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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

For calendar year 2016 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 br/x number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
P. O. BOX 1230			978-372-401	<u> </u>
City or town, state or province, country, and ZIP or foreign p PLAISTOW, NH 03865-1230	ostal code		C if exemption application is per	nding, check here
G Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations,	check here
Final return	Amended return		2 Foreign organizations mee	ting the 85% test
Address change	Name change		2. Foreign organizations mee check here and attach con	nputation
H Check type of organization: X Section 501(c)(3) ex			E If private foundation stat	
	Other taxable private foundar		under section 507(b)(1)(•
I Fair market value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a 6	
	ther (specify)		under section 507(b)(1)(B), check here
6,590,557. (Part I, colu				(d) Disbursements
(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	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,015,769.		N/A	
2 Check Inf the foundation is not required to attach Sch. B Interest on savings and temporary cash investments		* * * *		
4 Dividends and interest from securities	119,458.	119,458.		STATEMENT _* 1
5a Gross rents				*
b Net rental income or (loss)		·	* * *	
6a Net gain or (loss) from sale of assets not on line 10	1,021,612.	<u> </u>	* · · · · · · · · · · · · · · · · · · ·	<u> </u>
b Gross sales price for all 4,814,399.	* * *	, , , , , , , , , , , , , , , , , , , ,		
b assets on line 6a 7 Capital gain net income (from Part IV, line 2)	3 4	1,021,612.		
6 Net Short-term capital gain		<u> </u>	H RECE!	VED :
9 Income modifications Gross sales less returns			\ \(\sigma\)	ां थ
10a and allowances			6 UNV 1.7	2017
b Less Cost of goods sold c Gross profit or (loss)	 · · · · · · · · · · · · · · · 		MAI MAI	701
11 Other income	 	* * *		
12 Total. Add lines 1 through 11	2,156,839.	1,141,070.	H OGDER	
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
없 16a Legal fees				
16a Legal fees b Accounting fees c Other professional fees STMT 3	7,800.	0.		7,800
c Other professional fees STMT 3	779.	779.	·	0
9 17 Interest	00 515		 	
17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	90,515.	0.		0
19 Depreciation and depletion			 	*
20 Occupancy 21 Travel, conferences, and meetings			 	
22 Printing and publications			 	
5 23 Other expenses STMT 5	125.	0.		125
24 Total operating and administrative				
expenses. Add lines 13 through 23	99,219.	779	.1	7,925
25 Contributions, gifts, grants paid	299,188.	,		299,188
26 Total expenses and disbursements.				
20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:	398,407.	779.		307,113
27 Subtract line 26 from line 12;		,	r.	
& Excess of revenue over expenses and disbursements	1,758,432.	4 440 001		<u> </u>
b Net investment income (if negative, enter -0-)		1,140,291	N /2	- ~
C Adjusted net income (if negative, enter -0-)	1		N/A	l

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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For	n 99	0-PF (2016) THE HIGH POINTE FOUNDAT	ON	04-	6880299 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
Ë		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
}		Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·		
		Savings and temporary cash investments	63,568	1,165,103.	1,165,103.
- 1	3	Accounts receivable			
		Less allowance for doubtful accounts	/ * , **, **, **,	· · · · · · · · · · · · · · · · · · ·	<u> </u>
- 1		Pledges receivable -		33	and the same of th
- }		Less, allowance for doubtful accounts			
ļ	-	Grants receivable			
- 1	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons	31, V		
	7	Other notes and loans receivable Less: allowance for doubtful accounts		i , in the the terms of the terms of	and a State of a Milleton of Sunday . The State of the St
	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
ASS.		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 8	4,993,048	. 4,774,134.	5,425,454.
	1	Investments - corporate bonds	1,330,030		<u> </u>
ļ		Investments - land buildings and equipment basis	Y 3 x		
		Less accumulated depreciation	* *.	** ** ** ***	2000
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis	(44 Ag	3 %. %.	
		Less accumulated depreciation			
İ	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	5,056,616	5,939,237.	6,590,557.
	17	Accounts payable and accrued expenses	<u> </u>		
	18	Grants payable			
es	19	Deferred revenue	ļ		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Liat	21	Mortgages and other notes payable Other liabilities (describe ►)		 	
	"	Other Habilities (describe			-
	23	Total liabilities (add lines 17 through 22)) o	.) 0.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
ը		Foundations that do not follow SFAS 117, check here			
Ē	1	and complete lines 27 through 31	}		
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0		
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	5,056,616		4 # & & & & & & & & & & & & & & & & & &
Ϋ́	29	Retained earnings, accumulated income, endowment, or other funds	5,056,616		
ž	30	Total net assets or fund balances	3,030,010	3,333,231	
	31	Total liabilities and net assets/fund balances	5,056,616	5,939,237	
				<u> </u>	
<u></u>	art	III Analysis of Changes in Net Assets of Fund B			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		<u> </u>	5,056,616.
		r amount from Part I, line 27a	*	2	C1 C1C
3		r increases not included in line 2 (itemize)	SEE S	STATEMENT 6 3	
		lines 1, 2, and 3	वन्त	2	4 4 5 4 4 6 5
5		eases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o		STATEMENT 7 5	7 000 000
۰	ivid	i nocessors or runo garanoes at enu or year (mie 4 minus inte 3) - Falt II, t	Jordania (D), line 30		Form 990-PF (2016)

