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SCANNED MAY 2 7 2014

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

ternal Revenue Service

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pi

OMB No 1545-0052 **2013**OBER TO PUBLIC INSPECTION

For calendar year 2013 or tax year beginning . and ending Name of foundation A Employer identification number THE HIGH POINTE FOUNDATION 04-6880299 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P. O. BOX 1230 978-372-4012 City or town, state or province, country, and ZIP or foreign postal 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 If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 4,361,139. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (cash basis only) (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 202,550 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 20,487. 20,487. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 30. 6a Net gain or (loss) from sale of assets not on line 10 30. 30. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 1 2014 12 Total Add lines 1 through 11 116. 116. STATEMENT 223,183. 20,633. Compensation of officers, directors, trust Ō. 0. 14 Other employee-salaries and wages. 15 Pension plans, employee benefits 16a Legal fees 6,692. **b** Accounting fees STMT 3 0 6,692. 3,418. STMT 3,148. c Other professional fees To Other professional fees

Interest
In STMT 5 1,537 537 1,000. 19 Depreciation and depletion 21 Travel, conferences, and meetings STMT 6 125 125. 24 Total operating and administrative <u>11,</u>772 expenses. Add lines 13 through 23 3,685 7,817. 115,000. 115,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 126,772 3,685 122,817. Add lines 24 and 25 27 Subtract line 26 from line 12. 96,411 8 Excess of revenue over expenses and disbursements 16,948. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2013)

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Fart	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	192,372.	86,022.	86,022.
3	Accounts receivable ►			•
	Less: allowance for doubtful accounts			
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	_ ` ` ` <u>`</u> _			_
	Less: allowance for doubtful accounts			
σ 8	Inventories for sale or use			
Assets	` ` `. `` `			
8 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	818,205.	832,645.	4,275,117.
- 1	c Investments - corporate bonds	010,2031		1,2,3,11,0
1	` <u></u>			
''	Investments - land, buildings, and equipment. basis			
1,0	Less accumulated depreciation Investments - mortgage loans			
- 1	Investments - other			
l l	<u> </u>			
'*	Land, buildings, and equipment basis			
1,,	Less accumulated depreciation			<u></u>
	Other assets (describe			
10	Total assets (to be completed by all filers - see the	1 010 577	010 667	1 261 120
+-	instructions. Also, see page 1, item 1)	1,010,577.	918,667.	4,361,139.
17	· · · · · · · · · · · · · · · · · · ·			
18	' ' '			
<u>s</u> 19		_		
Liabilities 51 20 21 21 21				
[편 21	, , ,			
_ 22	Other liabilities (describe)			
		0.	,	
23		U •	0.	
	Foundations that follow SFAS 117, check here			
φ	and complete lines 24 through 26 and lines 30 and 31.			
×Ι	Unrestricted			
	Temporarily restricted			
<u>m</u> 26	Permanently restricted			
<u> </u>	Foundations that do not follow SFAS 117, check here			
or Fund Ba	and complete lines 27 through 31.		_	
27 ع 12 ع	· · · · · · · · · · · · · · · · · · ·	0.	0.	
Net Assets		0.	0.	
29 ک		1,010,577.	918,667.	
2 30	Total net assets or fund balances	1,010,577.	918,667.	
		1 010 555	010 667	
31	Total liabilities and net assets/fund balances	1,010,577.	918,667.	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line	20	1 1	
		JU	.	1,010,577.
•	ust agree with end-of-year figure reported on prior year's return)		1 1	96,411.
	er amount from Part I, line 27a		2	
	er increases not included in line 2 (itemize)		3	1 106 000
	I lines 1, 2, and 3	app ama	MEMENTO 7	1,106,988.
	creases not included in line 2 (itemize)	SEE STA		188,321.
b 10t	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	918,667.

