,763	12,763	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	50,104,704	49,160,893	49,160,893	
Liabilities	17 Accounts payable and accrued expenses	7,048	13,017	
	18 Grants payable	1,865,060	875,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	100,312	0	
	23 Total liabilities (add lines 17 through 22)	1,972,420	888,017	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	48,132,284	48,272,876	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see instructions)	48,132,284	48,272,876		
31 Total liabilities and net assets/fund balances (see instructions) .	50,104,704	49,160,893		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	48,132,284
2 Enter amount from Part I, line 27a	2	5,176,559
3 Other increases not included in line 2 (itemize) ▶ _____	3	143,338
4 Add lines 1, 2, and 3	4	53,452,181
5 Decreases not included in line 2 (itemize) ▶ _____	5	5,179,305
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	48,272,876

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a INVESTMENT PORTFOLIO			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 13,499,463		12,757,904	741,559
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			741,559
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	741,559
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,671,037	48,106,118	0 055524
2016	2,577,824	45,635,910	0 056487
2015	956,612	45,050,601	0 021234
2014	783,899	33,367,731	0 023493
2013	96,834	0	0 000000

2 Total of line 1, column (d)	2	0 156738
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 031348
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	48,383,181
5 Multiply line 4 by line 3	5	1,516,716
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	18,221
7 Add lines 5 and 6	7	1,534,937
8 Enter qualifying distributions from Part XII, line 4	8	2,487,122

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	18,221
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	18,221
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	18,221
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	20,000
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	16,500
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	36,500
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	84
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	18,195
11	Enter the amount of line 10 to be Credited to 2019 estimated tax 18,195 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NC		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.HEALTHYHIGHPOINT.ORG	13	Yes	
14	The books are in care of ► M. TINA MARKANDA, CEO/EXECUTIVE DIR. Telephone no. ► (336) 822-7740			

Located at ► 501 NORTH MAIN STREET NO 2-B HIGH POINT NC ZIP+4 ► 27260

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEAN B WORKMAN	GRANTS MANAGER	50,082	7,915	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260	40 00			
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
STERLING CAPITAL MANAGEMENT 4350 CONGRESS STREET STE 1000 CHARLOTTE, NC 28209	INVESTMENT MANAGEMENT & CUSTODIAN	163,457
ROBINSON BRADSHAW 101 NORTH TRYON ST STE 1900 CHARLOTTE, NC 28246	LEGAL SERVICES	64,645

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3. **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	48,021,925
b	Average of monthly cash balances.	1b	1,098,056
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	49,119,981
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	49,119,981
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	736,800
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	48,383,181
6	Minimum investment return. Enter 5% of line 5.	6	2,419,159

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	2,419,159
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	18,221
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	18,221
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,400,938
4	Recoveries of amounts treated as qualifying distributions.	4	39,752
5	Add lines 3 and 4.	5	2,440,690
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,440,690

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	2,479,467
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	7,655
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	2,487,122
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	18,221
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,468,901

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				2,440,690
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			565,022	
b Total for prior years 20____, 20____, 20____		0		
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.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>2,487,122</u>				
a Applied to 2017, but not more than line 2a			565,022	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				1,922,100
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				518,590
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV	
1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed LESLIE SAWYERS 501 NORTH MAIN STREET SUITE 2-B HIGH POINT, NC 27260 (336) 822-7740 LSAWYERS@HEALTHYHIGHPOINT.ORG	
b The form in which applications should be submitted and information and materials they should include SEE HTTP://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/	
c Any submission deadlines SEE HTTP://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE HTTP://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total ► 3a				
b <i>Approved for future payment</i> FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO ASSIST WITH ESTABLISHING A CENTER OF EXCELLENCE FOR INTEGRATED CHILD PSYCHIATRIC TREATMENT	250,000
Total ► 3b				

