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Form 990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation  
or Section 4947(a)(1) Trust Treated as Private Foundation

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Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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		B Telephone number (see instructions) (336) 822-7740	
City or town, state or province, country, and ZIP or foreign postal code HIGH POINT, NC 27260		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <div><input type="checkbox"/> Initial return<input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return<input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change<input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
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 ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 56,032,039	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 ..... <input type="checkbox"/>			

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)	60,720		
	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	1,427,343	1,427,343	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	-16,730		
	b Gross sales price for all assets on line 6a			
		237,118		
	7 Capital gain net income (from Part IV, line 2)		0	
	8 Net short-term capital gain			
	9 Income modifications			
Operating and Administrative Expenses	10a Gross sales less returns and allowances			
	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	1,471,333	1,427,343	
	13 Compensation of officers, directors, trustees, etc.	168,775	16,878	151,898
	14 Other employee salaries and wages	95,954	9,595	86,358
	15 Pension plans, employee benefits	30,149	3,015	27,497
	16a Legal fees (attach schedule)	260	26	234
	b Accounting fees (attach schedule)	42,015	23,674	23,585
	c Other professional fees (attach schedule)	204,972	147,688	57,284
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	176,348	26,475	15,924
	19 Depreciation (attach schedule) and depletion	12,195	0	
	20 Occupancy	6,159	616	5,543
	21 Travel, conferences, and meetings	28,647	705	27,781
	22 Printing and publications	5,055	506	4,572
23 Other expenses (attach schedule)	90,905	5,592	88,637	
24 Total operating and administrative expenses. Add lines 13 through 23	861,434	234,770	489,313	
25 Contributions, gifts, grants paid	900,568		1,539,200	
26 Total expenses and disbursements. Add lines 24 and 25	1,762,002	234,770	2,028,513	
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	-290,669		
	b Net investment income (if negative, enter -0-)		1,192,573	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

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 . . . . .	187,478	250,055	250,055
	2 Savings and temporary cash investments . . . . .	1,145,594	923,432	923,432
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ <u>2,938,435</u> Less: allowance for doubtful accounts ▶ _____	3,877,715	2,938,435	2,938,435
	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 . . . . .		4,400	4,400
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	25,092,984	33,043,678	33,043,678
	c Investments—corporate bonds (attach schedule) . . . . .	18,809,598	18,849,016	18,849,016
	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>87,010</u>	34,761	22,567	22,567
15 Other assets (describe ▶ _____)	12,763	456	456	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	49,160,893	56,032,039	56,032,039	
Liabilities	17 Accounts payable and accrued expenses . . . . .	13,017	3,258	
	18 Grants payable . . . . .	875,000	250,000	
	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 ▶ _____)	0	105,142	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	888,017	358,400	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .	48,272,876	55,673,639	
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	48,272,876	55,673,639	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	49,160,893	56,032,039		

**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 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	48,272,876
2 Enter amount from Part I, line 27a . . . . .	2	-290,669
3 Other increases not included in line 2 (itemize) ▶ _____	3	7,691,432
4 Add lines 1, 2, and 3 . . . . .	4	55,673,639
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	55,673,639

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1 a</b> PUBLICLY TRADED SECURITIES			
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b>		253,848	-253,848
<b>b</b> 237,118			237,118
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			-253,848
<b>b</b>			237,118
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; padding-left: 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	-16,730
<b>3</b> 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	<b>3</b>	

**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))
2018	2,468,901	48,383,181	0.051028
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

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.207766
<b>3</b> 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	<b>3</b>	0.041553
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	49,373,990
<b>5</b> Multiply line 4 by line 3	<b>5</b>	2,051,637
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	11,926
<b>7</b> Add lines 5 and 6	<b>7</b>	2,063,563
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	2,028,513

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)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	23,851
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	23,851
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	23,851
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	18,195
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	20,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	38,195
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	117
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	14,227
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> 14,227 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ 0 <b>(2)</b> On foundation managers. <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NC		
<b>b</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>	<b>8b</b>	Yes
<b>9</b> 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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HEALTHYHIGHPOINT.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>LEAH PRICE BOARD CHAIR</u> Telephone no. ► <u>(336) 822-7740</u>			


