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#### Form 990-PF Department of the Treasury

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052

For calendar year 2011 or tax year beginning , and ending A Employer identification number Name of foundation 04-6880299 THE HIGH POINTE FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 978-372-4012 P. O. BOX 1230 City or town, state, and ZIP code C If exemption application is pending, check here 03865-1230 PLAISTOW, NH G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 2,217,897. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books 201,022 N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B interest on savings and temporary cash investments 15,446. STATEMENT 15,446. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <7,125. 6a Net gain or (loss) from sale of assets not on line 10  $\tilde{S}$ b Gross sales price for all assets on line 6a 4,275.  $M\Delta Y$ 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain <del>OGD</del> 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) ,734 1,734 STATEMENT 11 Other income 077. 17.180. 12 Total. Add lines 1 through 11 n 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 5,825 0 5.825. **b** Accounting fees 4 2,621. 2,621 0. STMT c Other professional fees 17 Interest STMT 5 301. 301. Ō. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications STMT 6 70. 0. 70. 23 Other expenses 24 Total operating and administrative 8,817 2,922 5,895. expenses. Add lines 13 through 23 86,500. 86,500. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,922 95,317. 92,395. Add lines 24 and 25 27 Subtract line 26 from line 12: 115,760 a Excess of revenue over expenses and disbursements 14,258 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form **990-PF** (2011)

LHA For Paperwork Reduction Act Notice, see instructions.

	1			0.4	C000000
For	m 99	0-PF (2011) THE HIGH POINTE FOUNDAT			6880299 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year  (a) Book Value	End o (b) Book Value	(c) Fair Market Value
	-		(a) book value	(b) book value	(0)1 all Market Value
		Cash - non-interest-bearing Savings and temporary cash investments	327,601.	253,738.	253,738.
		Accounts receivable	327,0021		20077001
	٥	Less: allowance for doubtful accounts			•
	4	Pledges receivable	-		
	7	Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ξ.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	780,360.	799,407.	1,964,159.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
			4 405 064	4 050 445	0 015 005
	16	Total assets (to be completed by all filers)	1,107,961.	1,053,145.	2,217,897.
	17	Accounts payable and accrued expenses		<del></del>	
	18	Grants payable		<del></del>	
ies	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
98	24	Unrestricted			
auc	25	Temporarily restricted			
Net Assets or Fund Balances		Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			•
Ţ	1	and complete lines 27 through 31.	j		
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,107,961.	1,053,145.	
ž	30	Total net assets or fund balances	1,107,961.	1,053,145.	:
_	ļ				
_	31	Total liabilities and net assets/fund balances	1,107,961.	1,053,145.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,107,961.
		r amount from Part I, line 27a		2	115,760.
3	Uthe	r increases not included in line 2 (itemize)		3	0.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,107,961.
2	Enter amount from Part I, line 27a	2	115,760.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,223,721.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	170,576.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,053,145.

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				( <b>b)</b> H	ow acqu Purcha Donatio	vired (c	e) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a 300 SHS KING PHARMACEUTICALS INC			+-	P		1/01/01	01/28/11		
b									
C					<del> </del>			<del> </del>	-
d					-				
(e) Gross sales price		ation allowed		st or other basis expense of sale		-	,l	(h) Gain or (los (e) plus (f) minus	
a 4,275.		11,400.					<7,125.		
b									
C								<del>.</del>	
d									<del></del>
Complete only for assets showin	a gain in colum	n (h) and owned by	I the foundation	on 12/31/69			(I) G	iains (Col. (h) gai	n minus
(i) F.M.V. as of 12/31/69	(j) Adj	usted basis 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			col. (l	c), but not less the cosses (from col.	an -0-) or
8						····			<7,125.
b									
С									
d		<u>.</u>							
е					_				
2 Capital gain net income or (net capital loss)   If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7				2			<7,125.		
3 Net short-term capital gain or (los		sections 1222(5) ar	nd (6):		٦١				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).				}	3		N/2	Δ.
Part V   Qualification U	nder Secti	on 4940(e) for	Reduced	Tax on Ne	t Inve	stme	ent Inco		:
f section 4940(d)(2) applies, leave the  Was the foundation liable for the sect f "Yes," the foundation does not qual  Enter the appropriate amount in a	ion 4942 tax or ify under sectio	n 4940(e). Do not ca	mplete this pa	ırt.					Yes X No
(a) Base period years Calendar year (or tax year beginnii	10 IO) AC	(b) Ijusted qualifying dis	tributions	Net value of no	(c) onchari	table-us	e assets	Distr (col. (b) d	(d) ibution ratio ivided by col. (c))
2010	19 117	<u></u>	9,395.		1,	817	,253.	(50.11(5) 5	.043690
2009			3,638.				,093.		.061038
2008			6,767.				,549.		.056895
2007			3,870.				,406.		.039093
2006		8	0,628.		1,	879	,936.		.042889
2 Total of line 1, column (d)	bass ass		an luna O bu F	an hu tha mumban	4			2	.243605
3 Average distribution ratio for the the foundation has been in exister	-		on line 2 by 5,	or by the number	r or yea	rs		3	.048721
Finter the net value of noncharitab	le-use assets fo	or 2011 from Part X,	line 5					4	2,118,780.
Multiply line 4 by line 3								5	103,229.
5 Enter 1% of net investment incom	ne (1% of Part I	, line 27b)						6	143.
7 Add lines 5 and 6								7	103,372.
B Enter qualifying distributions from	n Part XII, line 4							8	92,395.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check th	ne box in Part VI, line	t 1b, and comp	olete that part usin	ng a 1%	tax rat	e.		

