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Form 990-PF Department of the Treasury Internal Revenue Service

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

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/form990pf

OMB No 1545-0052

| For | cale | ndar year 2015 or tax year beginning | | <u>, and ending</u> | | |
|--------------------------------------|-------------|--|--|---|---|--|
| Na | me o | f foundation | A Employer identification | number | | |
| Т | HE | HIGH POINTE FOUNDATION | 04-6880299 | <u> </u> | | |
| Nur | nber a | and street (or PO box number if mail is not delivered to street | address) | Room/suite | B Telephone number | |
| P | • | O. BOX 1230 | | | 978-372-40 | 12 |
| Cıt | y or t | own, state or province, country, and ZIP or foreign | postal code | | G If exemption application is p | ending, check here |
| _ <u>P</u> | LΑ | ISTOW, NH 03865-1230 | | | | |
| G (| Check | call that apply: Initial return | Initial return of a f | former public charity | D 1. Foreign organizations | s, check here |
| | | Final return | Amended return | | 2. Foreign organizations me | eting the 85% test. |
| | | Address change | Name change | | 2. Foreign organizations me check here and attach co | mputation |
| H_(| _ | type of organization: X Section 501(c)(3) e | | | E If private foundation sta | |
| <u> </u> | | ection 4947(a)(1) nonexempt charitable trust | Other taxable private found | | under section 507(b)(1) | |
| | | · · · · · · · · · · · · · · · · · · · | ting method: X Cash | Accrual | F If the foundation is in a | |
| | om : -\$ | Part II, col. (c), line 16) [] C 5 , 522 , 945 . (Part I, colu | Other (specify) | haere l | under section 507(b)(1) | (b), check here |
| _ | rtil | | | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| <u> </u> | **,*** | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | (a) Revenue and expenses per books | income | income | for charitable purposes (cash basis only) |
| _ | 1 | Contributions, gifts, grants, etc., received | 402,012. | Water Care | N/A | 5 - '9 03 3 4 4 5 C |
| | 2 | Check fromdation is not required to attach Sch. B | A. 1/4 8.85 | 120 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | \$44 M. (\$10 M.) |
| | 3 | Interest on savings and temporary cash investments | | | | \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | 4 | Dividends and interest from securities | 67,021. | 67,021. | | STATEMENT 1 |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | The state of the s | [[1] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | | |
| • | 6a | Net gain or (loss) from sale of assets not on line 10 | 4,323,519. | | | |
| ğ | Ь | Gross sales price for all assets on line 6a 8,579,523. | 《 第25·20》 | | | \$ 15 f x 11 / 2 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 4,323,519. | | |
| Ω. | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications Gross sales less returns | | | Similar S. S. S. Sanda Silver Silver Silver Silver | |
| | 10a | and allowances | | | State | ************************************** |
| | b | Less Cost of goods sold | | | COLE COLE COLE COLE COLE COLE COLE COLE | |
| | | Gross profit or (loss) | | | REC | TWED ! |
| | 11 | Other income | 4 700 FEO | 4 300 E40 | | 10 |
| _ | 12 | Total. Add lines 1 through 11 | 4,792,552. | 4,390,540. | (c) 12.14 | 1012 |
| | 13 | Compensation of officers, directors, trustees, etc | | | | 23 16 OP. |
| | 14 | Other employee salaries and wages | | | | |
| ý | 15 | Pension plans, employee benefits Legal fees | | | 24 54 8 | |
| Senses | | Accounting fees STMT 2 | 7,424. | 0. | 7.3 1 1 A.7 | 7,424. |
| | ĺ | Other professional fees STMT 3 | 1,089. | 1,089. | | 0. |
| Ü | 17 | Interest | | | | |
| Adminstrative Ex | 18 | Taxes STMT 4 | 4,080. | 4,080. | | 0. |
| Str | 19 | Depreciation and depletion | | | | |
| i. | 20 | Occupancy | | | | |
| ₽₽ | 21 | Travel, conferences, and meetings | | | | |
| and | 22 | Printing and publications | | | | |
| 8 | 123 | Other expenses STMT 5 | 125. | 0. | | 125. |
| Operatin | 24 | Total operating and administrative | | , | | , |
| per | | expenses. Add lines 13 through 23 | 12,718. | 5,169. | | 7,549. |
| 25 Contributions, gifts, grants paid | | | 228,000. | | | 228,000. |
| 26 Total expenses and disbursements. | | | | | | 65 |
| Add ines 24 and 25 | | | 240,718. | 5,169. | 200000 / / / / / / / / / / / / / / / / / | 235,549. |
| 1 | 27 | Subtract line 26 from line 12: | | | | |
| | | Excess of revenue over expenses and disbursements | 4,551,834. | 4 30F 371 | | ************************************** |
| | | Net investment income (if negative, enter -0-) | | 4,385,371. | N7/2 | <u>, 7 4 73 2000 ya 79 400 k</u> 81 - 2440 kwa 4640 kwa 5 |
| 350 | -15 | Adjusted net income (if negative, enter -0-) | 1 4045 3430 x 17 77 12 200000000 1 1 | | N/A | Form 990-PF (2015) |
| 24 | -15 | LHA For Paperwork Reduction Act Notice, see | IURTIOUS | | | FOITH 330-F F (2015) |