_		IGH POINTE FOU							4-000	0299	Page 3
P	<u> </u>	Losses for Tax on I		Income		T				·	
	(a) List and describe 2-story brick wareho	the kınd(s) of property sold (e.ç ouse; or common stock, 200 sh	g , real estate, is. MLC Co.)		`P	- Purc - Dona		(c) Date a (mo., da		(d) Dat (mo., d	e sold ay, yr.)
	CAPITAL GAINS DI	•			۳	- 00116	10011	• •	,	• • •	
b					†						
С	1										
d		··-			ļ						
е	· · · · · · · · · · · · · · · · · · ·	(A) Description allowed	1 (-) 0		Ц,			(1) (1)			_
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		it or other basis xpense of sale	l				ain or (loss) (f) minus (
a	30.				\dashv	-					30.
b							-				
e	Complete only for assets showing ga	ain in column (h) and owned by	the foundation	on 12/31/69	\dashv		- (1	\ Gains (C	ol (h) gain i	minus	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any			col	. (k), but n	of (ii) gain not less than (from col. (f	-0-) or	
a					\dashv					•	30.
b											
	;										
d	•										
_ <u>e</u>					↲		Ι.				
2	Capital gain net income or (net capital	Hoss) $\begin{cases} \text{If gain, also enter -} \\ \text{If (loss), enter -} \end{cases}$			<u>}</u>	2					30.
3	Net short-term capital gain or (loss) a		ind (6):		٦						
	If gain, also enter in Part I, line 8, colu If (loss), enter -0- in Part I, line 8	iinii (c).				3			N/A		
P		er Section 4940(e) fo	r Reduced	Tax on Net	Ínv	estn	nent Inc	ome	•		
(Fo	or optional use by domestic private fou	indations subject to the section	4940(a) tax on	net investment in	come	:.)					
lf s	section 4940(d)(2) applies, leave this p	art blank.									
			mount of any ve	ar is the been seen	40						X No
	as the foundation liable for the section Yes," the foundation does not qualify u			•	iour					162	الحصا
1	Enter the appropriate amount in each				ntries				_		
_	(a) Base period years	(b)			(c)				Distrib	(d) ution ratio	
_	Calendar year (or tax yéar beginning ir			Net value of no					(col. (b) div	ded by col.	
_	2012		04,420.				9,838				42278 43608
_	2011 2010		92,395. 79,395.				8,780 7,253				<u>43690</u>
	2009		93,638.				$\frac{7,233}{4,093}$				61038
_	2008		06,767.				6,549				56895
										-	
	Total of line 1, column (d)							2		. 2	<u>47509</u>
3	Average distribution ratio for the 5-ye	·	on line 2 by 5,	or by the number	of ye	ars				0	40E02
	the foundation has been in existence	ir iess than 5 years						3		• 0	<u>49502</u>
4	Enter the net value of noncharitable-u	ise assets for 2013 from Part X	, line 5				-	4		3,666	,116.
5	Multiply line 4 by line 3							5		181	,480.
6	Enter 1% of net investment income (1% of Part I, line 27b)						6	<u></u> .		169.
7	Add lines 5 and 6							7		181	,649.
8	Enter qualifying distributions from Pa	rt XII, line 4						8		122	,817.
	If line 8 is equal to or greater than line See the Part VI instructions.	e 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	ig a 1	% tax	rate.				

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ir	ıstru	ctior	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1			3	<u> 39.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			3	39.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			3	39.
	Credits/Payments:					
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,000.	1				
	Exempt foreign organizations - tax withheld at source 6b	1				
	Tax paid with application for extension of time to file (Form 8868) 6c	_				
	Backup withholding erroneously withheld 6d	1				
7	Total credits and payments. Add lines 6a through 6d	7			1,0	00.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			6	61.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 661 • Refunded ▶	11				0.
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	e in			Yes	
	any political campaign?		-	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		Х
	If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials publish	ed or		l		
	distributed by the foundation in connection with the activities.		ļ		i	
	Did the foundation file Form 1120-POL for this year?		ļ	1c		<u> </u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ 0.	_				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities.					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.,,	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		7,7
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e law		_	Ψ,	
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	/		7	Х	
_						
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MA					
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			۵.	Ψ,	
	of each state as required by General Instruction G? If "No," attach explanation	•		8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				v
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		,	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Forn	1 990	-PF (2013)

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

•		
Form 990-PF (2013) THE HIGH POINTE FOUNDATION	04-68	380299 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	<u> </u>
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
	7	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistinumber of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the	Expenses
1 NOT APPLICABLE	1000, 010.	
		0.
2		·
		
3		

4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	inco 1 and 2	Amount
1 NOT APPLICABLE	illes I alid 2.	Amount
HOT ATTUCABLE		
		0.
2		
All other program-related investments. See instructions.		

0. 0.

3 NONE

Total. Add lines 1 through 3

04-6880299 THE HIGH POINTE FOUNDATION Page 8 Form 990-PF (2013) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 3,529,911. 1a a Average monthly fair market value of securities 192,034. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 3,721,945. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 55,829. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 3,666,116. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 183,306. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 183,306. Minimum investment return from Part X, line 6 339 2a Tax on investment income for 2013 from Part VI, line 5 2a 2b b Income tax for 2013. (This does not include the tax from Part VI.) 339 c Add lines 2a and 2b 2c 182.967. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 182.967. 5 Add lines 3 and 4 6 0. Deduction from distributable amount (see instructions) 182,967. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 122,817. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b b Cash distribution test (attach the required schedule) 4 122,817. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income. Enter 1% of Part I, line 27b 122,817. Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form **990-PF** (2013)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				182,967.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			112,700.	
b Total for prior years:				
,, ,,,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
dFrom 2011				
e From 2012	0.			
f Total of lines 3a through e	U•			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶\$ 122,817.		İ		
a Applied to 2012, but not more than line 2a			112,700.	
b Applied to undistributed income of prior			112,700.	•
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				10,117.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2013	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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b	····	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				150 050
be distributed in 2014				172,850.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	0.			
not applied on line 5 or line 7	U • 1			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0.			
	•			
10 Analysis of line 9: a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
2 2 200			-	Form 000 DE (0010)