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Pa	rt VI	Excise Tax Based on Investment Income (Section 4940	)(a), <sup>,</sup>	49	40(b),	4940	(e), or	1948	- see	instru	ıctio	ns)
18	Exempt	operating foundations described in section 4940(d)(2), check here  and en	iter "N/	/A" (	on line 1.		)					
		ruling or determination letter: (attach copy of letter if nec										
b		tic foundations that meet the section 4940(e) requirements in Part V, check here					<b>)</b>	1			2	<u>85.</u>
	of Part I	I, line 27b										
C	All othe	r domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I,	line 12,	col. (b).	J			_		
2	Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers er	nter	-0-)			2				0.
3	Add line	es 1 and 2						3			2	85.
4	Subtitle	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	ente	r -0-)			4				0.
5	Tax bas	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5			2	85.
6	Credits/	Payments:										
a	2011 es	stimated tax payments and 2010 overpayment credited to 2011	6a				413.					
b	Exempt	foreign organizations - tax withheld at source	6b	T				]	1			
Ç	Tax paid	d with application for extension of time to file (Form 8868)	6c	Т				1				
		withholding erroneously withheld	6d	Τ				1				
	•	redits and payments. Add lines 6a through 6d						7			4	13.
		ny penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched					8				
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed					<b>•</b>	9				
		syment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					•	10			1	28.
		ne amount of line 10 to be: Credited to 2012 estimated tax			128	. Refi	ınded 🗲	11	<del>                                     </del>			0.
		A   Statements Regarding Activities						1	<u> </u>			
		the tax year, did the foundation attempt to influence any national, state, or local legisl	ation o	or d	id it part	cipate o	r interven	e in		1	Yes	No
	_	itical campaign?				- <b>F</b>				1a	<b></b>	X
h		pend more than \$100 during the year (either directly or indirectly) for political purpos	es (se	e in	struction	ns for de	finition\?			1b	· · · · ·	X
•	-	answer is "Yes" to <sub>1a</sub> or <sub>1b</sub> , attach a detailed description of the activities and						ed or		<u> </u>		
		uted by the foundation in connection with the activities.	и сор.		O. C., .		о раслог.	00 0,			l	
		foundation file Form 1120-POL for this year?								1c		Х
		ne amount (if any) of tax on political expenditures (section 4955) imposed during the	vear							<u> </u>	$\vdash$	
u		the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers.					0.					
۵		ne reimbursement (if any) paid by the foundation during the year for political expendit		_	nnosed o	n found		-				
٠		ers. > \$ 0.	iaro w	, III	ipooda o	ounu						
2	_	foundation engaged in any activities that have not previously been reported to the IF	352							2	1	х
-		," attach a detailed description of the activities.								<u> </u>		
3		foundation made any changes, not previously reported to the IRS, in its governing ii	netrum	neni	t articles	of incor	noration	٥r			1	
Ū		, or other similar instruments? If "Yes," attach a conformed copy of the change			, ui 110100	01 111001	porudon,			3	1	х
Αo	•	foundation have unrelated business gross income of \$1,000 or more during the year								4a	├	X
		has it filed a tax return on Form 990-T for this year?	• •					N	I/A	4b		<del></del>
		ere a liquidation, termination, dissolution, or substantial contraction during the year?							.,	5	<del></del>	X
J		;" attach the statement required by General Instruction T.								1	<del>                                     </del>	<del></del> -
6		requirements of section 508(e) (relating to sections 4941 through 4945) satisfied et	ther:								ŀ	
٠		nguage in the governing instrument, or										
	-	ate legislation that effectively amends the governing instrument so that no mandator	u direct	tion	ne that cr	nflict wi	th the ctai	e law		1		
		an in the governing instrument?	y direct	11101	15 11101 00	iiiiot iii	544	C IUII		6	х	
7		foundation have at least \$5,000 in assets at any time during the year?								7	X	
'		; " complete Part II, col. (c), and Part XV.								<del>  '-</del>	<del>  ^``</del>	<del></del>
۵.			ne) 🕨									
oá	MA.	ne states to which the foundation reports or with which it is registered (see instruction	113)	_								
		nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Hornor	, Cr	neral (c	decian	ate\					
0		•	шоннеу	y Ut	merai (Ul	ucoigili	116)			8b	X	
		state as required by General Instruction G? If "No," attach explanation	otion A	10.41	)(i)/2\ ^-	4040(A	(5) for on!	andar		100	<u> </u>	
9		oundation claiming status as a private operating foundation within the meaning of se					וטו נמו	biludi				х
10		011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," c								10	├	Ÿ
10	DIU any	persons become substantial contributors during the tax year? if "Yes," attach a schedu	ie listing	g the	eir names	and addre	SSES	-		1 10	DE	2044