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Part VI; Excise Tax Based on Investment Income (S		1 3.3 1 3.00	* * *
1a Exempt operating foundations described in section 4940(d)(2), check here			
Date of ruling or determination letter: (attach co		a. 15	
b Domestic foundations that meet the section 4940(e) requirements in Part	V, check here ► X and enter 1%	1	11,403.
of Part I, line 27b	1		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organ			اللهِ اللهِ الله المستكار
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for	ındations only. Others enter -0-)	2	0.
3 Add lines 1 and 2		3	11,403.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fo	undations only. Others enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or le	ess, enter -0-	5	11,403.
6 Credits/Payments:		1. \$ 10. \$	
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a 5,000.		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	5,000.
8 Enter any penalty for underpayment of estimated tax. Check here X if	Form 2220 is attached		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount own		9	6,403.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the an	nount overpaid	10	
11 Enter the amount of line 10 to be Credited to 2017 estimated tax	Refunded ▶	11	
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, s	state, or local legislation or did it participate or intervent	: in	yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly)	for political purposes (see instructions for the definition	1)?	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description o			
distributed by the foundation in connection with the activities	The delivered and depict of any materials permit		
c Did the foundation file Form 1120-POL for this year?			i c X
d Enter the amount (if any) of tax on political expenditures (section 4955) in	nposed during the year		* * . *
(1) On the foundation. ▶ \$ 0 . (2) On fou			
e Enter the reimbursement (if any) paid by the foundation during the year fo	· · · · · · · · · · · · · · · · · · ·	-	
managers. ► \$ 0.	, , ,		<u> </u>
2 Has the foundation engaged in any activities that have not previously been	reported to the IRS?		2 X
If "Yes," attach a detailed description of the activities			
3 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 con			3 X
4a Did the foundation have unrelated business gross income of \$1,000 or mo			4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	, , , , , , , , , , , , , , , , , , ,	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction	n during the year?		5 X
If "Yes," attach the statement required by General Instruction T	n daming the your		
6 Are the requirements of section 508(e) (relating to sections 4941 through	4945) satisfied either		
By language in the governing instrument, or	4040) Satisfied Giffer.		
 By state legislation that effectively amends the governing instrument so 	that no mandatory directions that conflict with the stat	e law	1. 1. 1.
	mat no manuatory unections that connect with the stat	5 Idvv	* 6 X *
remain in the governing instrument? 7. Did the foundation have at least \$5,000 in accepts at any time during the vicinity of the second state of	2272 (6 11) (11	,	7 X
7 Did the foundation have at least \$5,000 in assets at any time during the year	id ' If "Yes," complete Part II, col (c), and Part X	,	
Co Enter the etates to which the foundation reports or with which it is regarded	ared (see tretwistings)		
8a Enter the states to which the foundation reports or with which it is registe	red (see instructions)		
MA	m 000 DE to the Attender Control (and decree)		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of For			
of each state as required by General Instruction G? If "No," attach ex	•		1 To
9 is the foundation claiming status as a private operating foundation within	•	endar	
year 2016 or the taxable year beginning in 2016 (see instructions for Part	•		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

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.