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year BRIGHAM & WOMEN'S HOSPITAL NONE 501(C)(3) MEDICAL 75 FRANCIS STREET BOSTON, MA 02115 10,000. CAPE COD HEALTHCARE FOUNDATION NONE 501(C)(3) MEDICAL PO BOX 370 HYANNIS, MA 02601 5,000. CATHOLIC SCHOOLS FOUNDATION NONE 501(C)(3) RELIGIOUS 2121 COMMONWEALTH AVE. BRIGHTON, MA 02135 10,000. CHILDREN'S HOSPITAL TRUST NONE 501(C)(3) MEDICAL 138 HARVARD STREET BROOKLINE, MA 02446 10,000. DANA FARBER CANCER INSTITUTE NONE 501(C)(3) MEDICAL 375 LONGWOOD AVENUE BOSTON, MA 02215 20,000. SEE CONTINUATION SHEET(S) 115,000. Total ➤ 3a b Approved for future payment NONE Total **▶** 3b

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Terrotton income
<u> </u>		. — — — — — — — — — — — — — — — — — — —			
b			ļ		
C					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			18	20,487.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	t				
7 Other investment income			14	116.	
8 Gain or (loss) from sales of assets other					
than inventory			18	30.	
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.		20,633.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	20,633.
(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 restriction of systems (state that by providing fames for seath purposes).
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Form 990-F		IIGH POIN	TE FOUR	NDATION		04-6	880299	Pa	ge 13
Part X\	VII Information Re Exempt Organ		ansfers To	and Transactions a	nd Relation	ships With Non	charitable	•	
1 Did th	ne organization directly or indi		ny of the followi	ng with any other organizatio	n described in sec	tion 501(c) of		Yes	No
	ode (other than section 501(c					`,			
a Trans	sfers from the reporting found	lation to a noncha	ritable exempt o	rganization of:					
(1) 0	Cash						1a(1)		Х
(2) (Other assets						1a(2)		Х
b Other	transactions;								!
(1) S	Sales of assets to a noncharita	ible exempt organ	ızatıon				1b(1)		X
(2) P	Purchases of assets from a no	incharitable exem	ot organization				16(2)		X
	Rental of facilities, equipment,						1b(3)		X
	Reimbursement arrangements	i					1b(4)		X
	oans or loan guarantees						10(5)		X
	Performance of services or me	· ·	=				1b(6)		X
	ng of facilities, equipment, ma	•		•					X
	answer to any of the above is							ets,	
	rvices given by the reporting f				e in any transactio	n or snaring arrangem	ient, snow in		
(a)Line no	nn (d) the value of the goods, (b) Amount involved			le exempt organization	(d) Ossessatu				
(a)cine no	(b) Amount myored	(6) (42)	N/A	e exempt organization	(u) Descriput	on of transfers, transaction	s, and sharing an	angeme	nus
		1	N/A		+				
				· .	-				
					+				
					+				
					-				
				-	1				
				·,					
					Ì		•		
		Ì							
ın sec	e foundation directly or indirection 501(c) of the Code (others, complete the following sch	er than section 50°			zations described		Yes	X] No
	(a) Name of or		**	(b) Type of organization		(c) Description of rela	ationship		
	N/A								
					-				
						-			
								_	
		4							
	Under penalty sof perjury, I dectare and belief, it is true correct and co Signature of officer or truster	mplete Declaration of	of this return, included for the parer (other the	ing accompanying schedules and an taxpayer) is based on all inform Date	ation of which prepar	e best of my knowledge er has any knowledge	May the IRS of return with the shown below	e prepare (see inst	er
	Print/Type preparer's n		Preparer's		Date	Check if I	PTIN		
•		eni			111114	self- employed	P00188		