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No	1	1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es 🔀 No		ł
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				ŀ
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y <sub>0</sub>	es 🗶 No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		.	.
the prevention of cruelty to children or animals?		Ye	es 🗶 No		
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	in Regulations			ŀ
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es 🗀 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y		
Part VIII Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their					
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) E	xpense nt, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allov	vances
STEPHEN R. CLARK	TRUSTEE				
P. O. BOX 1230				1	
PLAISTOW, NH 038651230	1.00	0.	0.		0.
	TRUSTEE				
P. O. BOX 1230	,				
PLAISTOW, NH 038651230	1.00	0.	0.		0.
	-				
		•		1	
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d)		WD0775
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E accou	xpense nt, other
	devoted to position	(0)	compensation	allov	vances
NONE					
		ļ			
		ļ			
· · · · · · · · · · · · · · · · · · ·					
				ļ	
		L	L		
Total number of other employees paid over \$50,000	······································	<del></del>	<u> </u>		0
			Earen 1	OOA DE	- /20111

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations,	see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	1,822,252.
b Average of monthly cash balances	1b	328,794.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	2,151,046.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	) <b>.</b>	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,151,046.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,266.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,118,780.
6 Minimum investment return. Enter 5% of line 5	6	105,939.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certain	<del></del>
1 Minimum investment return from Part X, line 6	1	105,939.
2a Tax on investment income for 2011 from Part VI, line 5	;. <del>                                     </del>	
b Income tax for 2011. (This does not include the tax from Part VI.)	7	
c Add lines 2a and 2b		285.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	105,654.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	105,654.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	105,654.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	92,395.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	92,395.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	92,395.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	on qualifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d</b> ) 2011
1 Distributable amount for 2011 from Part XI,	·			
line 7				105,654.
2 Undistributed income, if any, as of the end of 2011	<del></del>		-	
a Enter amount for 2010 only			80,927.	
b Total for prior years:				
, and the second		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
dFrom 2009				
eFrom 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ▶\$ 92,395.				
a Applied to 2010, but not more than line 2a			80,927.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		<del></del>		11,468.
e Remaining amount distributed out of corpus	0.	·		
5 Excess distributions carryover applied to 2011	0.			0.
(if an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				94,186.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:		·		
a Excess from 2007				
b Excess from 2008			}	
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				
				Form <b>990-PF</b> (2011)