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

**Paid
Preparer
Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES KEEVER	DIRECTOR, CHAIR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
LEAH PRICE	DIRECTOR, VICE CHAIR/TREAS 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
SHERI LIM DO	DIRECTOR, SECRETARY 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
M TINA MARKANDA	CEO, EXECUTIVE DIRECTOR 40 00	163,856	18,124	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
JAMES HOEKSTRA MD	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
TYLER COVINGTON	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
MATT JOBE	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
STEPHANIE JOHNSON	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
JEFFREY S MILLER	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
KAY MILLER	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
JEREMY MOSELEY	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
LINDA TAYLOR MD	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
REV FRANK THOMAS	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				
ELLIOTT WILLIAMS MD	DIRECTOR 1 00	0	0	0
501 NORTH MAIN STREET STE 2-B HIGH POINT, NC 27260				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALCOHOL & DRUG SERVICES OF GUILFORD INC 119 CHESTNUT DRIVE HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH PREVENTING SUBSTANCE ABUSE AMONG YOUTH THROUGH THE HEALTHY YOUNG PEOPLE AND ENVIRONMENTS (HYPE) PROGRAM	50,000
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC PO BOX 14608 GREENSBORO, NC 27415	NONE	PC	TO CONTINUE ASSISTANCE WITH THE PARTNERING FOR HEALTHY PARENTING PROGRAM	72,000
COMMUNITY CLINIC OF HIGH POINT 779 N MAIN STREET HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH OPERATIONAL SUPPORT	130,500
Total ► 3a				1,983,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO ASSIST WITH ESTABLISHING A CENTER OF EXCELLENCE FOR INTEGRATED CHILD PSYCHIATRIC TREATMENT	250,000
FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO ASSIST WITH PROVIDING INTEGRATED PRIMARY CARE SERVICES FOR UNINSURED AND INDIGENT PATIENTS	260,000
FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO CONTINUE ASSISTANCE WITH THE TRANSITIONAL SERVICES MANAGEMENT PROGRAM	50,000
Total ▶ 3a				1,983,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO, NC 27406	NONE	PC	TO ASSIST WITH SUPPORT OF THE NURSE-FAMILY PARTNERSHIP PROGRAM	58,400
GUILFORD COUNTY COALITION ON INFANT MORTALITY 1203 MAPLE STREET 3RD FLOOR GREENSBORO, NC 27406	NONE	PC	TO ASSIST WITH EXPANDING THE ADOPT-A-MOM PROGRAM IN GREATER HIGH POINT COMMUNITIES	10,000
GUILFORD COUNTY DHHS DIVISION OF PUBLIC HEALTH 1203 MAPLE STREET 3RD FLOOR GREENSBORO, NC 27405	NONE	GOV	TO ASSIST WITH EXPANDING SERVICES OF THE FAMILY CONNECTS PROGRAM	87,689
Total ▶ 3a				1,983,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUILFORD COUNTY DHHS DIVISION OF PUBLIC HEALTH 1203 MAPLE STREET 3RD FLOOR GREENSBORO, NC 27405	NONE	GOV	TO ASSIST WITH REDUCING TEEN PREGNANCY RATES IN HIGH POINT	86,213
GUILFORD COUNTY PARTNERSHIP FOR CHILDREN 500 W FRIENDLY AVE STE 100 GREENSBORO, NC 27401	NONE	PC	TO ASSIST WITH SUPPORT FOR THE READY FOR THE SCHOOL, READY FOR LIFE INITIATIVE	25,000
GUILFORD NON-PROFIT CONSORTIUMCOMMUNITY FOUNDATION OF GREATER GREENSBORO 330 S GREENE ST 100 GREENSBORO, NC 27401	NONE	PC	TO ASSIST WITH SUPPORT FOR CAPACITY BUILDING EFFORTS FOR NON-PROFIT ORGANIZATIONS	5,039
Total ► 3a				1,983,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HIGH POINT REGIONAL HEALTH FOUNDATION 601 N ELM STREET HIGH POINT, NC 27261	NONE	PC	TO ASSIST IN ENHANCING CLINICAL PROGRAMS AT HIGH POINT REGIONAL HEALTH	625,000
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY D-66 HIGH POINT, NC 27268	NONE	PC	TO ASSIST WITH ESTABLISHING PHYSICAL THERAPY SERVICES THROUGH A COMMUNITY-BASED PRO BONO CLINIC	100,000
OPEN DOOR MINISTRIES 400 N CENTENNIAL STREET HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH CONTINUED SUPPORT OF THE BEHAVIORAL HEALTH SERVICES PROGRAM	34,907
Total ▶ 3a				1,983,595