Firm's EIN ▶ 86-1065772

Phone no. 617-437-2000

Use Only

Preparer Firm's name ▶ DELOITTE TAX LLP

Firm's address ▶ 200 BERKELEY STREET

BOSTON, MA 02116

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation)					
Recipient	If recipient is an individual,	Faundahaa	Durana of such or		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
FALMOUTH SERVICE CENTER	NONE	501(C)(3)	GENERAL WELFARE		
PO BOX 208				3,000	
FALMOUTH, MA 02541				3,000	
HOME FOR LITTLE WANDERERS	NONE	501(C)(3)	GENERAL WELFARE		
161 SOUTH HUNTINGTON AVENUE					
BOSTON, MA 02130				3,000	
		501/02/22			
LA SALLE ACADEMY 44 EAST SECOND STREET	NONE	501(C)(3)	EDUCATION		
NEW YORK, NY 10003				9,000	
MAKE A WISH FOUNDATION 295 DEVONSHIRE STREET	NONE	501(C)(3)	GENERAL WELFARE		
BOSTON, MA 02114				10,000	
MERRIMACK VALLEY HOSPICE HOUSE	none	501(C)(3)	MEDICAL		
360 NORTH AVENUE HAVERHILL, MA 01830				10 000	
MANUALIZA, MA VIOSO				10,000	
MGH FUND	NONE	501(C)(3)	MEDICAL		
55 FRUIT STREET					
BOSTON, MA 02114				15,000	
		504/53/23			
PINE STREET INN 444 HARRISON AVENUE	NONE	501(C)(3)	GENERAL WELFARE		
BOSTON, MA 02118				2,500	
PROJECT BREAD 145 BORDER STREET	NONE	501(C)(3)	GENERAL WELFARE		
BOSTON, MA 02128				3,000	
ROSIES PLACE	NONE	501(C)(3)	GENERAL WELFARE		
889 HARRISON AVENUE BOSTON, MA 02118				2,500	
				2,300	
TOYS FOR TOTS	NONE	501(C)(3)	GENERAL WELFARE		
P.O. BOX 391					
SOUTH WEYMOUTH, MA 02190 Total from continuation sheets		1	<u> </u>	2,000 60,000	

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. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990 ·

OMB No 1545-0047

Name of the organization

Employer identification number

Т	HE HIGH POINTE FOUNDATION	04-6880299
Organization type (check	one)	
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	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and II.	
Special Rules		
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the substance of the sub	•
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one as of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, for children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one use exclusively for religious, chantable, etc., purposes, but these contributions did cked, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year	not total to more than \$1,000. clusively religious, chantable, etc.,
	that is not covered by the General Rule and/or the Special Rules does not file Schoon Part IV. line 2, of its Form 990; or check the box on line H of its Form 990-EZ or or	•

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE HIGH POINTE FOUNDATION

04-6880299

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PLAISTOW, NH 03865-1230	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll Complete Part II for noncash contributions 1

Name of organization

Employer identification number

THE HIGH POINTE FOUNDATION

04-6880299

art II	Noncash Property (see instructions) Use duplicate copies of Part II	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	1,000 SHARES OF AFFILIATED MANAGERS GROUP STOCK	_	····
			12/16/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		- - - - s	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_ \$	•••
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number THE HIGH POINTE FOUNDATION 04-6880299 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
STATE STREET	20,517.		0.	20,517	20,517.		
TO PART I, LINE 4	20,517.		0.	20,517	. 20,517.		
FORM 990-PF		OTHER I	NCOM	ΙE	S	TATEMENT	2
DESCRIPTION					(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
CLASS ACTION PROCEEDS - WORLDCOM				116.	116.		
TOTAL TO FORM 990-P	LINE 11 =		116.	116.			
FORM 990-PF		ACCOUNTI	NG F	EES	S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) 'INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
DELOITTE TAX LLP	_	6,692.	2. 0.			6,69	92.
TO FORM 990-PF, PG	FORM 990-PF, PG 1, LN 16B 6,69		0.			6,692.	
FORM 990-PF	ro ro	HER PROFES	SSION	IAL FEES	S	TATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
1.657.67		2 410					
AGENCY FEES		3,418.	•	3,148.			0.

DESCRIPTION FOREIGN TAXES	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	(D)	
FOREIGN TAXES	THE DOORD				
FEDERAL TAX PAYMENT	537. 1,000.			0.	
TO FORM 990-PF, PG 1, LN 18	1,537.	537.		1,000.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
MASSACHUSETTS ANNUAL REPORT FILING FEE	125.	0.		125.	
TO FORM 990-PF, PG 1, LN 23	125.	0.	=	125.	
FORM 990-PF OTHER DECREAS	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT 7	
DESCRIPTION				AMOUNT	
DIFFERENCE BETWEEN COST AND	FMV OF DONAT	ED STOCK		188,321.	
TOTAL TO FORM 990-PF, PART I	II, LINE 5		•	188,321.	
FORM 990-PF		STATEMENT 8			
DESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE	
	SEE ATTACHED STATEMENT A				
SEE ATTACHED STATEMENT A			832,645.	4,275,117.	