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Page 2

Form 990-PF (2015)

Form 990-PF (2015)

THE HIGH POINTE FOUNDATION

Page 3

| r | art iva Capita | i Gaiiis a | ilia rosse: | SIOI IAX OII I | IIIAe2filletif | HICOHIE | | | | | |
|-----------|--|-------------------------------------|---|-------------------------------|--|---------------------------------------|--------------------------|---|----------------|--|---|
| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation | | | | | | (c) Date (mo., d | Date acquired (d) Date sold (mo., day, yr.) | | | |
| - | | | | | | D-1 | P | VARI | OUS | 12/31/15 | |
| _ | | INVEST | | | ATEMENT | | | P | VARI | | 12/31/15 |
| _ | | INVEST | | | | C | | P | VARI | | 12/31/15 |
| | | INVEST | | | ATEMENT | | | P | VARI | | 12/31/15 |
| _ | | | | | | | <u> </u> | | | | |
| _` | (e) Gross sales p | rice | | ciation allowed allowable) | | st or other basis expense of sale | | | | aın or (loss s (f) mınus | |
| _ | 3,405 | .476. | | | | 3,391,07 | 5. | | | | 14,401. |
| | 400 | ,260. | | | | 124,28 | | | | | 8,980. |
| | 11 | ,383. | | | | 6,41 | | | | | 4,964. |
| _ | 5 000 | | - | | | 734,23 | 0. | | | | 4,295,174. |
| _ | | | | | | | | | | | |
| _ | Complete only for as | sets showing | gain in colum | n (h) and owned b | y the foundation | on 12/31/69 | | | (Cains (C | ol. (h) gain | minus |
| | (i) F.M.V. as of 12/3 | 31/69 | (j) Adj as of | usted basis 12/31/69 | | cess of col. (i) col. (j), if any | | co | il. (k), but r | not leśs tha (from col. (| n -0-) or |
| _ | | | | | - | | _ | | | *** | 14,401. |
| | | | | | <u> </u> | | | | | | 8,980. |
| _ | | | | | 1 | | | | | | 4,964. |
| | | | | | | | | | | | 4,295,174. |
| | | | | | | | | | | | |
| | Capital gain net incom | ne or (net cap | oital loss) | If gain, also en | ter in Part I, line -0- in Part I, line | 7 7 | } | 2 | | | 4,323,519. |
| 3 | Net short-term capital If gain, also enter in Pa If (loss), enter -0- in P | art I, line 8, o | | sections 1222(5) | and (6): | | } | 3 | | N/A | |
| F | Part V Qualific | ation Ur | ider Section | on 4940(e) fo | r Reduced | Tax on Net I | nvest | ment Inc | ome | • | |
| if: Wa | or optional use by dome section 4940(d)(2) appl as the foundation liable Yes," the foundation do Enter the appropriate | lies, leave thi for the sections | is part blank. on 4942 tax on y under section | the distributable a | amount of any ye | ar in the base peri | od? | | | | Yes X No |
| <u> </u> | (a) | amount mea | acii coluliiii ioi | | HISTI UCTIONS DEI | ore making any en | | | T | | (d) |
| | Base period Calendar year (or tax ye | years ear beginnin | aun) Ac | (b) Ijusted qualifying d | listributions | Net value of no | (c) ncharital | ble-use assets | ; | Dıstrıl col. (b) dıv) | (d) bution ratio vided by col. (c)) |
| | 2014 | our boginning | 9, | 1 | 84,142. | · · · · · · · · · · · · · · · · · · · | 4.8 | 302,854 | | ······································ | .038340 |
| | 2013 | | | | 22,817. | | | 66,116 | | | .033501 |
| | 2012 | | | 1 | 04,420. | | 2,4 | 169,838 | 3. | | .042278 |
| _ | 2011 | | | | 92,395. | | | 18,780 | | | .043608 |
| | 2010 | | | | 79,395. | _ | 1,8 | 317,253 | 3. | | .043690 |
| _ | Total of line 1, column | n (d) | | | | | | | 2 | | .201417 |
| | Average distribution rathe foundation has been | atio for the 5 | | | al on line 2 by 5, | or by the number (| of years | | 3 | | .040283 |
| 4 | Enter the net value of I | noncharitable | e-use assets fo | r 2015 from Part X | ζ, line 5 | | | | 4 | | 5,558,877. |
| 5 | Multiply line 4 by line | 3 | | | | | | | 5 | | 223,928. |
| | Enter 1% of net investi | | e (1% of Part I, | line 27b) | | | | | 6 | | 43,854. |
| | Add lines 5 and 6 | | • | • | | | | | 7 | | 267,782. |
| | Enter qualifying distrib | outions from | Part XII, line 4 | | | | | | 8 | | 235,549. |
| _ | | | - | e box in Part VI, III | ne 1b, and comp | lete that part using | g a 1% ta | ax rate. | | | |