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Part XIV Private Operating F	oundations (see ins	tructions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2011, enter the date of t	ne ruling	<b>▶</b>		
b Check box to indicate whether the found	dation is a private operatin	g foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	/// 0000	/ <del></del>
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
<ul> <li>Qualifying distributions from Part XII,</li> </ul>					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of	:				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					_
Part XV Supplementary Info at any time during t	he year-see instr		if the foundation	n had \$5,000 or m	ore in assets
Information Regarding Foundation     List any managers of the foundation wh     year (but only if they have contributed in	o have contributed more		tributions received by the	foundation before the clo	se of any tax
STEPHEN R. CLARK	поте шап фо,ооо). (осе з				
<b>b</b> List any managers of the foundation who other entity) of which the foundation ha			(or an equally large porte	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions t (see instructions) to indiv	o preselected charitable iduals or organizations	e organizations and does runder other conditions, co		
a The name, address, and telephone num N/A	ber of the person to whor	n applications should be	e addressed:		
b The form in which applications should to N/A	oe submitted and informat	ion and materials they s	should include;		
c Any submission deadlines:		·-, - · · · · · · · · · · · · · · · · ·			·
d Any restrictions or limitations on award	s, such as by geographica	il areas, charitable fields	s, kinds of institutions, or	other factors:	
N/A					<u> – </u>
					E- 000 DE (0044)

3 Grants and Contributions Paid During t		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
	:			
BRIGHAM & WOMEN'S HOSPITAL	NONE	501(C)(3)	MEDICAL	
75 FRANCIS STREET				E 00/
BOSTON, MA 02115				5,000
CATHOLIC SCHOOLS FOUNDATION	NONE	501(C)(3)	RELIGIOUS	
2121 COMMONWEALTH AVE. BRIGHTON, MA 02135				10,000
3.10.10.1, 12.1 02.133				
CHILDREN'S HOSPITAL TRUST	NONE	501(C)(3)	MEDICAL	
138 HARVARD STREET	NONE	B01(C)(3)	MEDICAL	
BROOKLINE, MA 02446				10,000
DANA FARBER CANCER INSTITUTE	NONE	501(C)(3)	MEDICAL	
375 LONGWOOD AVENUE	10.12			
BOSTON, MA 02215				10,000
HOME FOR LITTLE WANDERERS	NONE	501(C)(3)	GENERAL WELFARE	
161 SOUTH HUNTINGTON AVENUE				
BOSTON, MA 02130				3,000
<del></del>	CONTINUATION SHE	ET(S)	▶ 3a	86,500
<b>b</b> Approved for future payment				
		İ		
NONE				
		1		
Tabl		1		
Total			<b>▶</b> 3b	000 PF (201

Part XVI-A Analysis of Income-Producing Activitie	Part XVI-A	Analysis	of Income-	-Producing	<b>Activities</b>
---	------------	----------	------------	------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)
Elitor 8. 000 altipolito altipop primi tito intereseas	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•	- 0000		+		
8	- <del>  -</del>			<del></del>	
		<del> </del>			
<u> </u>	-	· · · · · · · · · · · · · · · · · ·	<del></del>		
<u> </u>	-				<del> </del>
e	-	-	-+		
	-	<del></del>			<del></del>
g Fees and contracts from government agencies		<del></del>	╌╁╌╼╁		
2 Membership dues and assessments	<del></del>				
3 Interest on savings and temporary cash					
investments				15 446	<del></del>
4 Dividends and interest from securities	<b>-</b>		14	15,446.	<del></del>
5 Net rental income or (loss) from real estate:		<del></del>			
Debt-financed property					<del></del>
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					· · · · · · · · · · · · · · · · · · ·
7 Other investment income			14	1,734.	
8 Gain or (loss) from sales of assets other					
than inventory					<7,125.>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	17,180.	<7,125.>
13 Total. Add line 12, columns (b), (d), and (e)	-			13	10,055.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
_	the foundation of stempt purposed (earlier data) by providing tender for each purposed,	_
		_
		—
		_
		_
		—
		_
		_
		_
		—
		_
123621 12-02-11	Form <b>990-PF</b> (20	1)