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

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

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X

3b

4a

N/A

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Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be Re	equired (continu	ıed)	
 5a During the year did the foundation pay or incur any amount to Carry on propaganda, or otherwise attempt to influence legislation (section Influence the outcome of any specific public election (see section 4955); or any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes? Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instructions). Organizations relying on a current notice regarding disaster assistance check he is the answer is "Yes" to question 5a(4), does the foundation claim exemption from the expenditure responsibility for the grant? "Yes," attach the statement required by Regulations section 53 4945-6a. Did the foundation, during the year, receive any funds, directly or indirectly, to pa personal benefit contract? 	4945(e))? to carry on, directly or indire described in section or educational purposes, or for ter the exceptions described in strons)? tre om the tax because it maintain N 55(d) hay premiums on	Ye ctly, Ye Ye Ye Ye Regulations	S X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?		<u></u> 6	b X
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax si b If "Yes," did the foundation receive any proceeds or have any net income attributed and the foundation About Officers, Directors, Truste	table to the transaction?		S 🔼 NO 🏝	'b .
Paid Employees, and Contractors	es, roundation Mai	iagers, nigniy		
1 List all officers, directors, trustees, foundation managers and their c	ompensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
	TRUSTEE		1	
P. O. BOX 1230	1 00) , }	0
PLAISTOW, NH 038651230	1.00	0.	0.	0.
	TRUSTEE	ĺ	l	
P. O. BOX 1230	1 00		ا م	0
PLAISTOW, NH 038651230	1.00	0.	0.	<u> </u>
		Ì		
2 Compensation of five highest-paid employees (other than those incl		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		}		
				
			[
		 	 	
		 	 	
]	
		 		
			1	
Total number of other employees paid over \$50,000			Form	0 990-PF (2016)
			1 01111	- (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
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		
	-+	
	\longrightarrow	
Total number of others receiving over \$50,000 for professional services	▶	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ſ	Expenses
1 NOT APPLICABLE		
		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 lines 1 and 2.		Amount
1 NOT APPLICABLE		
		0.
2		
All other program-related investments. See instructions.		
3 NONE		
		•
Total. Add lines 1 through 3		$\frac{0}{0}$.
	Forn	n 990-PF (2016)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	<i>1</i> .	
a	Average monthly fair market value of securities	1a	5,549,353. 614,335.
b	Average of monthly cash balances	1b	614,335.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,163,688.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) <u>1e0.</u>	K	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,163,688.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	92,455.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,071,233.
6	Minimum investment return. Enter 5% of line 5	6	303,562.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations check here and do not complete this part.)		202 562
1	Minimum investment return from Part X, line 6		303,562.
	Tax on investment income for 2016 from Part VI, line 5	*	
b	Income tax for 2016. (This does not include the tax from Part VI.)	 ^	11 402
С	Add lines 2a and 2b	2c	11,403. 292,159.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	292,159.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	292,159.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	307,113.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.	*	
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	307,113.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	11,403.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	295,710.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	40.40(a) reduction of toy in these years		