| | n.990-PF (2015) THE HIGH POINTE FOUNDATION | <u>04-</u> | <u>68802</u> | 99 | Page 4 |
|-----------|--|------------------|------------------|----------------|--|
| P | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 348 - | see inst | ructio | ns) |
| 18 | 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) | | | | |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔛 and enter 1% | 1 | | 87, | <u>707.</u> |
| | of Part I, line 27b | | 3 | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | 7 | TO STATE A | | # |
| 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 | | 87, | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 87, | 707. |
| 6 | Credits/Payments: | W., | | | - 1 |
| | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 3,792. | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | 200 | | | |
| | Backup withholding erroneously withheld 6d | | Janes . | | ** ********************************** |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | 3, | 792 <u>.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | 83,9 | 915. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | |
| <u>11</u> | Enter the amount of line 10 to be: Credited to 2016 estimated tax Int VII_A Statements Regarding Activities | 11 | | | |
| | 7.888.67 | | 103 | 789 V - | - N- |
| 12 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | | No |
| L | any political campaign? | | | la | X |
| D | Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition) | | 1 | lb | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | d or | | | |
| | distributed by the foundation in connection with the activities | | 3 5. | a will. | *** |
| | Did the foundation file Form 1120-POL for this year? | | - | lc | X |
| a | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ | | 12 | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | * | | |
| C | managers. > \$ | | 1 | | * |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 3532. | 2 138% | X |
| - | If "Yes," attach a detailed description of the activities. | | ļ ⁻ | * | 1 2X 1 300 x x x |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | 176, | | The second |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | x |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | a | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N | | b | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | Х |
| | If "Yes," attach the statement required by General Instruction T. | | - ofici | 268 | V&XXXX |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | **** |
| | By language in the governing instrument, or | | /9% | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | 35.5.7. SSEC. | | ******* |
| | remain in the governing instrument? | | | 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 XV | | | 7 X | |
| | | | <u> </u> | 200 C | **** |
| 8a | 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) | · <u></u> | | | 1 |
| | of each state as required by General Instruction G? If "No," attach explanation | | 81 | ь х | <u> </u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen | dar | ماللالان | \$. M. | ****** |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | <u> </u> | X |
| 0_ | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | 0 | X |

| \P | art VII-A Statements Regarding Activities (continued) | | | |
|----|--|---------------------------------------|--|---|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | ├"┤ | - | |
| 12 | If "Yes," attach statement (see instructions) | ا ۱۰ | | х |
| 40 | | 12 | х | |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Δ | _ |
| | Website address NONE | 2 1 | 010 | |
| 14 | The books are in care of ► STEPHEN R. CLARK Telephone no. ► 978-37 | | | |
| | Located at ▶ P. O. BOX 1230, PLAISTOW, NH ZIP+4 ▶03 | 865 | -12: | <u>30</u> |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | . ▶ | ·Ш |
| | and enter the amount of tax-exempt interest received or accrued during the year | | /A | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 3 × 3 | | |
| | foreign country | wxxx | 865.ANA | 800 B |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 1 7 31 | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 4 x 48 | Yes | No |
| 18 | During the year did the foundation (either directly or indirectly): | | ///////////////////////////////////// | * \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | À. | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 2. S | | (Wy |
| | a disqualified person? | | | * |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | 3 E. 3 | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | \$ *** |
| | for the benefit or use of a disqualified person)? | | | À.M |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | 7 3 | -100 | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | \$1.7 x 8 x 3 |
| | termination of government service, if terminating within 90 days.) | | 800 B | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | · X.66666666 | 2000 110 |
| | Organizations relying on a current notice regarding disaster assistance check here | | 2/1 | (C) |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | 334× | | ************************************** |
| | before the first day of the tax year beginning in 2015? | 1c | 5,000,574 | x |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | \$2.62 | · . | |
| _ | defined in section 4942(j)(3) or 4942(j)(5)): | â | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 85 | ₩ I. | ~ . ~ |
| | before 2015? | | | |
| | If "Yes," list the years | | 8 21 9 1 | |
| h | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | *** } | . 2469 33394. | , x8 84 |
| _ | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | <u>ک</u> مہ ۱ | 8XXXXX |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | **** | 3802 | |
| · | | , | | |
| 34 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | **** | |
| Ja | during the year? | | | ~************************************* |
| h | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after | | ///// | ************************************ |
| J | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | A = 3 = | 3 ~ > | 18m | ~95[\$\$ |
| 4- | , | 3b | - | x |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | _4a | × × × 8 | A A AA AA |
| 0 | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | **** | ľ | v |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | X |
| | Fori | ո 990։ | -rr (2 | ZU 10) |