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHIFT NC3710 UNIVERSITY DRIVE DURHAM, NC 27707	NONE	PC	TO ASSIST WITH HEALTHY BEGINNINGS INITIATIVE SUPPORT	118,847
THE ARC OF HIGH POINT 153 BELLEVUE DRIVE HIGH POINT, NC 27265	NONE	PC	TO ASSIST WITH THE EXPANSION OF DENTAL SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	10,000
YMCA OF HIGH POINT INC 112 GATEWOOD AVE HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH STAFF TRAINING AND EDUCATION	10,000
Total ▶ 3a				1,983,595

TY 2018 Accounting Fees Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING - AUDIT & TAX	27,273	13,637		8,538
ACCOUNTING - BOOKKEEPING	10,275	7,706		2,569

TY 2018 Investments Corporate Bonds Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
DODGE & COX INCOME FD COM	5,253,452	5,253,452
DOUBLELINE FDS TR TTL RTN BD I	4,030,243	4,030,243
FIDELTY L/T TRSRY BD-INS PRM	398,353	398,353
METROPOLITAN WEST FDS TOTAL RET CL I	3,390,480	3,390,480
NEUBERGER BERMAN INCOME FDS NE	1,819,172	1,819,172
STRG INCM INSTLPRUDENTIAL TOTAL RETRN BND-Z	3,917,898	3,917,898

TY 2018 Investments Corporate Stock Schedule

Name: THE FOUNDATION FOR A HEALTHY HIGH POINT
EIN: 46-2174223

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALPHABET INC-CL A	65,387	65,387
ALPHABET INC-CL C	72,493	72,493
FACEBOOK INC-A	120,865	120,865
TWITTER INC	44,260	44,260
AMAZON COM INC COM	157,707	157,707
CARNIVAL PLC ADR	35,963	35,963
HOME DEPOT INC COM	57,044	57,044
LENNAR CORP-A	42,399	42,399
LENNAR CORP - B SHS	815	815
SONY CORP ADR NEW	55,570	55,570
STARBUCKS CORP COM	76,765	76,765
YUM CHINA HOLDINGS INC	29,238	29,238
YUM! BRANDS INC	48,442	48,442
BRITISH AMERN TOB PLC SPONSORED ADR	70,889	70,889
COCA COLA CO COM	132,154	132,154
COLGATE PALMOLIVE CO COM	47,080	47,080
FOMENTO ECONOMICO MEXICANO SABSPON ADR UNITS	23,147	23,147
KROGER CO COM	43,313	43,313
MONDELEZ INTL INC	41,711	41,711
MONSTER BEVERAGE CORP	78,998	78,998
PROCTER & GAMBLE CO COM	73,904	73,904
WALGREENS BOOTS ALLIANCE INC	40,725	40,725
HALLIBURTON CO COM	31,152	31,152
PHILLIPS 66 COM	60,908	60,908
PIONEER NAT RES CO COM	33,801	33,801
SCHLUMBERGER LTD	63,501	63,501
AMERICAN EXPRESS CO	27,833	27,833
AMERIPRISE FINL INC COM	46,340	46,340
BANK OF AMERICA CORPORATION COM	66,725	66,725
BOK FINL CORP COM NEW	30,505	30,505