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2015 from Part XI, Inne 7 2 Undestinated accompt 4 ships and the end of 2016 a Enter amount for 2015 only b Total for prior years 3 Excess distributions carryover, if any, to 2016 a From 2011 b From 2012 c From 2013 d From 2014 e From 2015 from 2014 e From 2015 from 2015 d From 2015 d From 2015 e From 2015 from 2015 d From 2015 d From 2015 e From 2015 b Adopted to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Final tension and the section 45(2) about the corpus of the section 45(2) about the corpus of the section 45(2) about the service of the section 45(2) about the corpus of the section 45(2) about the corpus of the section 45(2) about the se	•	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
a Enter amount for 2015 only b Total of lines 3a through e C From 2012 c From 2013 d From 2014 d From 2014 e From 2015 From 2015 From 2015 From 2015 G From 2016 e From 2016					
a Excess distributions carryover, if any, to 2016 a From 2012 c From 2013 d From 2014 e From 2014 e From 2015 f Total of lines 28 through e 4 Dualitying distributions for 2016 from Part XII, Inc. 4€ ≥ \$ 307, 113 a Applied to 2015, but not more than line 28 b Applied to indistributed income of prior years (Election required -see instructions) c Teaced as distributions out of corpus (Election required -see instructions) d Applied to 2016 distributable amount e Remaining amount distributed out of corpus f Election required -see instructions) 5 bases with places caryone explicit to 2016 from 2015 b Excess with places caryone explicit to 2016 from 2015 b Priory years of additional to 2016 b Priory years and start the cards electricate to b Priory years of additional to 2015 c Electric the amount of prior years d Subtract line 6 for from line 8b. Taxable interest the amount of prior years d Subtract line 6 for from line 1b. This amount must be distributed income for 2016. Subtract line 4 from line 1a. Taxable amount - see inst. 1 Indistributed income for 2016. Subtract line 4 from line 1a. This amount must be distributed income for 2016. Subtract line 4 from line 1a. This amount must be distributed and 5 from line 1b. This amount must be distributed income for 2016. Subtract line 4 from line 1a. This amount must be distributed and 2017 A Minority treated as distributions out of corpus to satisfy requirements imposed by section 170(0)(1)(f) or 442(q)(3) (Election may be required - see instructions) 8 Excess from 2016 b Excess from 2015 c Excess from 2015 c Excess from 2015	2 Undistributed income, if any, as of the end of 2016	7 7 9	524 4 77 1	* * * * * * * * * * * * * * * * * * *	292,159.
8 Excess distributions carryover, if any, to 2016 8 From 2012 6 From 2015 6 From 2014 6 From 2015 7 Total of lines 3a through e 4 Daulying distributions for 2016 from Part XII, line 4 ★ \$ 3077, 113. a Applied to 2015, but not more than line 2a b Applied to 10 and starbutions of copys (Election required - see instructions) 6 Applied to 2016 distributible amount 7 Applied to 2016 distributible amount 7 Applied to 2016 distributible amount 8 Applied to 2016 distributible amount 9 App		A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		181.326.	
a From 2011 b From 2012 c From 2013 d From 2015 f Total of lines 3s through e 4 Duallying distributions for 2016 from Part XII, line 4 f * \$ 307 , 1.13 a Applied to 2015, but not more than line 2a b Applied to 10 unistributed income of prior years' cliesction required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2016 distributions of prior years' cliesction required - see instructions) d Applied to 2016 distributions around the formation of prior years' cliesction required - see instructions d Applied to 2016 distributions around the formation of prior years' cliesction required - see instructions d Applied to 2016 distributions around the formation of prior years' undistributed income see years in columnic (Fish eran eminorial sea around representations) d From years' endistributed around a sindicated below: a Corpus Adultion with a collect of the formation	b Total for prior years		0		
b From 2013 6 From 2014 6 From 2014 6 From 2015 7 Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XIII, line 4 From 2015 7 Total of lines 3a through e 4 Qualifying distributions for 2016 from Part XIII, line 4 From 2015 8 Applied to 2015, but not more than line 2a 5 Applied to 2015, but not more than line 2a 6 Applied to 2015, but not more than line 2a 7 Part XIII, line 4 From 1 Applied to 100 for years (Election required - see instructions) 4 Applied to 2016 distributions out of corpus 6 Remaning amount distributed out ocropus 7 General Applied to 2016 distributions are amount must be alternated as distributions are amount must be alternated as distributed in 2016 9 Center the net total of each column as indicated below. 8 Corpus Additional of the section 494(2a) tax has been previously assessed 9 Center the amount of prior years' undistributed income for	3 Excess distributions carryover, if any, to 2016	A 54 5 5	* * * * * * *	1	The state of the s
or From 2013 de From 2014 e From 2015 f Total of Ines Sta through e 1 Qualifying distributions for 2016 from Part XII, line 4: P S 307, 113. a Applied to 2015, but not more than line 2a b Applied to undistributed control of pror years (Election required - see instructions) of Applied to 2016 distributions out of corpus (Election required - see instructions) of Applied to 2016 distributions out of or orpus S Excess was Authors carry-ow epplied to 2016 distributions out of the semantial applied in 2016 of the semantial search of	a From 2011				
d From 2015 1 Total of lines 3s through e 4 Qualifying distributions for 2016 from Part XIII, in 4 t ≥ \$ 30.7 , 113. a Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a c Freated as distributions out of corpus C Freated as distributions out of corpus C Freated as distributions out of corpus C Receive required - see instructions) d Applied to 2016 distributable amount e Remaining amount distributed out of corpus f Excess enter before a cervice we perfect to 2016 mention of the part o	b From 2012] { , ,			
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Form 990-PF (2016) THE HIG	H POINTE FO	UNDATION			180299 Page 10
Part XIV Private Operating For			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	2016, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	ation is a private operation	ig foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			li .		
each year listed	<u></u>		<u> </u>	<u> </u>	<u> </u>
b 85% of line 2a				_l	L
c Qualifying distributions from Part XII,		,	Ţ		
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not		})
used directly for active conduct of		}			
exempt activities			<u> </u>		<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.)	İ]
Subtract line 2d from line 2c			<u> </u>	<u> </u>	<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets		<u> </u>			<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed			I	,	
c "Support" alternative test - enter	<u> </u>				
(1) Total support other than gross	<u> </u>			}	1
investment income (interest,		ļ		ļ	,
dividends, rents, payments on		ì			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<u> </u>		 		
and 5 or more exempt		ļ		ļ	<u> </u>
organizations as provided in section 4942(j)(3)(B)(iii)	ł	Ī			1
(3) Largest amount of support from	<u> </u>	 	<u> </u>		
an exempt organization		}		1	1
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	f the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh		than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed r					
STEPHEN R. CLARK					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a j	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	``				<u>o a.</u>
a The name, address, and telephone num	ber or e-mail address of t	the person to whom appl	cations should be addre	essed:	
N/A					
. The former is both and a second and a left				 	
b The form in which applications should to N/A	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines;					
N/A					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, o	r other factors:	
N/A					