| Form 990-PF (2015) THE HIGH POINTE FOUNDATION | | | 04-68802 | 299 Page 6 |
|--|---|---|--|---|
| Part VII-B Statements Regarding Activities for Which F | form 4720 May Be F | Required _{(contir} | nued) | |
| 5a During the year did the foundation pay or incur any amount to; (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or | | | es X No | |
| any voter registration drive?(3) Provide a grant to an individual for travel, study, or other similar purposes(4) Provide a grant to an organization other than a charitable, etc., organization | ? | Y | es X No es X No | |
| 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, | | for | es X No | |
| the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unsection 53.4945 or in a current notice regarding disaster assistance (see instru | | | es X No N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | • | | ►□ | 30 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? | 1 | | es 🔲 No | |
| If "Yes," attach the statement required by Regulations section 53 4945 Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? | • • | Y | es 🛣 No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870. | ersonal benefit contract? | | <u>.</u> | 6b X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes." did the foundation receive any proceeds or have any net income attribu | table to the transaction? | | es X No N/A | 7b |
| Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | | |
| 1 List all officers, directors, trustees, foundation managers and their c | compensation. | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| STEPHEN R. CLARK P. O. BOX 1230 | TRUSTEE | | | |
| PLAISTOW, NH 038651230 | 1.00 | 0. | 0. | 0. |
| JOAN M. CLARK | TRUSTEE | | | |
| P. O. BOX 1230 | 1 00 | | | |
| PLAISTOW, NH 038651230 | 1.00 | 0. | 0. | 0. |
| | | | | |
| | | - | | |
| 2 Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | | • | 0 |

| Form,990-PF (2015) THE HIGH POINTE FOUNDATION | | 80299 | Page 7 |
|---|---------------------------------------|-------------|-----------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Management | anagers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE | II | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Comp | ensation |
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | | 0 |
| | · · · · · · · · · · · · · · · · · · · | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | nation such as the | Expenses | |
| 1 NOT APPLICABLE | | | |
| | | | |
| | | | 0. |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| A | | | |
| 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 lines 1 and | 12. | Amount | |
| 1 NOT APPLICABLE | | | |
| | | | |
| | | | 0. |
| 2 | | | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 NONE | | | |
| | | | Λ |
| Total Add inno 1 through 2 | • | | $\frac{0.}{0.}$ |
| Total. Add lines 1 through 3 | <u> </u> | | |

Page 8 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: a Average monthly fair market value of securities 5,463,556. 1a 179,974. b Average of monthly cash balances 16 c Fair market value of all other assets 10 5,643,530. 14 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) 10 2 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 5,643. 530. 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 84,653. 4 5,558,877. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 277,944. Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 277,944. Minimum investment return from Part X, line 6 87,707 Tax on investment income for 2015 from Part VI, line 5 b Income tax for 2015. (This does not include the tax from Part VI.) 2b 87,707 c Add lines 2a and 2b 2c 190,237. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 190,237 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 190,237 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; 235,549. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 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) 235,549. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