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

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2019, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	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 2019? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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)):			
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2019 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 2019.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2019?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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 . . . . .		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . 	<input type="checkbox"/>		
<b>c</b>	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		
<b>6a</b>	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		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.		<b>6b</b>	<b>No</b>
<b>7a</b>	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			
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		<b>7b</b>	
<b>8</b>	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**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total</b> number of other employees paid over \$50,000. . . . . 				<b>0</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
STERLING CAPITAL MANAGEMENT 4350 CONGRESS STREET STE 1000 CHARLOTTE, NC 28209	INVM'T MGMT/CUSTDN	103,570
<b>Total</b> 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
<b>1</b> _____ _____ _____	
<b>2</b> _____ _____ _____	
<b>3</b> _____ _____ _____	
<b>4</b> _____ _____ _____	

**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
<b>1</b> _____ _____ _____	
<b>2</b> _____ _____ _____	
All other program-related investments. See instructions.	
<b>3</b> _____ _____ _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	49,111,278
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,014,600
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	50,125,878
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	50,125,878
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	751,888
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	49,373,990
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,468,700

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,468,700
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	23,851
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	23,851
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	2,444,849
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	13,632
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,458,481
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,458,481

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	2,028,513
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,028,513
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	2,028,513

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				2,458,481
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			518,590	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>2,028,513</u>				
<b>a</b> Applied to 2018, but not more than line 2a			518,590	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				1,509,923
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				948,558
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**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 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 ☐ 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:

WHITNEY DAVIS  
501 NORTH MAIN STREET SUITE 2-B  
HIGH POINT, NC 27260  
(336) 822-7740  
INFO@HEALTHYHIGHPOINT.ORG

**b** The form in which applications should be submitted and information and materials they should include:

SEE [HTTP://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/](http://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/)

**c** Any submission deadlines:

SEE [HTTP://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/](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/](http://WWW.HEALTHYHIGHPOINT.ORG/GRANTMAKING/)

**Part XV** **Supplementary Information** (continued)**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	1,539,200
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated.

[illegible]

## Part XVII

- |  |  |            |           |
|--|--|------------|-----------|
|  |  | <b>Yes</b> | <b>No</b> |
|--|--|------------|-----------|

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- |       |  |    |
|-------|--|----|
| 1a(1) |  | No |
| 1a(2) |  | No |

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- |              |  |           |
|--------------|--|-----------|
| <b>1b(1)</b> |  | <b>No</b> |
| <b>1b(2)</b> |  | <b>No</b> |
| <b>1b(3)</b> |  | <b>No</b> |
| <b>1b(4)</b> |  | <b>No</b> |
| <b>1b(5)</b> |  | <b>No</b> |
| <b>1b(6)</b> |  | <b>No</b> |

<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue


[illegible]

**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

<b>Sign Here</b> 	*****	2020-09-04	*****	<div style="border: 1px solid black; padding: 5px;">             May the IRS discuss this return with the preparer shown below              (see instr.) <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> </div>
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	GREGORY W HAYES		2020-09-04		
	Firm's name ► MOORE STEPHENS TILLER LLC				Firm's EIN ► 58-0673524
	Firm's address ► 1960 SATELLITE BLVD SUITE 3600 DULUTH, GA 30097				Phone no. (770) 995-8800

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

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	168,775	19,193	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 DR 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)				
<b>a</b> <i>Paid during the year</i>				
A SIMPLE GESTURE GREENSBORO INC 3825 W MARKET STREET STE 101 GREENSBORO, NC 27408	NONE	PC	TO SUPPORT OUR MARKETING BUDGET AND INCREASE OUR NUMBER OF DONORS FROM 500 TO 1,000.	9,500
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC PO BOX 14608 GREENSBORO, NC 27415	NONE	PC	TO ASSIST WITH CONTINUED SUPPORT OF THE PARTNERING FOR HEALTHY PARENTING PROGRAM	65,000
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC PO BOX 14608 GREENSBORO, NC 27415	NONE	PC	TO ASSIST WITH A CONTINUUM OF TEEN PREGNANCY PREVENTION SERVICES.	25,000
<b>Total . . . . . ▶ 3a</b>				1,539,200