3 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 30,000. CAPE COD CENTER FOR WOMEN NONE 501(C)(3) GENERAL WELFARE PO BOX 141 NORTH FALMOUTH, MA 02556 4,000. 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 13,000. CHILDREN'S HOSPITAL TRUST NONE 501(C)(3) MEDICAL 138 HARVARD STREET BROOKLINE, MA 02446 15,000. SEE CONTINUATION SHEET(S) 299,188. ➤ 3a Total **b** Approved for future payment NONE Total Form 990-PF (2016)

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	<u> </u>		-		
b	<u> </u>				
·			-		
<u> </u>			-		
e					
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			14	119,458.	
5 Net rental income or (loss) from real estate:	À : '	2 1	,		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			L		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other					
than inventory			18	1,021,612.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			↓		
11 Other revenue:			ĺ		
a		<u> </u>	 		
b					
c			├	<u> </u>	
d	ļ		├─	 	
e 12 Subtotal. Add columns (b), (d), and (e)	**	0.	ξ.	1,141,070.	0.
13 Total. Add line 12, columns (b), (d), and (e)	* **		<u> </u>	13	1,141,070.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	mnlishment of Ev	amnt	Purnosas	
Line No. Explain below how each activity for which inco			contrib	outed importantly to the accon	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
					
					
					
					
		··· ·			
			-		
		· · · · · · · · · · · · · · · · · · ·			
					000 55
623621 11-23-16					Form 990-PF (2016)

(4) Reimbursement arrangements

(5) Loans or loan guarantees

X

X

X

X

1b(4)

16(5)

Form 990-PF (2016) THE HIGH POINTE FOUNDATION 04-6880299 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 16(3)

(6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved		table exempt organization	(d) Description	of transfers, transactions, an	d sharing arrangements
		N/	<u> </u>			
	<u> </u>	\				
	 					
		ļ				
			·····			
	 	ļ		- 		
				_		
	 	 				
	 	 				
	 					
		 		- 		
2a Is th	e foundation directly or indirec	tly affiliated with, or related to,	one or more tax-exempt organi	zations described		
ın se	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in	section 527?			Yes X No
b 11 "Y	es," complete the following sch					
	(a) Name of or	ganization	(b) Type of organization		(c) Description of relation	nship
	N/A					
				 		
		· 		<u></u>		
				ļ		
	Under constitue discourse I declare	that Asya avaminad this satisfaction	uding accompanying schedules and s	latements and to the bo	et of my knowledge	
			than taxpayer) is based on all informa			May the IRS discuss this return with the preparer
Here	b follow	R.Clau	- 15/11/17	TRUS		shown below (see inst)?
- 1	Signature of officer or truster	1 7	Date	Title	[X Yes No
	Print/Type preparer's n		r's signature	Date	Check If PTI	N
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- (self- employed	
Paid	DIANA COHE	en V		5/16/17	P	00188391
Prepa	rer Firm's name ► DEI				Firm's EIN ► 86 -	1065772
Use O	nly	V				
	Firm's address ▶ 20	0 BERKELEY ST	REET			
	вс	STON, MA 0211	6		Phone no. 617-	437-2000
						Form 990-PF (2016)

