**PUBLIC DISCLOSURE COPY**

Return of Organization Exempt From Income Tax

Under section 501(c)(3), or 501(c)(4) of the Internal Revenue Code (except private foundations)

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

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

For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Name of organization

HIGH POINT COMMUNITY FOUNDATION

D Employer identification number

56-1695787

E Telephone number

336-882-3298

G Gross receipts

21,261,722

J Tax-exempt status: [X] 501(c)(3) [ ] 501(c)(4) (insert no.) 4947(a)(1) or 527

K Website: [ ] Corporation [ ] Trust [ ] Association [ ] Other [ ]

L Year of formation: 1990 [ ] State or legal domicile: NC

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: THE HIGH POINT COMMUNITY FOUNDATION WORKS FOR THE BETTERMENT OF THE GREATER HIGH POINT

2 Check this box [X] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

7b Net unrelated business taxable income from Form 990-T, line 39

7b

Part II Revenue

8 Contributions and grants (Part VIII, line 1h)

8

9 Program service revenue (Part VIII, line 2g)

9

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10

11 Other revenue (Part VIII, column (A), lines 6, 6d, 8c, 9c, 10c, and 11e)

11

12 Total revenue: add lines 8 through 11 (must equal Part VII, column (A), line 12)

12

Prior Year

Current Year

13,086,837

12,523,623

11,123,132

11,123,132

Part II Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

13

14 Benefits paid to or for members (Part IX, column (A), line 4)

14

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

15

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a

b Total fundraising expenses (Part IX, column (D), line 25)

306,025

8,956,044

623,085

19,689,844

14,093,224

19 Revenue less expenses. Subtract line 18 from line 12

19

20 Total assets (Part X, line 16)

20

21 Total liabilities (Part X, line 26)

21

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

22

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

PAUL LESSARD, PRESIDENT

Signature of officer

Date

LISA POPLIN

Preparer's signature

Date

PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes [ ] No [X]

Form 990 (2019)
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE HIGH POINT COMMUNITY FOUNDATION IS A CATALYST FOR POSITIVE CHANGE THAT PROMOTES PHILANTHROPY, ADMINISTERS AN EXPANDING GRANTS PROGRAM AND SERVES AS A TRUSTWORTHY PARTNER IN RESPONDING TO COMMUNITY NEEDS. OUR VISION IS TO ESTABLISH AND SUSTAIN A PERMANENT FINANCIAL RESOURCE

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $13,521,448, including grants of $12,928,480.) (Revenue $ )

THE HIGH POINT COMMUNITY FOUNDATION SERVES THE COMMUNITY OF GREATER HIGH POINT BY RAISING AN UNRESTRICTED ENDOWMENT THAT DIRECTLY UNDERWRITES ESSENTIAL NON-PROFIT ORGANIZATIONS AND CRITICAL COMMUNITY INITIATIVES THROUGH AN ANNUAL GRANTING PROGRAM THAT HAS TO-DATE GIVEN OVER $5,478,000 TO OVER 200 ORGANIZATIONS. IN ADDITION TO THIS, THE FOUNDATION MANAGES A DIVERSE COLLECTION OF DONOR ADVISED FUNDS THAT HAVE INVESTED MILLIONS OF DOLLARS AND TREMENDOUS LEADERSHIP BACK INTO THE COMMUNITY THROUGH THEIR MONETARY ADVISEMENTS AND THEIR VISION FOR THE CREATION OF SOCIAL CAPITAL AND THE ENHANCEMENT OF THE QUALITY OF LIFE IN HIGH POINT. FINALLY, THE FOUNDATION IS A LEADING ADVOCATE AND INITIATOR OF SOCIAL CAUSES THAT DRAMATICALLY IMPACT THOSE IN OUR COMMUNITY WHO DO NOT HAVE A STRONG VOICE, LARGE RESOURCES, OR HOPE.

4b (Code: ) (Expenses $ )

Including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ )

Including grants of $ ) (Revenue $ )

4d Other program services (Describe on Schedule O.)

(Expenses $ )

Including grants of $ ) (Revenue $ )

4e Total program service expenses $13,521,448.
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 5, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 7? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>0</td>
</tr>
<tr>
<td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>0</td>
</tr>
<tr>
<td>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?</td>
<td></td>
</tr>
</tbody>
</table>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ............................................................................................................................... 2a

2b Yes No

2b X

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year? ........................................................................................................................................................................ 3a

3b X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ........................................................................................................................................................................ 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ........................................................................................................................................................................ 4a

4b X

b If "Yes," enter the name of the foreign country ▶


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ........................................................................................................................................................................ 5a

5b X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ........................................................................................................................................................................ 5b

5c Yes No

5c X

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ........................................................................................................................................................................ 6a

6b X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ........................................................................................................................................................................ 6b

7 Organizations that may receive deductible contributions under section 170(c).

7a X

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? ........................................................................................................................................................................ 7a

7b

b If "Yes," did the organization notify the donor of the value of the goods or services provided? ........................................................................................................................................................................ 7b

7c Yes No

7c X

C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ........................................................................................................................................................................ 7d

7e

d If "Yes," indicate the number of Forms 8282 filed during the year ........................................................................................................................................................................ 7e

7f

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ........................................................................................................................................................................ 7f

7g

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ........................................................................................................................................................................ 7g

7h

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ........................................................................................................................................................................ 7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ........................................................................................................................................................................ 8

8

9 Sponsoring organizations maintaining donor advised funds.

9a Yes No

a Did the sponsoring organization make any taxable distributions under section 4965? ........................................................................................................................................................................ 9a

9b X

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ........................................................................................................................................................................ 9b

10 Section 501(c)(7) organizations. Enter:

10a

a Initiation fees and capital contributions included on Part VIII, line 12 ........................................................................................................................................................................ 10a

10b

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ........................................................................................................................................................................ 10b

11 Section 501(c)(12) organizations. Enter:

11a

a Gross income from members or shareholders ........................................................................................................................................................................ 11a

11b

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ........................................................................................................................................................................ 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ........................................................................................................................................................................ 12a

12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ........................................................................................................................................................................ 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a

a Is the organization licensed to issue qualified health plans in more than one state? ........................................................................................................................................................................ 13a

13b

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ........................................................................................................................................................................ 13b

13c

c Enter the amount of reserves on hand ........................................................................................................................................................................ 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? ........................................................................................................................................................................ 14a

14b X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ........................................................................................................................................................................ 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? ........................................................................................................................................................................ 15

16 X

b If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ........................................................................................................................................................................ 16

16 X

If "Yes," complete Form 4720, Schedule O.
### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. 