| 1 Discribitable amount for 2015 from Part XI, less 7 2 Undershielder amount for 2014 any 6 3 Excess distributions curryover, if any, to 2015: a From 2010 from 2010 from 2011 from 2013 a From 2014 1 Total of lines 3a through 6 4 Outsigning distributions or 2015 from Part XII, lines 4 through 6 4 Outsigning distributions to 2015 from Part XII, lines 4 through 6 4 Applied to 2014, but not more than line 2a 4 Applied to 2015 distributions of organization organ | | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|----|---|---|--|---|--|
| 2 uncertainted recover, feety, and the soil of 2015 a Entert amount for 2014 only b Total for prior years: 3 Excess distributions carryover, if any, to 2015: a From 2010 b From 2010 c From 2012 c From 2013 c From 2014 c From 2013 c From 2014 c From 2013 c From 2014 c From 2014 c From 2015 c From 2014 c From 2014 c From 2015 c | | 1 Distributable amount for 2015 from Part XI, | | | | 2010 |
| a Enter amount for 2014 only b Tollat for pronry years. 3 Excess distributions carryover, if any, to 2015. 5 From 2010 b From 2011 d From 2013 d From 2014 d From 2015 d From 2015 d From 2015 d From 2015 d From 2016 d Fr | | line 7 | | | | 190,237. |
| B Total for prior years: a From 2010 From 2011 From 2013 From 2014 4 Gualying distributions for 2015 from Part XI, line 4 ← ≥ 235, 549 Applied to 2014, but not more than line 22 Applied to undistributed anome of prior years (Election required -see instructions) d Applied to 2015 distributions or 2015 from Fernamaning mund distributed anome of prior years (Election required -see instructions) d Applied to 2015 distributions or 2015 from Fernamaning mund distributed and corpus (Election required -see instructions) d Applied to 2015 distributions and the see that a see that the section 496(2) but as been privately assistant and the section 496(2) but as been privately assisted the flow: a Chorpus Additional, 4s, and 4s flubrant line 5 b Prior years' undistributed momen. Subtract line 6 from line 2b e Enter the amount of prior years' undistributed income for which it is eaction 496(2) but as been privately assisted and undistributed income for which the section 496(2) but as been privately assisted anomal - see instructions a Undistributed income for 2014. Subtract line 4 from line 2. Travable amount - see instructions and the distributed momen for 2015. Subtract line 4 from line 2. Travable amount - see instructions and the distributed momen for 2015. Subtract line 4 from line 2. Travable amount - see instructions and the distributed momen for 2015. Subtract line 4 from line 2. Travable amount - see instructions and the distributed momen for 2015. Subtract line 4 from line 2. Travable amount - see instructions and the distributed momen for 2015. Subtract line 4 from line 2. Travable amount - see instructions and the first prior the section 496(3) (Election may be required - see instructions) 7. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 770(7) (17) (17) of 492(2) (2) (Election may be required - see instructions) 8. Excess from 2015 b Excess from 2015 b Excess from 2015 | į | 2 Undistributed income, if any, as of the end of 2015 | | | | |
| 3 Excass distributions carryover, if any, to 2015: a From 2010 b From 2011 c From 2012 d From 2012 d From 2013 e From 2014 f Total of lines 3a throughe 1 Total of lines 3a throughe 2 Applied to 2015 from Part XII, line 4 ► \$ 235,549 a Applied to 2015 from Part XII, line 4 ► \$ 235,549 a Applied to 2015 distribution amount of pror years (Election required - see instructions) c Froatial as distributions out of corpus (Election required - see instructions) c Froatial as distributions out of corpus (Election required - see instructions) c Froatian as distributions out of corpus (Election required - see instructions) c Froatian as distributions out of corpus c Froatian as a findicated below: a Corpus at Malaria Morel, in warning month for instructions and prior years c find the actual of prior years in the form line 20. a Corpus at Malaria X 4, send 46 activation is b Prior years' undistributed mome. Subtract line 4b from line 20. a Corpus at Malaria distribution and the prior years distributed in accorpism of the prior years distributed in accorpism of the prior years distribution and the prior years distributed in accorpism of the prior years distributed in the form line 8c in the prior years distributed in the form line 8c in the prior years distributed in the form line 8c in the prior years distributed in the prior years distribu | | - | | | 226,638. | |
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| Inne 4b from line 2b e Enter the amount of prior years' undistributed moome for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed moome for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2014 e Excess from 2015 | | | 0. | | | |
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| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2010 not applied on line 5 or line 7 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2014 d Excess from 2015 | | | | 0. | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2014 c Excess from 2014 e Excess from 2015 | | | | | | |
| the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2010 not applied on line 5 or line 7 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2011 b Excess from 2011 c Excess from 2014 e Excess from 2015 | | | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2011 b Excess from 2013 d Excess from 2014 e Excess from 2015 | | the section 4942(a) tax has been previously | | | | |
| amount - see instructions e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 0. 10 Analysis of line 9: a Excess from 2011 b Excess from 2011 c Excess from 2013 d Excess from 2014 e Excess from 2015 | | • | 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | 0. | | |
| e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | | | | ^ | | |
| 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | | | | U. | | |
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| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | | | 100 | | | 101 226 |
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| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | ' | | | | | |
| may be required - see instructions) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | | | | | | |
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| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | Ü | - | ا م | | | |
| Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | ۵ | | 0. | | 27 90 30 90 90 90 90 90 90 90 90 90 90 90 90 90 | |
| 10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | • | | 0 . | | | |
| a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 | 10 | | | , v. 4 · | *************************************** | 2 - Maria Maria 2000 (190) (1900 (1900 (1900 (1900 (1900 (1900 (1900 (1900 (19 |
| b Excess from 2012 | | l l | | | | |
| c Excess from 2013 d Excess from 2014 e Excess from 2015 | | | | | | |
| d Excess from 2014 e Excess from 2015 | | - | | | | |
| e Excess from 2015 | | | | | | |
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| | | | | | | Form 990-PF (2015) |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year BRIGHAM & WOMEN'S HOSPITAL NONE 501(C)(3) MEDICAL 75 FRANCIS STREET BOSTON, MA 02115 25,000. CAPE COD HEALTHCARE FOUNDATION NONE 501(C)(3) MEDICAL PO BOX 370 HYANNIS, MA 02601 15,000. CATHOLIC SCHOOLS FOUNDATION NONE 501(C)(3) RELIGIOUS 2121 COMMONWEALTH AVE. BRIGHTON, MA 02135 12,000. CHILDREN'S HOSPITAL TRUST NONE 501(C)(3) MEDICAL 138 HARVARD STREET BROOKLINE, MA 02446 10,000. FALMOUTH SERVICE CENTER NONE 501(C)(3) GENERAL WELFARE PO BOX 208 FALMOUTH, MA 02541 10,000. SEE CONTINUATION SHEET(S) **▶** 3a 228,000. Total **b** Approved for future payment NONE Total

| Part XVI-A | Analysis of Income-Producing | Activities |
|--------------------|-------------------------------|------------|
| 1 001 4 37 3 38 40 | Analysis of moonie i roddonig | ACCITICO |