THE HIGH	POINTE	FOUNDATION
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Point 990-PF (2	011) 1112 11	1			and Dalakianal	hina Wilde Alamaha	-idabla	1 4	gc 10
Part XVII			sters 10 a	and Transactions a	and Relations	nips with Noncha	ritable		
	Exempt Organ				· · · · · · · · · · · · · · · · · · ·				
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of	<u> Y</u>	es	No
				7, relating to political organ					
	from the reporting found								
	· · · · · · · · · · · · · · · · · · ·	allott to a monomania	olo oxompt of	gameanon on			1a(1)	- 1	X
(1) Cash							<del></del>		X
(2) Other	assets						1a(2)	1	<u> </u>
b Other tran	sactions:						1		
(1) Sales	of assets to a noncharita	ble exempt organizat	ion				1b(1)	- 1	X
(2) Purcl	nases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
• •	al of facilities, equipment,		· garriage				1b(3)		X
							1b(4)	<del></del>	X
, ,	bursement arrangements						<del>- ` '   -</del>	$\longrightarrow$	
(5) Loan	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	embership or fundras	sıng solıcıtatıd	ns			1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other asse	ts, or paid em	ployees			1c	1	X
				edule. Column (b) should ah	wavs show the fair n	narket value of the goods.	other asset	s.	
				ed less than fair market valu				•	
	d) the value of the goods,				,				
	·				(4)	attendade to the control of	-1		
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	of transfers, transactions, and	sharing arran	ngemer	1ts
			N/A						
<del></del>								•	
<del></del>	<del></del>								
							<del></del>		
		<u> </u>							
					_				
		<del> </del>							
		<del> </del>							—
		<u> </u>		. ,					
		<u> </u>	·						
i									
									—
		<u> </u>		<del></del>	<del></del> _	<del> </del>			
		-		or more tax-exempt organi	zations described	<u>-</u> -	_		,
ın section	501(c) of the Code (othe	r than section 501(c)	(3)) or in sect	tion 527?		L	Yes	X	No
b if "Yes," c	omplete the following sch	iedule							
	(a) Name of org		_	(b) Type of organization		(c) Description of relations	hip		
	N/A								
	21/ 22				<del>                                     </del>				
				<del> </del>	<del> </del>	<del></del>	<del></del>	<del> </del>	
					<b></b>				
				L	<u> </u>	*			
	Λ								
Under	penalties of persury, I declare	that Dave examined the	s return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge	y the IRS dis	cuee fi	ne -
Sign and b	elief, it is true correct, and cor	papiete Declaration of pr	arer (other than	in taxpayer) is based on all inform	nation of which prepare	has any knowledge retu	um with the p	orepare	er
Here	/- Use ( +	·	1an	ee 5-11-12	I Buch	L. she	שה below (si	ee inst	1 I
<u>F</u>	/ <b>77</b> / A	.000	17-70		<del></del>	<u> </u>	X Yes	Ь	J No
	nature of officer or trustet			Date	Title				
/	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
			1	1	1-11	self- employed			
Paid	DIANA COHE	en	17)		121 4/191	P0	01883	91	
Preparer	Firm's name ► DEL		LLP		11.01	Firm's EIN ▶ 86-1			
	LINII S HAIRE PUET	OTITE INV	י יייי			Tunn S EIN P OO T	00311	4	
Use Only	F	<u> </u>				<del> </del>			
	Firm's address ► 20			EΤ					_
	BC	STON, MA	02116			Phone no. 617 -	<u>437-2</u>	00	0
						Fo	rm <b>990-</b>	PF (2	2011)
								•	•

123622 12-02-11

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number Name of the organization 04-6880299 THE HIGH POINTE FOUNDATION

Organiza	ation type (check or	ie):
Filers of:		Section:
Form 990	) or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	)-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.
General	Rule	
	For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is check purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., simplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

### THE HIGH POINTE FOUNDATION

04-6880299

Dart I	contributors (see instructions). Use duplicate copies of Part I if additional space is need	eded
rarii	CONTINUATORS (See Instructions). Use duplicate copies of Fart I if additional space is new	ouou.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEPHEN R. CLARK P.O. BOX 1230 PLAISTOW, NH 03865-1230	\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)

Name of organization

Employer identification number

### THE HIGH POINTE FOUNDATION

04-6880299

Part II Noncash Property (see instructions). Use duplicate copies of Part II it additional space is nee	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
---	---------	---

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 GI	,210 SHARES OF AFFILIATED MANAGERS ROUP STOCK	- - - s 201,022.	
-		_   \$   201,022.	
(a) No. irom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =		- - - - - - - - - - -	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-   -		- - - \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
453 01-23-12		Sobodula B /Farm 00	0, 990-EZ, or 990-PF) (2