- **Yes**: 22
- **No**: 2

1b Enter the number of voting members included on line 1a, above, who are independent. 

- **Yes**: 21
- **No**: 4

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 

- **Yes**: X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 

- **Yes**: X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 

- **Yes**: X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 

- **Yes**: X

6 Did the organization have members or stockholders? 

- **Yes**: X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 

- **Yes**: X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 

- **Yes**: X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 

   a. The governing body? 
   - **Yes**: X
   - **No**: X

   b. Each committee with authority to act on behalf of the governing body? 
   - **Yes**: X
   - **No**: X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 

- **Yes**: X

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

10a Did the organization have local chapters, branches, or affiliates? 

- **Yes**: X

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 

- **Yes**: X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 

- **Yes**: X

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 

- **Yes**: X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 

- **Yes**: X

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 

- **Yes**: X

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 

- **Yes**: X

13 Did the organization have a written whistleblower policy? 

- **Yes**: X

14 Did the organization have a written document retention and destruction policy? 

- **Yes**: X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 

   a. The organization's CEO, Executive Director, or top management official? 
   - **Yes**: X
   - **No**: X

   b. Other officers or key employees of the organization? 
   - **Yes**: X
   - **No**: X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 

- **Yes**: X

16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 

- **Yes**: X

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: 

- **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)'s only) available for public inspection. Indicate how you made these available. Check all that apply.

   - Own website 
   - Another's website 
   - Upon request 
   - Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 

20 State the name, address, and telephone number of the person who possesses the organization's books and records: 

- **KAROL MURKS** - 336-882-3298

- **410 W. ENGLISH ROAD, HIGH POINT, NC 27262**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”

- List the organization’s five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.

- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID MILLER TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ANGELA KREINBRINK TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOSE BLOSSER TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>IVY CULP TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ALYCE HILL TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN KENNEDY TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>WILLIAM LANEY TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EVA OGDEN TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TIMOTHY PEOPLES TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LEAH Price TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEGAN GOLESEBY TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SHANE STUTTS TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BARRY SAFRIT TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ASHLEY WILLIAMS TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DAWN SPENCER TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>STEPHANIE YOUNG TRUSTEE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAUL LESSARD PRESIDENT</td>
<td>40.00</td>
<td>X</td>
<td>174,362.</td>
<td>0.</td>
<td>20,564.</td>
</tr>
</tbody>
</table>
### Part VII - Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANN BUSEY, PAST CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>HARVEY LOWD, CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MARK NELSON, TREASURER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN BENCINI, VICE CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHUCK PORTARO, SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Subtotal                                                                                                                      174,362. 0. 20,564.

c Total from continuation sheets to Part VII, Section A                                                                                        0. 0. 0.

d Total (add lines 1b and 1c)                                                                                                            174,362. 0. 20,564.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such Individual X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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

#### (A) Total revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
</tr>
<tr>
<td>1 b Membership dues</td>
</tr>
<tr>
<td>1 c Fundraising events</td>
</tr>
<tr>
<td>1 d Related organizations</td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1c-1f</td>
</tr>
<tr>
<td>1 h Total, Add lines 1a-1f</td>
</tr>
</tbody>
</table>

#### (B) Related or exempt function revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
</tr>
<tr>
<td>2 b</td>
</tr>
<tr>
<td>2 c</td>
</tr>
<tr>
<td>2 d</td>
</tr>
<tr>
<td>2 e</td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
</tr>
<tr>
<td>2 g Total, Add lines 2a-2f</td>
</tr>
</tbody>
</table>

#### (C) Unrelated business revenue

<table>
<thead>
<tr>
<th>Other Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
</tr>
<tr>
<td>5 Royalties</td>
</tr>
</tbody>
</table>

#### (D) Revenue excluded from tax under sections 512-514

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a OTHER REVENUE</td>
</tr>
<tr>
<td>11 b</td>
</tr>
<tr>
<td>11 c</td>
</tr>
<tr>
<td>11 d All other revenue</td>
</tr>
<tr>
<td>11 e Total, Add lines 11a-11d</td>
</tr>
</tbody>
</table>

#### Total revenue

<table>
<thead>
<tr>
<th>12 Total revenue, See Instructions</th>
</tr>
</thead>
</table>

---

**Form 990 (2019)**

**HIGH POINT COMMUNITY FOUNDATION**

**Page 9**

**Business Code**

<p>| 900099 | 73,520.00 | 73,520.00 |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>$12,928,480</td>
<td>$12,928,480</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>$190,564</td>
<td>$38,113</td>
<td>$9,528</td>
<td>$142,923</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>$264,391</td>
<td>$43,078</td>
<td>$177,893</td>
<td>$63,420</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>$5,792</td>
<td>$774</td>
<td>$4,728</td>
<td>$290</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>$28,712</td>
<td>$4,452</td>
<td>$16,736</td>
<td>$7,524</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>$32,200</td>
<td>$5,462</td>
<td>$13,209</td>
<td>$13,529</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>$508</td>
<td></td>
<td>$508</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>$17,000</td>
<td>$17,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>$439,851</td>
<td>$439,851</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>$11,629</td>
<td></td>
<td>$11,629</td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>$37,225</td>
<td>$10,879</td>
<td>$7,252</td>
<td>$19,094</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>$6,386</td>
<td>$2,235</td>
<td>$319</td>
<td>$3,932</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>$9,706</td>
<td>$2,912</td>
<td>$1,941</td>
<td>$4,853</td>
</tr>
<tr>
<td>17 Travel</td>
<td>$771</td>
<td></td>
<td>$77</td>
<td>$694</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>$1,663</td>
<td></td>
<td>$1,663</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>$1,794</td>
<td>$538</td>
<td>$359</td>
<td>$897</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>$6,598</td>
<td>$330</td>
<td>$6,268</td>
<td></td>
</tr>
<tr>
<td>24 Other expenses, Itemize expenses not covered above (list miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a SPECIAL EVENTS</td>
<td>$23,799</td>
<td>$23,799</td>
<td></td>
<td>$15,975</td>
</tr>
<tr>
<td>b NEWSLETTER</td>
<td>$17,750</td>
<td></td>
<td>$1,775</td>
<td>$7,150</td>
</tr>
<tr>
<td>c CONTRACT SERVICES</td>
<td>$14,300</td>
<td>$7,150</td>
<td></td>
<td>$5,291</td>
</tr>
<tr>
<td>d DUES AND SUBSCRIPTIONS</td>
<td>$11,758</td>
<td>$5,879</td>
<td>$588</td>
<td>$8,924</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>$22,347</td>
<td>$7,516</td>
<td>$5,907</td>
<td>$8,924</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>$14,093,224</td>
<td>$13,521,448</td>
<td>$265,751</td>
<td>$306,025</td>
</tr>
</tbody>
</table>