| Enter gross amounts unless otherwise indicated. | | ed 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 | Tunction income |
| <u> </u> | - | | - | | |
| b | | | ╁ | | |
| 6 | | | | | |
| | _ | | | | |
| e | _ | | | · | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 67,021. | |
| 5 Net rental income or (loss) from real estate: | | | 4 | | |
| a Debt-financed property | 000000000000000000000000000000000000000 | | | ************************************** | *************************************** |
| b Not debt-financed property | | | | ······································ | |
| 6 Net rental income or (loss) from personal | | | | | i |
| property | | | i . | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 4,323,519. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | · | | | |
| a | _ | | Ш | | |
| b | _ | | | | |
| c | _ | · | | | |
| d | _ | | <u> </u> | | |
| e | | | ********** | 1 000 510 | |
| 2 Subtotal. Add columns (b), (d), and (e) | | 0. | | | 0. |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 4,390,540. |
| See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of Exe | mpt | Purposes | |
| Line No. Explain below how each activity for which inc | nome is reported i | in column (a) of Part VVILA | contrib | utad importantly to the accom | nolichment of |
| the foundation's exempt purposes (other tha | | | COLLLIN | uted importantly to the accom | ihiigiiiileiif Ol |
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the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Yes No

| 01111 000 11 (201 | | 0 3 0000255 |
|-------------------|---|-------------------------|
| Part XVII | Information Regarding Transfers To and Transactions and Relations | hips With Noncharitable |
| | Exempt Organizations | |

| a Trans | sfers from the reporting found | ation to a noncharita | able exempt or | ganization of: | - | | | 8 | | | |
|----------------|--|--|--------------------|---|---------|--|--|---------------------------------------|-----------------------|--------------------|----------|
| (1) | Cash | | | | | | | <u> </u> 1 | a(1) | _ | X |
| (2) | Other assets | | | | | | | · · · · · · · · · · · · · · · · · · · | a(2) | in Gil | X |
| | r transactions: | | | | | | | 6 | | | d |
| | Sales of assets to a noncharita | | | | | | | | b(1) | - | <u> </u> |
| | Purchases of assets from a no | | organization | | | | | | b(2) | | X |
| | Rental of facilities, equipment, | | | | | | | | b(3) | | X |
| | Reimbursement arrangements | i | | | | | | | b(4) | \dashv | <u>X</u> |
| | Loans or loan guarantees | | | | | | | | b(5) | | X |
| | Performance of services or me | • | - | | | | | <u> </u> | b(6) | \dashv | X |
| | ing of facilities, equipment, ma | • | | | ld ohuo | un ahaw tha fair | market value of | L odto oboop odt | 1c | | |
| | answer to any of the above is rvices given by the reporting f | | | • • • | | | | | | 5, | |
| | nn (d) the value of the goods, | | | | value i | in unity transaction | ir or onaring area | ngomoni, onow | | | |
| a) Line no | (b) Amount involved | | | e exempt organization | | (d) Description | on of transfers, trans | actions, and sharii | g arranç | ement | |
| : | | | N/A | | | | | | - | | |
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| | | | | | | | | | | | |
| 2a le tha | foundation directly or indirect | thy affiliated with or | related to one | or more tay event are | ganizat | ione decorrhed | | | | | — |
| | ction 501(c) of the Code (other | | | | yanızaı | ions described | | | Yes | X | No |
| | s," complete the following sch | | ((O)) or in 3600 | 1011 327 - | | | | | 163 | لخفا | 140 |
| <u> </u> | (a) Name of org | | | (b) Type of organization | on | - | (c) Description | of relationship | | | |
| | N/A | | | ,,,,, | _ | | | | | | |
| | | | | | _ | | | | | | |
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| | | | | | | | | | | | |
| | Inder penalties of perjury, I declare the | | | accompanying schedules ar taxpayer) is based on all info | | | | May the | RS disc | uss the | s |
| Sign 📙 | | piete declaration of pre | Para (other trial) | | | | | return w shown b | th the pr slow (se | eparer e_instr) |)? |
| Here | N/O | · | | 1/6/2 | 16 | TRUS | w | X | Yes | | No |
| | Signature of officer or trustee | | | Date / | | Title | Observation (Francisco) | 4 l proj | | | = |
| • | Print/Type preparer's na | me | Preparer's s | ignature . | l D | ate | لسسا | If PTIN | | | |
| Paid | 273373 00777 | | | in a clocka | | 4/29/16 | self- employed | 1 | | . . | |
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| Use Or | TITLE OF TAKEN | OITTE TAX | LLP | | | | Firm's EIN | 86-106 | 0/// | 4 | |
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| | | SION, MA | 04110 | | | | Prione no. | Form | | | |
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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 OMB No 1545-0047