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CAPITAL ONE FINL CORP COM	46,412	46,412
CHUBB LTD	45,471	45,471
CULLEN FROST BANKERS INC COM	33,681	33,681
EAST WEST BANCORP INC	40,265	40,265
FACTSET RESEARCH SYSTEMS INC CT	43,228	43,228
HDFC BANK LTD ADR REPS 3 SHS	28,384	28,384
JPMORGAN CHASE & CO COM	43,636	43,636
MANULIFE FINL CORP COM	60,407	60,407
SEI INVESTMENTS CO COM	51,836	51,836
ABBVIE INC COM	38,996	38,996
ACADIA HEALTHCARE CO INC	29,412	29,412
AMGEN INC COM	118,554	118,554
CERNER CORP COM	46,619	46,619
DANAHER CORP	71,772	71,772
MERCK & CO INC NEW COM	32,398	32,398
REGENERON PHARMACEUTICALS COM	84,785	84,785
VARIAN MED SYS INC COM	44,418	44,418
DEERE & CO COM	69,662	69,662
EXPEDITORS INTL WASH INC COM	73,401	73,401
GENERAL DYNAMICS CORP COM	49,050	49,050
OSHKOSH CORP	49,661	49,661
PARKER HANNIFIN CORP COM	53,243	53,243
UNITED PARCEL SERVICE INC CL B	23,602	23,602
ADOBE INC	100,451	100,451
ANSYS INC PA	59,463	59,463
AUTODESK INC COM	98,901	98,901
AUTOMATIC DATA PROCESSING INC COM	23,470	23,470
CHECK POINT SOFTWARE TECH LTD ORD	66,825	66,825
CISCO SYS INC COM	72,101	72,101
MICROCHIP TECHNOLOGY INC COM	56,385	56,385

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MICROSOFT CORP WA	170,942	170,942
ORACLE CORP COM	120,054	120,054
PAYPAL HOLDINGS INC	66,936	66,936
QUALCOMM INC COM	69,544	69,544
VISA INC COM CL A	154,238	154,238
MARTIN MARIETTA MATLS INC COM	46,577	46,577
PPG INDS INC COM	56,533	56,533
EQUITY LIFESTYLE PPTYS INC COM	32,053	32,053
NATIONAL FUEL GAS COMPANY	42,377	42,377
BAIDU INC SPON ADR REP A	122,756	122,756
CHINA MOBILE LIMITED SPONSORED ADR	75,264	75,264
KDDI CORP ADR	63,606	63,606
NASPERS LTD-N SHS SPON ADR	55,614	55,614
SK TELECOM LTD SPONSORED ADR	65,151	65,151
VODAFONE GROUP PLC-SP ADR	38,386	38,386
WEIBO CORP-SPON ADR	35,818	35,818
YANDEX NV-A	22,290	22,290
ADIDAS AG ADR	22,415	22,415
ALIBABA GROUP HOLDING-SP ADR	122,952	122,952
BAYERISCHE MOTOREN-SPON ADR	25,836	25,836
COMPAGNIE FIN RICHEMONTAG SWI ADR	45,802	45,802
GILDAN ACTIVEWEAR INC COM	35,612	35,612
JOHNSON CONTROLS INTL PLC	45,661	45,661
LVMH MOET HENNESSY LOUIS VUITTON	40,496	40,496
ADRVOLKSWAGEN A G-UNSPON ADR	106,983	106,983
AMBEV SA-ADR	21,325	21,325
DANONE SPONSORED ADR	68,965	68,965
L OREAL CO ADR	61,916	61,916
NESTLE SA-SPONS ADR	89,044	89,044
UNILEVER N V N Y SHS NEW	50,249	50,249