**Joint costs**: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>289,128</td>
<td>402,092</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>24,893,163</td>
<td>29,861,308</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>4,908,916</td>
<td>1,247,533</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>81,170</td>
<td>80,906</td>
</tr>
<tr>
<td>5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>7,175</td>
<td>6,505</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>38,650</td>
<td>5,927</td>
</tr>
<tr>
<td>b Less: accumulated depreciation</td>
<td>22,827</td>
<td>15,823</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>68,501,906</td>
<td>68,143,403</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>14,627,765</td>
<td>14,412,933</td>
</tr>
<tr>
<td>13 Intangibles</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14 Other assets. See Part IV, line 11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>15 Total assets. Add lines 1 through 15 (must equal line 53)</td>
<td>113,315,150</td>
<td>114,170,503</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>35,956</td>
<td>117,985</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>5,143,509</td>
<td>5,009,828</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>5,179,465</td>
<td>5,127,813</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that follow FASB ASC 958, check here X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Net assets without donor restrictions</td>
<td>56,466,758</td>
<td>56,569,095</td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td>51,666,927</td>
<td>52,473,595</td>
</tr>
<tr>
<td>Organizations that do not follow FASB ASC 958, check here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 29 through 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Capital stock or trust principal, or current funds</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Total net assets or fund balances</td>
<td>108,135,685</td>
<td>109,042,690</td>
</tr>
<tr>
<td>33 Total liabilities and net assets/fund balances</td>
<td>113,315,150</td>
<td>114,170,503</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column A, line 12)</td>
<td>14,778,667</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column A, line 25)</td>
<td>14,093,224</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>685,443</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column A)</td>
<td>108,135,685</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>221,562</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column B)</td>
<td>109,042,690</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Accounting method used to prepare the Form 990:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[X] Accrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

- □ Separate basis
- [X] Consolidated basis
- □ Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?

- □ Separate basis
- [X] Consolidated basis
- □ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- □ Yes
- [X] No

3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

- □ Yes
- [X] No
**Public Charity Status and Public Support**

**Part I**

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>(All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
</tr>
<tr>
<td>5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
<td></td>
</tr>
<tr>
<td>10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
<td></td>
</tr>
<tr>
<td>12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
<td></td>
</tr>
<tr>
<td>a. <strong>Type I.</strong> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <strong>You must complete Part IV, Sections A and B.</strong></td>
<td></td>
</tr>
<tr>
<td>b. <strong>Type II.</strong> A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). <strong>You must complete Part IV, Sections A and C.</strong></td>
<td></td>
</tr>
<tr>
<td>c. <strong>Type III functionally integrated.</strong> A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). <strong>You must complete Part IV, Sections A, D, and E.</strong></td>
<td></td>
</tr>
<tr>
<td>d. <strong>Type III non-functionally integrated.</strong> A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). <strong>You must complete Part IV, Sections A and D, and Part V.</strong></td>
<td></td>
</tr>
<tr>
<td>e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f. Enter the number of supported organizations:</td>
<td></td>
</tr>
<tr>
<td>g. Provide the following information about the supported organization(s):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EN</th>
<th>(iii) Type of organization (described on lines 1-10 above, see instructions)</th>
<th>(iv) Is the organization listed in your supporting organization(s) Yes</th>
<th>No</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

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

9/2021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019
**Schedule A (Form 990 or 990-EZ) 2019**

**HIGH POINT COMMUNITY FOUNDATION**

56-1695787 Page 2

**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>13076502.</td>
<td>9041126.</td>
<td>40927566.</td>
<td>13086837.</td>
<td>12568173.</td>
<td>88700204.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td><strong>Total, Add lines 1 through 3</strong></td>
<td>13076502.</td>
<td>9041126.</td>
<td>40927566.</td>
<td>13086837.</td>
<td>12568173.</td>
<td>88700204.</td>
</tr>
<tr>
<td>4 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>37606316.</td>
<td>28884577.</td>
<td>28372152.</td>
<td>28573464.</td>
<td>28984087.</td>
<td>18292077.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>13076502.</td>
<td>9041126.</td>
<td>40927566.</td>
<td>13086837.</td>
<td>12568173.</td>
<td>88700204.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>1296720.</td>
<td>1439368.</td>
<td>1636836.</td>
<td>2147549.</td>
<td>2047300.</td>
<td>8567773.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>322,612.</td>
<td>323,676.</td>
<td>385,725.</td>
<td>30,588.</td>
<td>28,970.</td>
<td>1091571.</td>
</tr>
<tr>
<td><strong>Total Support, Add lines 7 through 10</strong></td>
<td>98359548.</td>
<td>98359548.</td>
<td>98359548.</td>
<td>98359548.</td>
<td>98359548.</td>
<td>98359548.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A (Form 990 or 990-EZ) 2019**

032022 09-26-19
<table>
<thead>
<tr>
<th><strong>Section A. Public Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in):</td>
</tr>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
</tr>
<tr>
<td><strong>Section B. Total Support</strong></td>
</tr>
<tr>
<td>Calendar year (or fiscal year beginning in):</td>
</tr>
<tr>
<td>9 Amounts from line 8</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
</tr>
<tr>
<td>12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10a, 10b, 11, and 12)</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th>Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))</th>
<th>%</th>
</tr>
</thead>
</table>

**Section D. Computation of Investment Income Percentage**

<table>
<thead>
<tr>
<th>Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Investment income percentage from 2018 Schedule A, Part III, line 17</td>
<td>%</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**19b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

5b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

5c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

8a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

8b. Did one or more disqualified persons (as defined in line 8a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

8c. Did a disqualified person (as defined in line 8a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