Name of the organization

its instructions is at www.irs gov/form990 . Employer identification number

| | THE HIGH POINTE FOUNDATION | 04-6880299 | | | | | | | |
|---|--|--------------------------------|--|--|--|--|--|--|--|
| Organization type (che | ck one): | | | | | | | | |
| Filers of: | 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 | | | | | | | | |
| | | | | | | | | | |
| | on is covered by the General Rule or a Special Rule. | | | | | | | | |
| Note. Only a section 50 | 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul | e. See instructions. | | | | | | | |
| General Rule | | | | | | | | | |
| | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | | | | |
| Special Rules | | | | | | | | | |
| sections 509(a) any one contrib | ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, coutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount-EZ, line 1. Complete Parts I and II. | or 16b, and that received from | | | | | | | |
| year, total cont | 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. | | | | | | | | |
| year, contribution is checked, ent purpose. Do no | 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. Do not 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 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 its Form 990-PF, Part I, line 2, to 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 | I space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PLAISTOW, NH 03865-1230 | \$ <u>402,012.</u> | 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 Oncash Complete Part If for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash 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.) |

Employer identification number

THE HIGH POINTE FOUNDATION

04-6880299

| Part II | Noncash Property (see instructions). Use duplicate copies of Part | t 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 | 2600 SHARES OF AFFILIATED MANAGERS GROUP STOCK | | |
| | | \$\$. | 12/21/15 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | * | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| — | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |

Employer identification number

| THE HI | GH POINTE FOUNDATION | | | 04-6880299 | | |
|---------------------------|--|--|---------------------------------------|--------------------------------------|--|--|
| Part III | Exclusively religious, charitable, etc., co the year from any one contributor. Complet completing Part III, enter the total of exclusively religious | e columns (a) through (e) and the followous, charitable, etc., contributions of \$1,000 or i | WING line entry, For organization: | 10) that total more than \$1,000 for | | |
| (a) No. from Part I | Use duplicate copies of Part III if addition (b) Purpose of gift | (c) Use of gift | (d) Desc | (d) Description of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gift | <u> </u> | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of tran | sferor to transferee | | |
| (a) No. | (b) Purpose of gift | (c) Use of gift | (d) Desci | ription of how gift is held | | |
| Part I | (b) i dipose oi giit | (c) Ose of gift | (u) Desci | ipuon or now girt is neid | | |
| | | (e) Transfer of gift | _ | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of tran | sferor to transferee | | |
| (a) No. | | | · · · · · · · · · · · · · · · · · · · | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descr | iption of how gift is held | | |
| · | | | | | | |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of tran | sferor to transferee | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Descri | iption of how gift is held | | |
| | | | | | | |
| | - | (e) Transfer of gift | 1 | | | |
| - | Transferee's name, address, a | and ZIP + 4 | Relationship of trans | sferor to transferee | | |
| - | | | | | | |

| 3 Grants and Contributions Paid During th | ne Year (Continuation) | | | |
|--|--|----------------------|----------------------------------|----------|
| 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 | Contribution | |
| | | | | |
| HOME FOR LITTLE WANDERERS | NONE | 501(C)(3) | GENERAL WELFARE | |
| 161 SOUTH HUNTINGTON AVENUE | | | | |
| BOSTON, MA 02130 | | | | 4,000 |
| | | | | |
| LA SALLE ACADEMY | NONE | 501(C)(3) | EDUCATION | |
| 44 EAST SECOND STREET | | | | |
| NEW YORK, NY 10003 | | | | 30,000 |
| | | | | |
| MAKE A WISH FOUNDATION | NONE | 501(C)(3) | GENERAL WELFARE | |
| 295 DEVONSHIRE STREET | | | | |
| BOSTON, MA 02114 | | | | 12,000 |
| | | | | |
| MERRIMACK VALLEY HOSPICE HOUSE | NONE | 501(C)(3) | MEDICAL | |
| 360 NORTH AVENUE | | | | |
| HAVERHILL, MA 01830 | | | | 46,000. |
| | | | | |
| MGH FUND | NONE | 501(C)(3) | MEDICAL | |
| 55 FRUIT STREET | | | | |
| BOSTON, MA 02114 | | | | 25,000. |
| 7-11- | | | | |
| PINE STREET INN 444 HARRISON AVENUE | NONE | 501(C)(3) | GENERAL WELFARE | |
| BOSTON, MA 02118 | | | | 3,000. |
| and the second s | | | | 3,000. |
| PROJECT BREAD | NONE | 501(C)(3) | CENTED AT AUST HADE | |
| 145 BORDER STREET | NOME | | GENERAL WELFARE | |
| BOSTON, MA 02128 | | | , | 3,000. |
| | | | | |
| ROSIES PLACE | NONE | 501(C)(3) | GENERAL WELFARE | |
| 889 HARRISON AVENUE | | | | |
| BOSTON, MA 02118 | | | | 3,000. |
| | | | | |
| ST. VINCENT DEPAUL | NONE | 501(C)(3) | GENERAL WELFARE | |
| 167 E FALMOUTH HWY | | | | |
| EAST FALMOUTH, MA 02536 | _ | | | 5,000. |
| | | | | |
| ST. VINCENT DEPAUL - ST. JAMES | NONE | 501(C)(3) | GENERAL WELFARE | |
| 6 COTTAGE STREET | | | | |
| HAVERHILL, MA 01830 | | | | 3,000. |
| Total from continuation sheets | | · . | | 156,000. |