**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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY CLINIC OF HIGH POINT 779 N MAIN STREET HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH OPERATIONAL SUPPORT	124,000
FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO CONTINUE ASSISTANCE WITH THE INTEGRATED CARE PROGRAM	200,000
FAMILY SERVICE OF THE PIEDMONT INC 901 BONNER DRIVE JAMESTOWN, NC 27281	NONE	PC	TO ASSIST WITH CONTINUED SUPPORT OF THE HOSPITAL DIVERSION AND TRANSITIONAL SERVICES PROGRAM	84,500
<b>Total . . . . . ▶ 3a</b>				1,539,200

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)				
<b>a</b> <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 DHHS DIVISION OF PUBLIC HEALTH 1203 MAPLE STREET 3RD FLOOR GREENSBORO, NC 27405	NONE	GOV	TO MAINTAIN FUNDING FOR OUR NURSE POSITION WITHIN GUILFORD FAMILY CONNECTS, TARGETING ZIP CODES WITH THE GREATEST HEALTH DISPARITIES FOR FAMILIES.	91,800
GUILFORD NON-PROFIT CONSORTIUMCOMMUNITY FOUNDATION OF GREATER GREENSBORO 330 S GREENE ST 100 GREENSBORO, NC 27401	NONE	PC	TO ASSIST WITH STRENGTHENING NON-PROFIT ORGANIZATIONS THROUGH GENERAL OPERATING SUPPORT.	18,000
<b>Total . . . . . ► 3a</b>				1,539,200

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)				
<b>a</b> <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
MENTAL HEALTH ASSOCIATES OF THE TRIAD PO BOX 56693 HIGH POINT, NC 27262	NONE	PC	TO EXPAND THE COURT SERVICES PROGRAM	100,000
NC MEDASSIST 4428 TAGGART CREEK ROAD SUITE 101 CHARLOTTE, NC 28208	NONE	PC	TO PROVIDE BEHAVIORAL HEALTH MEDICATION TO HIGH POINT RESIDENTS	9,500
<b>Total . . . . . ▶ 3a</b>				1,539,200

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)				
<b>a</b> <i>Paid during the year</i>				
READY FOR SCHOOL READY FOR LIFE 1416 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	PC	TO PROVIDE OPERATIONAL SUPPORT	25,000
SHIFT NC3710 UNIVERSITY DRIVE DURHAM, NC 27707	NONE	PC	TO ASSIST WITH CONTINUED SUPPORT OF THE HEALTHY BEGINNINGS INITIATIVE	88,500
SOUTHWEST RENEWAL FOUNDATION OF HIGH POINT PO BOX 778 HIGH POINT, NC 27261	NONE	PC	TO ASSIST WITH BUILDING CAPACITY SUPPORT	5,000
<b>Total . . . . . ▶ 3a</b>				1,539,200

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)				
<b>a</b> <i>Paid during the year</i>				
YWCA HIGH POINT112 GATEWOOD AVE HIGH POINT, NC 27262	NONE	PC	TO ASSIST WITH STAFF EDUCATION AND TRAINING	10,000
<b>Total . . . . . ▶ 3a</b>				1,539,200

**TY 2019 Accounting Fees Schedule****Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING - AUDIT & TAX	31,350	15,675		21,062
ACCOUNTING - BOOKKEEPING	10,665	7,999		2,523

**TY 2019 Investments Corporate Bonds Schedule****Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
DODGE & COX INCOME FD COM	4,848,289	4,848,289
DOUBLELINE FDS TR TTL RTN BD I	3,647,444	3,647,444
FIDELTY L/T TRSRY BD-INS PRM	1,209,836	1,209,836
METROPOLITAN WEST FDS TOTAL RET CL I	3,186,158	3,186,158
NEUBERGER BERMAN INCOME FDS NE	1,838,339	1,838,339
PGIM TOTAL RETURN BD-R6	3,465,863	3,465,863
PIMCO REAL RETURN FUND-INST FUND	653,087	653,087