9b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

   a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify these supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td></td>
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</tbody>
</table>

3 Parent of Supported Organizations. Answer (a) and (b) below.

   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Schedule A (Form 990 or 990-EZ) 2019

**HIGH POINT COMMUNITY FOUNDATION**  56-1695787  Page 6

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

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>_</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>_</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>_</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>_</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>_</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>_</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>_</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Average monthly value of securities</td>
<td>_</td>
</tr>
<tr>
<td>1b</td>
<td>Average monthly cash balances</td>
<td>_</td>
</tr>
<tr>
<td>1c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>_</td>
</tr>
<tr>
<td>1d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>_</td>
</tr>
<tr>
<td>1e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>_</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>_</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>_</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>_</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
<td>_</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>_</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>_</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

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Schedule A (Form 990 or 990-EZ) 2019
Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 9</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2019</th>
<th>Distributable Amount for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2020. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2019
Part VI. **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B

Schedule of Contributors

(Firm 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

HIGH POINT COMMUNITY FOUNDATION

Employer Identification number

56-1695787

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>☒ 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 527 political organization</td>
</tr>
<tr>
<td></td>
<td>☐ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>☐ 501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

** General Rule **

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

** Special Rules **

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$4,000,000</td>
<td>Payroll X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,957,249</td>
<td>Noncash X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$3,000,000</td>
<td>Noncash X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$750,000</td>
<td>Noncash X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$1,000,000</td>
<td>Noncash X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$280,103</td>
<td>Noncash X</td>
</tr>
</tbody>
</table>
### Part II Noncash Property

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>STOCk</td>
<td>$ 1,957,249</td>
<td>10/30/19</td>
</tr>
<tr>
<td>6</td>
<td>STOCk</td>
<td>$ 165,103</td>
<td>12/15/19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
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</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

---

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

---

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

---

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee
----------------------------------------|----------------------------------------

---
HIGH POINT COMMUNITY FOUNDATION

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

1 Total number at end of year ........................................... 120
2 Aggregate value of contributions to (during year) ...................... 8,501,772.
3 Aggregate value of grants from (during year) .......................... 12,577,080.
4 Aggregate value at end of year ....................................... 66,100,579.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  X Yes  □ No
6 Did the organization inform all grantee donors, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  X Yes  □ No

Part II Conservation Easements. Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   □ Preservation of land for public use (for example, recreation or education)
   □ Preservation of a historically important land area
   □ Protection of natural habitat
   □ Preservation of a certified historic structure
   □ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   a Total number of conservation easements ................................
   b Total acreage restricted by conservation easements ..................
   c Number of conservation easements on a certified historic structure included in (a) ........................................
   d Number of conservation easements included in (c) acquired after 7/25/09, and not on a historic structure listed in the National Register ........................................

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  □ Yes  □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?  □ Yes  □ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1  ............. $  ...........
   (ii) Assets included in Form 990, Part X  ................................ $  ...........

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   a Revenue included on Form 990, Part VIII, line 1  ............. $  ...........
   b Assets included in Form 990, Part X  ................................ $  ...........

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

Schedule D (Form 990) 2019
### Part IV | Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>lc</td>
</tr>
<tr>
<td>ld</td>
</tr>
<tr>
<td>le</td>
</tr>
<tr>
<td>lf</td>
</tr>
</tbody>
</table>

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

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

### Part V | Endowment Funds

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

1a. Beginning of year balance  
   - (a) Current year: 47,930,984, (b) Prior year: 42,841,358, (c) Two years back: 21,190,041, (d) Three years back: 13,554,156, (e) Four years back: 23,642,669

   b. Contributions: 8,340,771, 21,190,041

   c. Net investment earnings, gains, and losses: 941,505, 1,326,003, 1,615,794, 1,679,344, -113,055

   d. Grants or scholarships: 4,904,456, 5,724,076, 4,695,122, 753,038, 7,858,665

   e. Administrative expenses: 265,862, 255,361, 279,975, 165,476, 169,261

   g. End of year balance: 52,043,815, 47,930,984, 42,841,358, 21,190,041, 13,554,156, 23,642,669

2. Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:
   - a. Board designated or quasi-endowment  
     - [ ] Yes, [ ] No  
   - b. Permanent endowment: 30.71%  
   - c. Term endowment: 69.29%

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

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - [ ] Yes, [ ] No
   - (i) Unrelated organizations
   - (ii) Related organizations

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
   - [ ] Yes, [ ] No

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

### Part VI | Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>13,487</td>
<td>5,486</td>
<td>8,001</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>25,163</td>
<td>17,341</td>
<td>7,822</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  
- [ ] Yes, [ ] No

15,823
## Part VII. Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) REAL ESTATE</td>
<td>132,937</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) ALTERNATIVES AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) PARTNERSHIPS</td>
<td>11,364,729</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(D) HEDGE FUNDS</td>
<td>2,858,872</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(E) MULTI-STRATEGY</td>
<td>56,395</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Col. (b) must equal Form 990, Part X, col. (8) line 12.) 14,412,933.

## Part VIII. Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col. (8) line 13.) 0.

## Part IX. Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col. (8) line 15.) 0.

## Part X. Other Liabilities.

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

1. (a) Description of liability | (b) Book value
| (1) Federal income taxes |                |
| (2) AGENCY FUNDS OF NONPROFIT |                |
| (3) ORGANIZATIONS | 5,009,828 |
| (4) |                |
| (5) |                |
| (6) |                |
| (7) |                |
| (8) |                |
| (9) |                |

Total (Column (b) must equal Form 990, Part X, col. (8) line 25.) 5,009,828.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XII. [ ]
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1 14,566,878</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a 221,562</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 221,562</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 14,345,316</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 433,351</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 433,351</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5 14,778,667</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1 13,659,873</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 13,659,873</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 433,351</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 433,351</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5 14,093,224</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