(e) Transfer of gift

(c) Use of gift

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

(a) No. from Part I

(d) Description of how gift is held

(b) Purpose of gift

FORM 990-PF DIVIDEND	S AND	INTERI	EST FROM	SEC	JRITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT	-	PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
STATE STREET			15,446.		0.	15,4	46.
TOTAL TO FM 990-PF, PART I, I	_n 4 =		15,446.		0.	15,4	46.
FORM 990-PF	OT	HER II	NCOME			STATEMENT	2
DESCRIPTION		1	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
CLASS ACTION PROCEEDS - WORLD	COM	<del></del> .	1,	734.	1,734.	,	
TOTAL TO FORM 990-PF, PART I,	LINE	11	1,	734.	1,734.		
FORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	-	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
DELOITTE TAX LLP	5	,825.		0	•	5,8	25.
TO FORM 990-PF, PG 1, LN 16B	5	,825.		0	•	5,8	25.
FORM 990-PF C	OTHER P	ROFES	SIONAL F	EES		STATEMENT	4
DESCRIPTION	(A EXPEN PER B		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
AGENCY FEES	2	,621.	2	2,621	•		0.
TO FORM 990-PF, PG 1, LN 16C	2	,621.		2,621	•		0.
10 101d1 330 11, 10 1, EN 10C	_	•		•			

FORM 990-PF	TAX	ES	<del></del>	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FOREIGN TAXES	301.	301.			0.	
TO FORM 990-PF, PG 1, LN 18	301.	301.			0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
MASSACHUSETTS ANNUAL REPORT FILING FEE	70.	0.		7	ο.	
TO FORM 990-PF, PG 1, LN 23	70.	0.		7	ο.	
FORM 990-PF OTHER DECREASI	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT	7	
DESCRIPTION				AMOUNT		
ADJUSTMENT TO COST BASIS OF ADDIFFERENCE BETWEEN COST AND I		ED STOCK		1,00 169,57		
TOTAL TO FORM 990-PF, PART I	II, LINE 5		:	170,57	6.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	8	
FORM 990-PF  DESCRIPTION	CORPORAT		OK VALUE	STATEMENT FAIR MARKET VALUE	8	
	CORPORAT		OK VALUE 799,407.	FAIR MARKET		

3 Grants and Contributions Paid During the		<b>,</b>	·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
A SALLE ACADEMY	NONE	501(C)(3)	EDUCATION	
4 EAST SECOND STREET				
EW YORK, NY 10003		<u> </u>		8,0
TAKE A WITCH BOINDARTON	NONE	501(C)(3)	GENERAL WELFARE	
AKE A WISH FOUNDATION  95 DEVONSHIRE STREET	NONE	B01(C/(3/	SENERAL WEDTAKE	
		}		10,0
OSTON, MA 02114		<del>                                     </del>		10,0
MERRIMACK VALLEY HOSPICE HOUSE	NONE	501(C)(3)	MEDICAL	
660 NORTH AVENUE				
HAVERHILL, MA 01830				10,00
PROJECT BREAD	none	501(C)(3)	GENERAL WELFARE	
145 BORDER STREET				
BOSTON, MA 02128				3,00
TOYS FOR TOTS	NONE	501(C)(3)	GENERAL WELFARE	
P.O. BOX 391	Nonz	102(6)(3)	Daniel Haaring	
SOUTH WEYMOUTH, MA 02190				2,00
				· · · · · · · · · · · · · · · · · · ·
CAPE COD HEALTHCARE FOUNDATION	NONE	501(C)(3)	MEDICAL	
РО ВОХ 370				1
HYANNIS, MA 02601				5,00
NAMES AND ADDRESS OF THE PROPERTY OF THE PROPE	7017	T01(0)(2)		 
FALMOUTH SERVICE CENTER PO BOX 208	NONE	501(C)(3)	GENERAL WELFARE	
FALMOUTH, MA 02541			<u> </u>	2,50
ROSIES PLACE	NONE	501(C)(3)	GENERAL WELFARE	
889 HARRISON AVENUE				
BOSTON, MA 02118		<del> </del>		1,50
MGH FUND	NONE	501(C)(3)	MEDICAL	
55 FRUIT STREET				
BOSTON, MA 02114				5,00
				- , , ,
PINE STREET INN	none	501(C)(3)	GENERAL WELFARE	
444 HARRISON AVENUE BOSTON, MA 02118				1,50
Total from continuation sheets		1	<del></del>	48,50