| Part XV Supplementary Information | | | | |
|--|--|----------------------|----------------------------------|--------|
| '3 Grants and Contributions Paid During the | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Maine and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| TOYS FOR TOTS P.O. BOX 391 | NONE | 501(C)(3) | GENERAL WELFARE | |
| SOUTH WEYMOUTH, MA 02190 | | ŀ | | 3,000 |
| | | | | |
| CAPE COD CENTER FOR WOMEN | NONE | 501(C)(3) | GENERAL WELFARE | |
| PO BOX 141 | | | | |
| NORTH FALMOUTH, MA 02556 | | ļ | | 4,000. |
| | | | | |
| EMMAUS, INC. 150 HOW STREET | NONE | 501(C)(3) | GENERAL WELFARE | |
| HAVERHILL, MA 01830 | | | | 4,000. |
| | | | | |
| FISHER HOUSE FOUNDATION | NONE | 501(C)(3) | GENERAL WELFARE | İ |
| 111 ROCKVILLE PIKE, SUITE 420 | | | | |
| ROCKVILLE, MD 20850 | | | | 1,500. |
| | | | | |
| HOME BASE PROGRAM 1 CONSTITUTION CENTER | NONE | 501(C)(3) | MEDICAL | |
| CHARLESTOWN, MA 02129 | | | | 2,000. |
| _ | | | | |
| INTREPID FALLEN HEROES FUND | NONE | 501(C)(3) | GENERAL WELFARE | |
| ONE INTREPID SQUARE | | | | |
| W 46TH STREET & 12TH AVENUE, NY 10036 | | | | 1,500. |
| | | | | |
| OPERATION HOMEFRONT 1355 CENTRAL PARKWAY S | NONE | 501(C)(3) | GENERAL WELFARE | |
| SAN ANTONIO, TX 78232 | | | | 2,000. |
| | | | | - |
| SCHOOL ON WHEELS OF MASS | NONE | 501(C)(3) | EDUCATION | |
| 100 LAUREL STREET #121 | | | | |
| EAST BRIDGEWATER, MA 02333 | | | | 4,000. |
| | | | | |
| | | | | |
| | | | | ·-· |
| | | | | |
| | | • | | |
| | | | | |
| Total from continuation sheets | <u> </u> | | L | |
| | | | | |

| FORM 990-PF | DIVIDENDS | S AND INTER | REST FROM | SECUR | ITIES S | STATEMENT 1 |
|--|-----------------|------------------------------|-------------------------------|--------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAI GAINS DIVIDEND | REVENUE | | (B) NET INVEST- MENT INCOME | |
| FIDELITY | 67,021. | | 0. 67 | ,021. | 67,021. | |
| TO PART I, LINE 4 | 67,021. | | 0. 67 | ,021. | 67,021. | |
| FORM 990-PF | | ACCOUNTI | NG FEES | | S | TATEMENT 2 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVE: MENT INC | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| DELOITTE TAX LLP | | 7,424. | | 0. | | 7,424. |
| TO FORM 990-PF, PG | 1, LN 16B | 7,424. | | 0. | ··· <u>-</u> | 7,424. |
| FORM 990-PF | | HER PROFES (A) EXPENSES | (B) NET INVES | ST- | (C) ADJUSTED | TATEMENT 3 (D) CHARITABLE |
| DESCRIPTION | | PER BOOKS MENT INCOME | | _ | NET INCOME | PURPOSES |
| AGENCY FEES - FIDEL | CTY — | 1,089. | 9. 1,089. | | | 0. |
| TO FORM 990-PF, PG 1 | l, LN 16C == | 1,089. | 1,0 | 089. | | 0. |
| FORM 990-PF | | TAX | ES | | S | TATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | (B) NET INVES MENT INCO | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES - FIDE FEDERAL TAXES PAID | ELITY | 288. 3,792. | | 288. 792. | | 0. |
| TO FORM 990-PF, PG 1 | , LN 18 | 4,080. | 4,0 | 080. | | 0. |
| | | | | | | |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 5 | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| MASSACHUSETTS ANNUAL REPORT FILING FEE | 125. | 0. | | 125. | |
| TO FORM 990-PF, PG 1, LN 23 | 125. | 0. | | 125. | |

| FORM 990-PF | OTHER | DECREASES | IN NET | ASSETS | OR | FUND | BALANCES | STATEMENT 6 |
|----------------|---------|-----------|--------|---------|------|------|------------|----------------------|
| DESCRIPTION | | | | | | | | AMOUNT |
| DIFFERENCE BET | WEEN CO | ST AND FM | OF DO | NATED S | roci | Κ | | 365,017. |
| TOTAL TO FORM | 990-PF, | PART III | , LINE | 5 | | | | 365,017. |
| FORM 990-PF | | | CORPO | RATE ST | OCK | | | STATEMENT 7 |
| DESCRIPTION | | | | | | В | OOK VALUE | FAIR MARKET VALUE |
| FIDELITY | | | | | | | 4,993,048. | 5,459,377. |
| TOTAL TO FORM | 990-PF, | PART II, | LINE 1 | а0 | | | 4,993,048. | 5,459,377. |