---

**Name of the organization**

| **HIGH POINT COMMUNITY FOUNDATION** |

---

**Employer Identification number**

| 56-1695787 |

---

### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes  [No]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>1 (b) EIN</th>
<th>1 (c) IRC section (if applicable)</th>
<th>1 (d) Amount of cash grant</th>
<th>1 (e) Amount of non-cash assistance</th>
<th>1 (f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1 (g) Description of noncash assistance</th>
<th>1 (h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUILFORD CHILD DEVELOPMENT</td>
<td>56-8863474</td>
<td></td>
<td>33,000</td>
<td>0</td>
<td></td>
<td>HIGH POINT OPPORTUNITY CENTER</td>
<td>TO SUPPORT GO FAR'S</td>
</tr>
<tr>
<td>1200 ARLINGTON STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>APPRENSHIO N RUNNING</td>
</tr>
<tr>
<td>GREENSBORO, NC 27406</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROGRAM IN PARTICIPATING</td>
</tr>
<tr>
<td>GO FAR (GO OUT FOR A RUN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HIGH POINT TITLE I</td>
</tr>
<tr>
<td>PO BOX 6041</td>
<td>26-2059189</td>
<td></td>
<td>9,710</td>
<td>0</td>
<td></td>
<td></td>
<td>SUPPORT PROGRAM TO WORK</td>
</tr>
<tr>
<td>HIGH POINT, NC 27262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WITH REPEAT OFFENDERS IN</td>
</tr>
<tr>
<td>HIGH POINT COMMUNITY AGAINST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVEN WAYS TO PROMOTE A</td>
</tr>
<tr>
<td>VIOLENCE - 792 N MAIN STREET -</td>
<td>20-0556204</td>
<td></td>
<td>28,205</td>
<td>0</td>
<td></td>
<td>SAFER CITY</td>
<td></td>
</tr>
<tr>
<td>HIGH POINT, NC 27262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EXPANDING CAPACITY TO</td>
</tr>
<tr>
<td>WEST END MINISTRIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PROVIDE CONTINUAL</td>
<td></td>
</tr>
<tr>
<td>903 W ENGLISH ROAD</td>
<td>56-2273642</td>
<td></td>
<td>26,440</td>
<td>0</td>
<td></td>
<td>SUSTAINABILITY</td>
<td></td>
</tr>
<tr>
<td>HIGH POINT, NC 27262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OPPORTUNITIES FOR WEST</td>
<td></td>
</tr>
<tr>
<td>D-UP BASKETBALL FOUNDATIONALS &amp; SKILLS TRAINING INC.</td>
<td>26-4667177</td>
<td></td>
<td>25,000</td>
<td>0</td>
<td></td>
<td>PILOT A 'COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>513 WASHINGTON DR - HIGH POINT, NC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONNECTOR' APPROACH TO</td>
<td></td>
</tr>
<tr>
<td>27260</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ADDRESSING ADVERSE</td>
<td></td>
</tr>
<tr>
<td>YWCA OF HP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TO ENGAGE IN COMMUNITY</td>
<td></td>
</tr>
<tr>
<td>155 WEST WESTWOOD AVE</td>
<td>56-0579600</td>
<td></td>
<td>18,500</td>
<td>0</td>
<td></td>
<td>DIALOGUES AND TRAINING ON</td>
<td></td>
</tr>
<tr>
<td>HIGH POINT, NC 27262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SYSTEMATIC RACISM TO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BRING COMMUNITY COHESION</td>
<td></td>
</tr>
</tbody>
</table>

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

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

---

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS.

---

**Schedule I (Form 990) (2019)**
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIFORD EDUCATION ALLIANCE</td>
<td>20-0328746</td>
<td></td>
<td>39,275</td>
<td>0.</td>
<td>SUPPORT FOR THE TEACHER'S SUPPLY WAREHOUSE OPERATED BY GFA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA DENTAL SOCIETY FOUNDATION - 1600 EVANS ROAD - CARY, NC 27513</td>
<td>82-0880561</td>
<td></td>
<td>10,000</td>
<td>0.</td>
<td>FREE DENTAL CLINIC FOR HIGH POINT COMMUNITY IN MARCH 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>READING CONNECTIONS</td>
<td>56-1726754</td>
<td></td>
<td>15,000</td>
<td>0.</td>
<td>ADDRESS ISSUES OF INEQUALITY LEADING TO POVERTY AND PROVIDE ACCESS TO OPPORTUNITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE SPARROW'S NEST</td>
<td>56-2274692</td>
<td></td>
<td>4,650</td>
<td>0.</td>
<td>BLACK SLEEVE INITIATIVE PROGRAM EXPANSION INTO JAMESTOWN/HIGH POINT AREA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPERATION XCEL</td>
<td>26-3948215</td>
<td></td>
<td>11,990</td>
<td>0.</td>
<td>INCREASE PROFICIENCY IN MATH AND READING AT WELBORN ACADEMY OF SCIENCE AND TECHNOLOGY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACEDONIA FAMILY RESOURCE CENTER</td>
<td>01-0645309</td>
<td></td>
<td>8,645</td>
<td>0.</td>
<td>EDUCATE THE COMMUNITY ON HOW TO COMMUNICATE WITH THOSE WHO SUFFER FROM MENTAL ILLNESS ISSUES AS CREATE AN ENGAGING 21ST CENTURY HIGHER LEARNING SPACE BY PROVIDING OUR SCHOLARS WITH A NEW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAIRVIEW ELEMENTARY SCHOOL</td>
<td>56-6000522</td>
<td></td>
<td>29,000</td>
<td>0.</td>
<td>PROVIDE SPECIALIZED LOW VISION TOOLS AND SUPPORT NEEDED FOR UP TO 15 SCHOOL AGE CHILDREN FROM IMAGINES, LEAVING HIGH SCHOOL WITH NO REAL OPTIONS FOR A SUCCESSFUL FUTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFB SOLUTIONS</td>
<td>7730 NORTH POINT BLVD WINSTON-SALEM, NC 27106</td>
<td>56-6001467</td>
<td>6,785</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE ARC OF HIGH POINT</td>
<td>56-6065287</td>
<td></td>
<td>13,575</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule I (Form 990)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITIES IN SCHOOLS OF THOMASVILLE - 400 TURNER STREET - THOMASVILLE, NC 27360</td>
<td>56-1838845</td>
<td></td>
<td>4,710</td>
<td>0</td>
<td>PILOT CAREER MAPPING, WHICH IS A PROCESS OF ASSESSING SKILLS/TALENTS, EXPLORING CAREERS, AND CREATE AN ART MAP &quot;AT A GLANCE&quot; OVERVIEW AND DRONE PLUS ART VIDEO TO HELP PEOPLE VISUALIZE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTHWEST RENEWAL FOUNDATION OF HIGH POINT, INC. - 501 W HIGH STREET - HIGH POINT, NC 27260</td>
<td>45-4840804</td>
<td></td>
<td>8,285</td>
<td>0</td>
<td>THIS GRANT REQUEST WILL PROVIDE HOME REPAIRS FOR LOW-INCOME HOMEOWNERS IN HIGH POINT, NC. AN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITY HOUSING SOLUTIONS OF GUILFORD, INC. - PO BOX 3341 - GREENSBORO, NC 27402</td>
<td>20-0458814</td>
<td></td>
<td>29,270</td>
<td>0</td>
<td>CRISIS MENTORING PROGRAM TRAINING FOR VOLUNTEER MENTORS USING A COMMUNITY RELIANCE MODEL TO IMPROVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNITIES IN SCHOOLS OF HIGH POINT - PO BOX 6735 - HIGH POINT, NC 27262</td>
<td>56-1610073</td>
<td></td>
<td>41,400</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