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
UNILEVER PLC-SPONSORED ADR	42,688	42,688
BP PLC SPONSORED ADR	57,600	57,600
ENCANA CORP COM	30,137	30,137
ROYAL DUTCH SHELL PLC SPON ADR B	142,537	142,537
SASOL LTD SPONSORED ADR	20,796	20,796
TENARIS S A SPONSORED ADR	12,174	12,174
AIA GROUP LTD SPONSORED ADR	110,385	110,385
AKBANK TURK ANONM SIRK ADR	7,175	7,175
ALLIANZ SE SP ADR 1/10 SH	78,362	78,362
AVIVA PLC - SPON ADR	45,327	45,327
BANCO BILBAO VIZCAYA ARGENTARI SPONSORED ADR	84,180	84,180
BARCLAYS PLC ADR	69,451	69,451
BNP PARIBAS SPONSORED ADR	48,736	48,736
CAIXABANK- UNSPON ADR	24,995	24,995
CANADIAN IMPRL BK COMM COM	18,188	18,188
DBS GROUP HLDGS LTD SPONSORED ADR	66,812	66,812
GRUPO FIN BANORTE-SPON ADR	24,989	24,989
HSBC HLDGS PLC SPON ADR NEW	28,859	28,859
ICICI BK LTD ADR	32,815	32,815
ING GROEP N V SPONSORED ADR	24,092	24,092
ITAU UNIBANCO HLDG SA SPON ADR REP PFD	45,517	45,517
LLOYDS BANKING GROUP PLC SPONSORED ADR	28,652	28,652
MITSUBISHI UFJ FINL-SPON ADR	26,702	26,702
PRUDENTIAL PLC ADR	78,663	78,663
SUMITOMO MITSUI FINL GROUP INC SPONSORED ADR	29,588	29,588
UNICREDIT SPA-ADR	76,242	76,242
ASPEN PHARMACARE HL-UNSP ADR	13,693	13,693
ASTRAZENECA PLC SPONSORED ADR	58,375	58,375
BAYER A G SPONSORED ADR	63,102	63,102
FRESENIUS MEDICAL CARE-ADR	37,702	37,702

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
GLAXOSMITHKLINE PLC SPONSORED ADR	25,066	25,066
GRIFOLS S A SP ADR REP B NVT	22,344	22,344
LONZA GROUP AG ADR	43,768	43,768
MEDTRONIC PLC	60,397	60,397
NOVARTIS AG-SPONSORED ADR	146,049	146,049
NOVO-NORDISK A S ADR	70,948	70,948
ROCHE HLDG LTD SPONSORED ADR	123,669	123,669
SONOVA HLDG AG ADR	29,129	29,129
SYSMEX CORP ADR	24,236	24,236
TAKEDA PHARMACEUTICAL CO LTD SPONSORED ADR	74,311	74,311
ABB LTD SPONSORED ADR	74,082	74,082
ALFA LAVAL AB-UNSPON ADR	29,755	29,755
ATLAS COPCO AB SP ADR A NEW	22,271	22,271
CANADIAN NATL RY CO COM	55,434	55,434
CANADIAN PAC RY LTD COM	8,703	8,703
DEUTSCHE POST AG SPONSORED ADR	36,762	36,762
EAST JAPAN RAILWAY CO ADR	50,127	50,127
FANUC CORPORATION ADR	99,778	99,778
JAPAN AIRLINES CO-UNP ADR	43,692	43,692
JGC CORP ADR	21,066	21,066
KOMATSU LTD SPON ADR NEW	19,577	19,577
KUBOTA CORP-SPONS ADR	21,562	21,562
MONOTARO CO LTD ADR	42,660	42,660
PARK24 CO LTD-SPN ADR	20,476	20,476
ROLLS ROYCE HOLDINGS PLC SPONSORED ADR	48,213	48,213
DASSAULT SYSTEMS	52,396	52,396
INFINEON TECHNOLOGIES AG SPONSORED ADR	32,793	32,793
MICRO FOCUS INTL-SPN ADR	32,527	32,527
SAP SE SPON ADR	121,949	121,949
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADR	94,637	94,637