**TY 2019 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
ABB LTD SPONSORED ADR	112,056	112,056
ADIDAS AG ADR	49,120	49,120
ADOBE INC	114,774	114,774
AIA GROUP LTD SPONSORED ADR	90,117	90,117
AIR LIQUIDE ADR	28,247	28,247
AKZO NOBEL NV SPONSORED ADR	66,404	66,404
ALCON INC	50,234	50,234
ALLEGION PUB LTD CO	68,248	68,248
ALFA LAVAL AB-UNSPON ADR	33,491	33,491
ALIBABA GROUP HOLDING-SP ADR	189,193	189,193
ALLIANZ SE SP ADR 1/10 SH	82,395	82,395
ALPHABET INC-CL A	92,418	92,418
ALPHABET INC-CL C	92,254	92,254
AMADEUS IT HOLDINGS	39,878	39,878
AMAZON COM INC COM	194,023	194,023
AMBEV SA-ADR	41,358	41,358
AMERICAN EXPRESS CO	15,188	15,188
AMERIPRISE FINL INC COM	66,799	66,799
AMGEN INC COM	135,240	135,240
ANSYS INC PA	82,886	82,886
ASTRAZENECA PLC SPONSORED ADR	69,156	69,156
ATLAS COPCO AB SP ADR A NEW	82,095	82,095
AUTODESK INC COM	140,163	140,163
AUTOMATIC DATA PROCESSING INC COM	31,372	31,372
AVIVA PLC - SPON ADR	55,676	55,676
BAIDU INC SPON ADR REP A	127,411	127,411
BANCO BILBAO VIZCAYA ARGENTARI SPONSORED ADR	58,579	58,579
BANK OF AMERICA CORPORATION COM	82,697	82,697
BARCLAYS PLC ADR	100,093	100,093
BASF SE SPONSORED ADR	143,035	143,035

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
BAYER A G SPONSORED ADR	69,121	69,121
BNP PARIBAS SPONSORED ADR	89,605	89,605
BOK FINL CORP COM NEW	33,736	33,736
BP PLC SPONSORED ADR	85,745	85,745
BRITISH AMERN TOB PLC SPONSORED ADR	107,424	107,424
CABOT OIL AND GAS	57,401	57,401
CAIXABANK- UNSPON ADR	46,765	46,765
CANADIAN IMPRL BK COMM COM	24,877	24,877
CANADIAN NATL RY CO COM	53,004	53,004
CAPITAL ONE FINL CORP COM	51,764	51,764
CARREFOUR SA	44,329	44,329
CERNER CORP COM	67,005	67,005
CHECK POINT SOFTWARE TECH LTD ORD	78,116	78,116
CHINA MOBILE LIMITED SPONSORED ADR	136,828	136,828
CHUBB LTD	48,877	48,877
CHUGAI PHARMACEUTIC	51,756	51,756
CISCO SYS INC COM	79,949	79,949
COLGATE PALMOLIVE CO COM	53,833	53,833
COMMERCE BANCSHARES, INC.	37,639	37,639
COMPAGNIE FIN RICHEMONTAG SWI ADR	26,464	26,464
CULLEN FROST BANKERS INC COM	32,072	32,072
DANAHER CORP	93,009	93,009
DANONE SPONSORED ADR	128,564	128,564
DASSAULT SYSTEMS	56,095	56,095
DBS GROUP HLDGS LTD SPONSORED ADR	71,290	71,290
DEERE & CO COM	80,046	80,046
DENTSU INC	25,150	25,150
DEUTSCHE POST AG SPONSORED ADR	67,190	67,190
DIEGO PLC	50,863	50,863
EAST JAPAN RAILWAY CO ADR	45,992	45,992

## Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EAST WEST BANCORP INC	34,431	34,431
ENCANA CORP COM	68,727	68,727
EPIROC AB	32,861	32,861
EQUITY LIFESTYLE PPTYS INC COM	39,278	39,278
EXPEDITORS INTL WASH INC COM	84,184	84,184
FACEBOOK INC-A	188,830	188,830
FACTSET RESEARCH SYSTEMS INC CT	53,392	53,392
FANUC CORPORATION ADR	131,211	131,211
FEDERATED MDT SM CAP GR-R6	898,723	898,723
FOMENTO ECONOMICO MEXICANO SAB	41,112	41,112
FUCHS PETROLUB SE-PREF ADR	28,402	28,402
GENERAL DYNAMICS CORP COM	49,378	49,378
GILDAN ACTIVEWEAR INC COM	19,313	19,313
HALLIBURTON CO COM	24,666	24,666
HDFC BANK LTD ADR REPS 3 SHS	34,030	34,030
HOME DEPOT INC COM	63,985	63,985
HSBC HLDGS PLC SPON ADR NEW	59,730	59,730
ICICI BK LTD ADR	47,322	47,322
INFINEON TECHNOLOGIES AG SPONSORED ADR	117,113	117,113
ING GROEP N V SPONSORED ADR	46,055	46,055
INVESCO OPPENHEIMER DEVELOP	1,896,557	1,896,557
ISHARES MSCI EAFE SMALL CAP	1,520,878	1,520,878
ITAU UNIBANCO HLDG SA SPON ADR REP PFD	30,067	30,067
JOHNSON CONTROLS INTL PLC	54,836	54,836
JOHNSON MATTHEY PLC	33,974	33,974
JPMORGAN CHASE & CO COM	54,227	54,227
KDDI CORP ADR	62,233	62,233
KOMATSU LTD SPON ADR NEW	21,345	21,345
KUBOTA CORP-SPONS ADR	40,738	40,738
LAZARD FDS INC EMERG MKT INST	1,827,886	1,827,886

## Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
LENNAR CORP - B SHS	983	983
LENNAR CORP-A	52,498	52,498
LINDE PLC	138,385	138,385
LLOYDS BANKING GROUP PLC SPONSORED ADR	28,009	28,009
LONZA GROUP AG ADR	49,130	49,130
LOREAL	76,219	76,219
LUKOIL PJSC	48,171	48,171
MANULIFE FINL CORP COM	38,997	38,997
MARTIN MARIETTA MATLS INC COM	69,071	69,071
MEDTRONIC PLC	65,461	65,461
MERCK & CO INC NEW COM	38,199	38,199
MICRO FOCUS INTL-SPN ADR	26,910	26,910
MICROCHIP TECHNOLOGY INC COM	71,628	71,628
MICROSOFT CORP WA	245,224	245,224
MITSUBISHI UFJ FINL-SPON ADR	31,565	31,565
MONSTER BEVERAGE CORP	106,065	106,065
MORGAN STANLEY GLOBAL	1,726,931	1,726,931
MURATA MANUFACTURING COMPANY LTD	21,277	21,277
NESTLE SA-SPONS ADR	113,507	113,507
NOVARTIS AG-SPONSORED ADR	188,338	188,338
NOVO-NORDISK A S ADR	89,251	89,251
NOVOZYMES A/S-UNSPONS ADR	24,094	24,094
NVIDIA CORP	90,591	90,591
ORACLE CORP COM	139,761	139,761
OSHKOSH CORP	70,609	70,609
PARKER HANNIFIN CORP COM	65,039	65,039
PAYPAL HOLDINGS INC	72,798	72,798
PHILLIPS 66 COM	66,623	66,623
PING AN INSURANCE GROUP COMPANY OF CHINA LIMITED	47,398	47,398
PIONEER NAT RES CO COM	35,572	35,572

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PPG INDS INC COM	67,679	67,679
PROCTER & GAMBLE CO COM	99,545	99,545
PRUDENTIAL PLC ADR	85,245	85,245
QUALCOMM INC COM	107,817	107,817
REGENERON PHARMACEUTICALS COM	94,245	94,245
RELX PLC	39,169	39,169
RIO TINTO PLC	26,118	26,118
ROCHE HLDG LTD SPONSORED ADR	238,456	238,456
ROLLS ROYCE HOLDINGS PLC SPONSORED ADR	88,808	88,808
ROYAL DUTCH SHELL PLC SPON ADR B	125,937	125,937
RYANAIR HOLDINGS PLC	58,611	58,611
SAP SE SPON ADR	198,037	198,037
SASOL LTD SPONSORED ADR	15,192	15,192
SCHLUMBERGER LTD	81,606	81,606
SCHNEIDER ELECTRIC SA	36,031	36,031
SEI INVESTMENTS CO COM	73,338	73,338
SGS SA	27,733	27,733
SIEMENS AG	112,960	112,960
SINOPHARM GROUP CO	19,497	19,497
SK TELECOM LTD SPONSORED ADR	74,368	74,368
SONOVA HLDG AG ADR	39,801	39,801
SONY CORP ADR NEW	66,164	66,164
SSE PLC-SPN ADR	54,560	54,560
STARBUCKS CORP COM	71,039	71,039
SUMITOMO MITSUI FINL GROUP INC SPONSORED ADR	44,097	44,097
SUN COMMUNITIES INC COM	42,478	42,478
SYMRISE AG-UNSPON ADR	43,433	43,433
SYSMEX CORP ADR	33,724	33,724
TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADR	127,820	127,820
TAKEDA PHARMACEUTICAL CO LTD SPONSORED ADR	148,764	148,764

## Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TENCENT HOLDINGS LIMITED LTD	38,757	38,757
THE COCA-COLA CO	145,958	145,958
TOTAL S A	81,402	81,402
TOUCHSTONE FDS GROUP TR MDCAP VAL	1,247,322	1,247,322
TOUCHSTONE MID CAP GROW-INST	3,082,851	3,082,851
TWITTER INC	43,780	43,780
TYSON FOODS INC INC	58,903	58,903
UNICHARM CORP	25,336	25,336
UNICREDIT SPA-ADR	143,303	143,303
UNILEVER N V N Y SHS NEW	50,507	50,507
UNILEVER PLC-SPONSORED ADR	34,645	34,645
VANGUARD FTSE DEVELOPED ETF	2,190,090	2,190,090
VANGUARD S&P 500 ETF	5,813,653	5,813,653
VARIAN MED SYS INC COM	31,952	31,952
VIRTUS QUALITY SMALL-CAP-I	1,227,958	1,227,958
VISA INC COM CL A	220,219	220,219
VODAFONE GROUP PLC-SP ADR	62,223	62,223
VOLKSWAGEN A G	164,872	164,872
WEIBO CORP-SPON ADR	35,022	35,022
YANDEX NV-A	34,662	34,662
YUM CHINA HOLDINGS INC	42,009	42,009
YUM! BRANDS INC	53,085	53,085

**TY 2019 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	260	26		234

**TY 2019 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	1,780	0	0
DEFERRED FEDERAL NII EXCISE TAX BENEFIT	10,527	0	0

**TY 2019 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	7,544	754		6,728
INFORMATION TECHNOLOGY & TELEPHONE	18,505	1,851		21,255
INSURANCE	8,816	882		7,934
COMMUNITY DEVELOPMENT, COMMUNICATIONS & PUBLIC RELATIONS	12,097	0		12,097
MISC/OTHER	6,172	617		5,555
NFP ASSOCIATION/ORGANIZATION DUES & MEMBERSHIPS	13,757	77		13,680
SPONSORSHIPS & SPONSORED EVENTS	9,900	0		9,900
TRAINING & DEVELOPMENT	14,114	1,411		11,488

**TY 2019 Other Increases Schedule**

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

Description	Amount
UNREALIZED APPRECIATION IN THE INVESTMENT PORTFOLIO	7,691,432

**TY 2019 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 NET INVESTMENT EXCISE TAX PAYABLE	0	5,656
DEFERRED FEDERAL NET INVESTMENT EXCISE TAX PAYABLE	0	99,486

**TY 2019 Other Professional Fees Schedule****Name:** THE FOUNDATION FOR A HEALTHY HIGH POINT**EIN:** 46-2174223

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT CUSTODIAN/CONSULTING/MANAGEMENT	153,080	142,434		10,646
PAYROLL & RETIREMENT SERVICES	2,542	254		2,288
INVESTMENT SERVICES	5,000	5,000		0
PROGRAM RELATED CONSULTING SERVICES	44,350	0		44,350

**TY 2019 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	17,693	1,769		15,924
FEDERAL NII EXCISE TAX	23,936	0		0
DEFERRED FEDERAL NII EXCISE TAX	110,013	0		0
FOREIGN INVESTMENT TAXES	24,706	24,706		0

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047
		<b>2019</b>
Name of the organization THE FOUNDATION FOR A HEALTHY HIGH POINT		Employer identification number 46-2174223

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% 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 POINTEmployer identification number  
46-2174223**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 MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	\$ 60,720	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE FOUNDATION FOR A HEALTHY HIGH POINT	Employer identification number 46-2174223
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
(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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