**PART I, LINE 2:**

THE ORGANIZATION REQUIRES DOCUMENTATION FOR A SIX MONTH REVIEW.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:** GO FAR (GO OUT FOR A RUN)

**(H) PURPOSE OF GRANT OR ASSISTANCE:** TO SUPPORT GO FAR'S AFTERSCHOOL RUNNING PROGRAM IN PARTICIPATING HIGH POINT TITLE I SCHOOLS.

**NAME OF ORGANIZATION OR GOVERNMENT:** WEST END MINISTRIES
(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING CAPACITY TO PROVIDE CONTINUAL SUSTAINABILITY OPPORTUNITIES FOR WEST END MINISTRIES

NAME OF ORGANIZATION OR GOVERNMENT:
D-UP BASKETBALL FOUNDERMALS & SKILLS TRAINING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE:
PILOT A 'COMMUNITY CONNECTOR' APPROACH TO ADDRESSING ADVERSE CHILDHOOD EXPERIENCES

NAME OF ORGANIZATION OR GOVERNMENT: READING CONNECTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: ADDRESS ISSUES OF INEQUALITY LEADING TO POVERTY AND PROVIDE ACCESS TO OPPORTUNITIES THROUGH FAMILY LITERACY CLASSES AT OAK HILL ELEMENTARY SCHOOL.

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION XCEL

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE PROFICIENCY IN MATH AND READING AT WELBORN ACADEMY OF SCIENCE AND TECHNOLOGY AND FERNDALE MIDDLE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: MACEDONIA FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE THE COMMUNITY ON HOW TO COMMUNICATE WITH THOSE WHO SUFFER FROM MENTAL ILLNESS ISSUES AS WELL AS PROVIDE RESOURCES FOR THIS POPULATION

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE AN ENGAGING 21ST CENTURY HIGHER LEARNING SPACE BY PROVIDING OUR SCHOLARS WITH A NEW CLASSROOM ENVIRONMENT THAT IS MORE CONDUCIVE TO INTERACTIVE GROUP ACTIVITIES AND
SMALL GROUP INSTRUCTION

NAME OF ORGANIZATION OR GOVERNMENT: IFB SOLUTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SPECIALIZED LOW VISION TOOLS AND SUPPORT NEEDED FOR UP TO 15 SCHOOL-AGE CHILDREN FROM LOW-INCOME AND UNDESERVED PORTIONS OF THE HIGH POINT COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF THOMASVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT CAREER MAPPING, WHICH IS A PROCESS OF ASSESSING SKILLS/TALENTS, EXPLORING CAREERS, AND FIGURING OUT PATHWAYS TO REACH GOALS. CIS WILL USE AGE-APPROPRIATE INTERVENTION TO REACH 200 STUDENTS IN GRADES K-12.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST RENEWAL FOUNDATION OF HIGH POINT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE AN ART MAP "AT A GLANCE" OVERVIEW AND DRONE PLUS ART VIDEO TO HELP PEOPLE VISUALIZE COMMUNITY DEVELOPMENT AND THE SW HIGH POINT HERITAGE GREENWAY ALONG DEFUNCT RAILROAD BEDS AND FLOODPLAINS IN THE INNER-CITY SOUTHWEST QUADRANT OF HIGH POINT.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HOUSING SOLUTIONS OF GUILFORD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT REQUEST WILL PROVIDE HOME REPAIRS FOR LOW-INCOME HOMEOWNERS IN HIGH POINT, NC. AN ESTIMATE 75% OF THE HOMEOWNERS WILL BE ELDERLY OR DISABLED.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITIES IN SCHOOLS OF HIGH POINT
(H) PURPOSE OF GRANT OR ASSISTANCE: CRISIS MENTORING PROGRAM TRAINING FOR VOLUNTEER MENTORS USING A COMMUNITY RELIANCE MODEL TO IMPROVE UNDERSTANDING AND RESPONSES TO TRAUMA AND SIGNIFICANT STRESS
**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**HIGH POINT COMMUNITY FOUNDATION**

**Employer Identification number**

**56-1695787**

### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(ies) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Compensation committee</td>
<td></td>
</tr>
<tr>
<td>□ Independent compensation consultant</td>
<td></td>
</tr>
<tr>
<td>□ Form 990 of other organizations</td>
<td></td>
</tr>
<tr>
<td>□ Written employment contract</td>
<td></td>
</tr>
<tr>
<td>□ Compensation survey or study</td>
<td></td>
</tr>
<tr>
<td>□ Approval by the board or compensation committee</td>
<td></td>
</tr>
</tbody>
</table>

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Receive a severance payment or change-of-control payment?</td>
<td>X</td>
</tr>
<tr>
<td>□ Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>X</td>
</tr>
<tr>
<td>□ Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ The organization?</td>
<td>X</td>
</tr>
<tr>
<td>□ Any related organization?</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ The organization?</td>
<td>X</td>
</tr>
<tr>
<td>□ Any related organization?</td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.**

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren’t listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC Compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) PAUL LESSARD</td>
<td>(i) 174,362.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>194,926.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>20,564.</td>
<td>194,926.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
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<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
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<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
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<td>(ii) 0.</td>
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<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
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<tr>
<td></td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2019
Noncash Contributions

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td>X</td>
<td>15 2,603,662.SELLING PRICE</td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other ▶ ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II** Supplemental Information: Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
HIGH POINT COMMUNITY FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY BY PROVIDING CHARITABLE SERVICES TO DONORS TO HELP THEM
ACHIEVE THEIR CHARITABLE GOALS, AND BY MAKING GRANTS TO CHARITABLE
ORGANIZATIONS TO FUND INITIATIVES FOR THE IMPROVEMENT OF THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT SUPPORTS A DIVERSE, HEALTHY, AND PRODUCTIVE COMMUNITY FOR BOTH
PRESENT AND FUTURE GENERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION, AT THE REQUEST OF DONORS, REDACTED THE NAMES AND
ADDRESSES OF THOSE DONORS FROM THE COPY OF ITS FORM 990, SCHEDULE B THAT IT
PROVIDED TO ITS GOVERNING BODY MEMBERS.

FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, THEN APPROVED BY THE BOARD
OF DIRECTORS, BEFORE IT IS FILED. A COPY IS EMAILED TO THE FINANCE
COMMITTEE AND AVAILABLE UPON REQUEST IN THE OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH TRUSTEE AND STAFF
MEMBER OF THE FOUNDATION. THIS POLICY IS REVIEWED PERIODICALLY, WRITTEN
DOCUMENTATION OF THE APPLICATION OF THIS POLICY IS MAINTAINED WHEN MEMBERS
ARE VOTING REGARDING GRANTS.

FORM 990, PART VI, SECTION B, LINE 15:
THE PERSONNEL COMMITTEE REVIEWS SALARY DATA COMPiled BY INDEPENDENT
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
ORGANIZATIONS REGARDING TYPE OF FOUNDATION, ASSET LEVEL, POSITION, AND SIZE OF STAFF WHEN DETERMINING COMPENSATION FOR KEY EMPLOYEES.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND TAX RETURN ARE PROVIDED ON THEIR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 2(C) EXPLANATION

THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 5033(e)(5))

For calendar year 2019 or other tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<table>
<thead>
<tr>
<th>Employer identification number ( Employment tax, see instructions.)</th>
<th>D 56-1695787</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrelated business activity code (See instructions.)</td>
<td>E</td>
</tr>
</tbody>
</table>

**HIGH POINT COMMUNITY FOUNDATION**

Number, street, and room or suite no. If a P.O. box, see instructions.

**P.O. BOX 5166**

City or town, state or province, country, and ZIP or foreign postal code

**HIGH POINT, NC 27262**

<table>
<thead>
<tr>
<th>Name of organization ( Check box if name changed and see instructions.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIGH POINT COMMUNITY FOUNDATION</strong></td>
<td></td>
</tr>
</tbody>
</table>

Group exemption number (See instructions.)

**114,140,503**

Check organization type  

1. 501(c) corporation  

Other trust

Enter the number of the organization's unrelated trades or businesses.

**INVESTMENTS IN PARTNERSHIPS**

If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  

**X** No

If "Yes," enter the name and identifying number of the parent corporation.

**KAROL MURK**

Telephone number  

**336-882-3298**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Unrelated Trade or Business Income</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Balance</td>
<td>1c</td>
<td>1c</td>
<td>1c</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td>4a</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td>4b</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Capital loss deduction for trusts</td>
<td>4c</td>
<td>4c</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>5</td>
<td>-1,507</td>
<td>-1,507</td>
</tr>
<tr>
<td>6</td>
<td>Rent Income (Schedule C)</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Advertising Income (Schedule J)</td>
<td>11</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>13</td>
<td>-1,507</td>
<td>-1,507</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Deductions Not Taken Elsewhere</th>
<th>(See instructions for limitations on deductions.)</th>
<th>(Deductions must be directly connected with the unrelated business income.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Bed debts</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Depreciation (attach Form 4562)</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Less depreciation claimed on Schedule A and everywhere on return</td>
<td>21a</td>
<td>21a</td>
</tr>
<tr>
<td>22</td>
<td>Depletion</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Contributions to deferred compensation plans</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Employee benefit programs</td>
<td>24</td>
<td>24</td>
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<tr>
<td>25</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Excess readership costs (Schedule J)</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Other deductions (attach schedule)</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Total deductions. Add lines 14 through 27</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13</td>
<td>29</td>
<td>-1,507</td>
</tr>
<tr>
<td>30</td>
<td>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
<td>30</td>
<td>SEE STATEMENT 1</td>
</tr>
<tr>
<td>31</td>
<td>Unrelated business taxable income. Subtract line 30 from line 29</td>
<td>31</td>
<td>-1,507</td>
</tr>
</tbody>
</table>

Form 990-T (2019)
Part III | Total Unrelated Business Taxable Income

52 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)................................. 92 -1,507.
53 Amounts paid for disallowed fringe................................. 33
54 Charitable contributions (see instructions for limitation rules)................................. 34 0.
55 Total unrelated business taxable income before pre-2016 NOLs and specific deduction. Subtract line 54 from the sum of lines 52 and 53................................. 35 -1,507.
56 Deduction for net operating loss arising in tax years beginning before January 1, 2016 (see instructions)................................. STMT 2.
57 Total of unrelated business taxable income before specific deduction. Subtract line 56 from line 55................................. 37 -1,507.
58 Specific deduction (Generally $1,000, but see line 38 instructions for exceptions)................................. 38 1,000.
59 Unrelated business taxable income. Subtract line 38 from line 57. If line 38 is greater than line 37, enter the smaller of zero or line 37................................. 39 -1,507.

Part IV | Tax Computation

40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).................. 40 0.
41 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041).............. 41
42 Proxy tax. See instructions................................. 42
43 Alternative minimum tax (trusts only)................................. 43
44 Tax on Noncompliant Facility Income. See instructions................................. 44
45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies................................. 45 0.

Part V | Tax and Payments

46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)................................. 46a
b Other credits (see instructions)................................. 46b
c General business credit, Attach Form 3800................................. 46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)................................. 46d
e Total credits. Add lines 46a through 46d................................. 46e
47 Subtract line 46e from line 45................................. 47 0.
48 Other taxes. Check if from: Form 4255 Form 8811 Form 8697 Form 8863 Other (attach schedule)................................. 48
49 Total tax. Add lines 47 and 48 (see instructions)................................. 49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3................................. 50 0.