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TEMENOS AG-SP ADR	27,627	27,627
AIR LIQUIDE ADR	61,913	61,913
AKZO NOBEL NV SPONSORED ADR	62,692	62,692
BASF SE SPONSORED ADR	71,273	71,273
BHP GROUP PLC-ADR	20,903	20,903
FUCHS PETROLUB SE-PREF ADR	25,316	25,316
GIVAUDAN UNSPON ADR	24,288	24,288
LINDE PLC	41,351	41,351
NOVOZYMES A/S-UNSPONS ADR	22,816	22,816
SYMRISE AG-UNSPON ADR	31,097	31,097
ENGIE-SPON ADR	18,613	18,613
SSE PLC-SPN ADR	54,903	54,903
SUN COMMUNITIES INC COM	31,530	31,530
FEDERATED MDT SM CAP GR-R6	336,638	336,638
TOUCHSTONE FDS GROUP TR MDCAP VALINST	1,482,391	1,482,391
TOUCHSTONE MID CAP GROW -INST	1,446,003	1,446,003
VIRTUS QUALITY SMALL-CAP-I	1,106,479	1,106,479
GS-INTERNAT SC INSIGHTS-IS	1,386,111	1,386,111
LAZARD FDS INC EMERG MKT INST	1,546,853	1,546,853
MSIF-GLOBAL OPPORTUNITY-I	1,187,346	1,187,346
OPPENHEIMER DEVELOPING MKT-I	1,548,386	1,548,386
VANGUARD S&P 500 ETF	4,724,434	4,724,434
VANGUARD FTSE DEVELOPED ETF	1,505,592	1,505,592

TY 2018 Legal Fees Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	64,879	23		64,856

TY 2018 Other Assets Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
REFUNDABLE DEPOSITS	456	456	456
FEDERAL NET INVESTMENT EXCISE TAX RECEIVABLE	0	1,780	1,780
DEFERRED FEDERAL NII EXCISE TAX BENEFIT	0	10,527	10,527

TY 2018 Other Decreases Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Description	Amount
UNREALIZED DEPRECIATION IN THE INVESTMENT PORTFOLIO	5,179,304
ROUNDING	1

TY 2018 Other Expenses Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES & EXPENSE	5,483	548		6,037
INFORMATION TECHNOLOGY	18,859	1,886		16,784
INSURANCE	8,294	829		7,465
COMMUNICATIONS & PUBLIC RELATIONS	314	0		314
COMMUNITY DEVELOPMENT & PUBLIC RELATIONS	16,749	0		19,749
DUES & SUBSCRIPTIONS	547	55		492
HONORARIUMS, GIFTS & AWARDS	7,500	0		7,500
MISC/OTHER	763	76		687
NFP ASSOCIATION/ORGANIZATION DUES & MEMBERSHIPS	13,845	15		13,830
POSTAGE & DELIVERY	252	25		227

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SPONSORSHIPS & SPONSORED EVENTS	8,000	0		8,000
TRAINING & DEVELOPMENT	3,948	395		3,752

TY 2018 Other Increases Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Description	Amount
TAX ADJUSTMENT - RECOVERED GRANT	39,752
DEFERRED FEDERAL NII EXCISE TAX	103,586

TY 2018 Other Liabilities Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Description	Beginning of Year - Book Value	End of Year - Book Value
FEDERAL NII EXCISE TAX PAYABLE	7,253	0
DEFERRED FEDERAL NII EXCISE TAX	93,059	0

TY 2018 Other Professional Fees Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT CUSTODIAN/CONSULTING/MANAGEMENT	163,457	151,039		12,418
TECHNOLOGY SERVICES	3,576	358		3,218
PAYROLL & RETIREMENT SERVICES	1,162	116		1,046
INVESTMENT SERVICES	3,000	3,000		0
OTHER CONSULTING SERVICES	4,313	0		4,313

**TY 2018 Substantial Contributors
Schedule****Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223**Name****Address**

WAKE FOREST UNIVERSITY BAPTIST MEDI

MEDICAL CENTER BOULEVARD
WINSTONSALEM, NC 27157

TY 2018 Taxes Schedule**Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	17,604	1,760		15,844
FOREIGN INVESTMENT TAXES	24,153	24,153		0
FEDERAL NII EXCISE TAX	18,575	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
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Name of the organization THE FOUNDATION FOR A HEALTHY HIGH POINT	Employer identification number 46-2174223
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization THE FOUNDATION FOR A HEALTHY HIGH POINT	Employer identification number 46-2174223
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Part I	Contributors (See instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER OF WAKE FOREST BAPTIST HEALTH MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	\$ 4,877,715	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

46-2174223

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE FOUNDATION FOR A HEALTHY HIGH POINT	Employer identification number 46-2174223
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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