51a Payments: A 2019 overpayment credited to 2019................................. 51a
b 2019 estimated tax payments................................. 51b
c Tax deposited with Form 8868................................. 51c
d Foreign organizations: Tax paid or withheld at source (see instructions)................................. 51d
e Backup withholding (see instructions)................................. 51e
f Credit for small employer health insurance premiums (attach Form 944)................................. 51f
g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total.................. 51g
52 Total payments. Add lines 51a through 51g................................. 52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached................................. 53
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed................................. 54
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid................................. 55
56 Enter the amount of line 55 you want credited to 2020 estimated tax. Refunded................................. 56

Part VI | Statements Regarding Certain Activities and Other Information (see instructions)

57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here................................. Yes No
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

Yes
59 Enter the amount of tax-exempt interest received or accrued during the tax year................................. $.

Sign Here

Signature of officer
Date
Title

PRESIDENT

Print/Type preparer’s name
Preparer’s signature
Date
Check self-employed
PTIN

LISA POPLIN

Paid Preparer Use Only

Firm’s name ▶ SHARRARD, MCGEE & CO., P.A.
P.O. BOX 5869
Firm’s EIN ▶ 56-1146197
Phone no. (336) 884-0410

X

X

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes
No

Form 990-T (2019)
### Schedule A - Cost of Goods Sold

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total: Add lines 1 through 4b</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inventory at end of year</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Yes** | **No**

8. Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

### Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)   
(2)   
(3)   
(4)   

2. Rent received or accrued

<table>
<thead>
<tr>
<th></th>
<th>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>(b) From real property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total: Add totals of columns 2(a) and 2(b) (attach schedule) | 0. |

(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). 0.

### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property

(1)   
(2)   
(3)   
(4)   

2. Gross income from or allocable to debt-financed property

<table>
<thead>
<tr>
<th>(a) Straight line depreciation (attach schedule)</th>
<th>(b) Other deductions (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt or allocable to debt-financed property (attach schedule)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
</tbody>
</table>

6. Column 4 divided by column 5

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

7. Gross income reportable (column 3 x column 5)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

8. Allocable deductions (column 3 x total of columns 3(a) and 3(b))

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

Totals

|   | 0. |

Total dividends-received deductions included in column 8

|   | 0. |

---

Form 990-T (2019)
### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss)(see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Port of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<td>(3)</td>
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<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Port of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Add columns 9 and 10, Enter here and on page 1, Part I, line 8, column (A).

Add columns 8 and 11, Enter here and on page 1, Part I, line 8, column (B).

### Totals

<table>
<thead>
<tr>
<th>1. Description of Income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-offs (attach schedule)</th>
<th>5. Total deductions and set-offs (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 6, column (A).

Enter here and on page 1, Part I, line 6, column (B).

### Totals

### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

### Schedule J - Advertising Income (see instructions)

#### Part I

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or loss (col. 2 minus col. 3) if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Enter here and on page 1, Part I, line 26.

### Totals

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or loss (col. 2 minus col. 3) if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
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<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
<td></td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line (5).

Enter here and on page 1, Part I, line (5).

### Totals (carry to Part II, line (5))

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or loss (col. 2 minus col. 3) if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(3)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

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Enter here and on page 1, Part I, line (5).

### Totals (carry to Part II, line (5))

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
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<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line (5).

Enter here and on page 1, Part I, line (5).

### Totals (carry to Part II, line (5))

### Form 990-T (2019)
**Part II** Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>(3)</td>
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</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals from Part I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 11, col. (a)

Enter here and on page 1, Part I, line 11, col. (b)

Enter here and on page 1, Part II, line 20.

**Totals, Part II (lines 1-5)**

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Enter here and on page 1, Part II, line 14</td>
<td>%</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Form 990-T (2019)
<table>
<thead>
<tr>
<th>TAX YEAR</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/19</td>
<td>49,876.</td>
<td>0.</td>
<td>49,876.</td>
<td>49,876.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOL CARRYOVER AVAILABLE THIS YEAR</td>
<td></td>
<td>49,876.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/30/13</td>
<td>5,375.</td>
<td>0.</td>
<td>5,375.</td>
<td>5,375.</td>
</tr>
<tr>
<td>06/30/14</td>
<td>15,077.</td>
<td>0.</td>
<td>15,077.</td>
<td>15,077.</td>
</tr>
<tr>
<td>06/30/15</td>
<td>111,029.</td>
<td>0.</td>
<td>111,029.</td>
<td>111,029.</td>
</tr>
<tr>
<td>06/30/16</td>
<td>42,063.</td>
<td>0.</td>
<td>42,063.</td>
<td>42,063.</td>
</tr>
<tr>
<td>06/30/17</td>
<td>52,173.</td>
<td>0.</td>
<td>52,173.</td>
<td>52,173.</td>
</tr>
<tr>
<td>06/30/18</td>
<td>38,117.</td>
<td>0.</td>
<td>38,117.</td>
<td>38,117.</td>
</tr>
<tr>
<td></td>
<td>NOL CARRYOVER AVAILABLE THIS YEAR</td>
<td></td>
<td>263,834.</td>
<td>263,834.</td>
</tr>
</tbody>
</table>
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print Name of exempt organization or other filer, see instructions.

| Name of exempt organization or other filer, see instructions. |
| Taxpayer Identification number (TIN) |
| HIGH POINT COMMUNITY FOUNDATION | 56-1695787 |

Number, street, and room or suite no. If a P.O. box, see instructions.

| Number, street, and room or suite no. If a P.O. box, see instructions. |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |
| P.O. BOX 5166 |
| HIGH POINT, NC 27262 |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application is For | Return Code |
| Form 990 or Form 990-EZ | 01 |
| Form 990-BL | 02 |
| Form 4720 (individual) | 03 |
| Form 990-PF | 04 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 |
| Form 990-T (trust other than above) | 06 |

| Return Code |
| Form 990-T (corporation) |
| Form 1041-A |
| Form 4720 (other than individual) |
| Form 5227 |
| Form 6069 |
| Form 8870 |

KAROL MURKS

Telephone No. 336-882-3298 Fax No. 336-882-3298

• The books are in the care of 410 W. ENGLISH ROAD - HIGH POINT, NC 27262

• If the organization does not have an office or place of business in the United States, check this box ✘

• If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box ✘ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization’s return for: ☑ calendar year or ☑ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☑ Initial return ☑ Final return ☑ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ 0.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.