THE HIGH POINTE FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
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		
		1		
EMMAUS, INC.	NONE	501(C)(3)	GENERAL WELFARE	ł
150 HOW STREET				
HAVERHILL, MA 01830		 		5,000.
FALMOUTH SERVICE CENTER	иоие	501(C)(3)	GENERAL WELFARE	
PO BOX 208 FALMOUTH, MA 02541		1		8,000.
ramouri, in vesti				8,000.
HIGHED HOUSE BOINDAMION	VO.17	E01 (0) (2)		
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, SUITE 420	NONE	501(C)(3)	GENERAL WELFARE	
ROCKVILLE, MD 20850				1,500.
HOME BASE PROGRAM	NONE	501(C)(3)	MEDICAL	į
1 CONSTITUTION CENTER				
CHARLESTOWN, MA 02129				2,000.
		1		
HOME FOR LITTLE WANDERERS	NONE	501(C)(3)	GENERAL WELFARE	}
161 SOUTH HUNTINGTON AVENUE	İ			Į.
BOSTON, MA 02130	 	 	ļ	4,000.
INTREPID FALLEN HEROES FUND	NONE	501(C)(3)	CENERAL WELFARE	
ONE INTREPID SQUARE	,	1		
w 46TH STREET & 12TH AVENUE, NY 10036		 		1,500.
				l
LA SALLE ACADEMY 44 EAST SECOND STREET	NONE	501(C)(3)	EDUCATION	
NEW YORK, NY 10003		Ĭ		16,000.
MAKE A WISH FOUNDATION	NONE	501(C)(3)	GENERAL WELFARE	
295 DEVONSHIRE STREET				
BOSTON, MA 02114	<u> </u>			15,000.
MERRIMACK VALLEY HOSPICE HOUSE	NONE	501(C)(3)	MEDICAL	1
360 NORTH AVENUE				
HAVERHILL, MA 01830				30,000.
MGH FUND	NONE	501(C)(3)	MEDICAL	
55 FRUIT STREET BOSTON, MA 02114				30,000.
Total from continuation sheets				222,188.

THE HIGH POINTE FOUNDATION

Part XV | Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Traine and address (nome of business)	or substantial contributor	recipient	 	<u> </u>
				ļ
OPERATION HOMEFRONT	NONE	501(C)(3)	GENERAL WELFARE	
1355 CENTRAL PARKWAY S		į		
SAN_ANTONIO, TX 78232				2,000.
PINE STREET INN 444 HARRISON AVENUE	NONE	501(C)(3)	GENERAL WELFARE	
BOSTON, MA 02118		į		3,000.
	 		 	
PROJECT BREAD	NONE	501(C)(3)	GENERAL WELFARE	}
145 BORDER STREET				
BOSTON, MA 02128				3,000.
ROSIES PLACE	NONE	501(C)(3)	GENERAL WELFARE	
889 HARRISON AVENUE		}		
BOSTON, MA 02118		 -		3,000
SCHOOL ON WHEELS OF MASS	NONE	501(C)(3)	EDUCATION	
100 LAUREL STREET #121 EAST BRIDGEWATER, MA 02333		1		4,000
and barbonarda, in the	+	-		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ST. VINCENT DEPAUL	NONE	501(C)(3)	GENERAL WELFARE	
167 E FALMOUTH HWY	[)
EAST FALMOUTH, MA 02536				6,000
ST. VINCENT DEPAUL - ST. JAMES	NONE	501(C)(3)	GENERAL WELFARE)
6 COTTAGE STREET HAVERHILL MA 01830		Ì		4,000
		 		
TOYS FOR TOTS	NONE	501(C)(3)	GENERAL WELFARE	
P.O. BOX 391				
SOUTH WEYMOUTH, MA 02190	<u> </u>			3,000
		1		
DANA FARBER CANCER INSTITUTE	NONE	501(C)(3)	MEDICAL	-
P.O. BOX 849168				
BOSTON, MA 02284-9168		 		30,000
	l	F01/51/51		
FIDELITY CHARITABLE GIVING ACCOUNT P.O. BOX 770001	NONE	501(C)(3)	GENERAL WELFARE	1
CINCINNATI, OH 45277-0053				51,188
Total from continuation sheets				

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

2016

Name of the organization

Employer identification number

7	THE HIGH POINTE FOUNDATION	04-6880299		
Organization type (check	cone)			
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			
Note: Only a section 501	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 Ru	ule See instructions		
General Rule				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor			
Special Rules				
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, 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 contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edulated to children or animals. Complete Parts I, II, and III.	•		
year, contribution is checked, enter purpose Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from this exclusively for religious, charitable, etc., purposes, but no such contributions totaled represented the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because rable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc ,		
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

	IGH POINTE FOUNDATION		04-6880299	
Part I				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	STEPHEN R. CLARK		Person Payroll Noncash X (Complete Part II for noncash contributions)	
	P.O. BOX 1230 PLAISTOW, NH 03865-1230	\$1,008,512.		
(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	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		s	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 Moncash (Complete Part II for	
523452 10-18	2.16	Schadula D (Ec	rm 990, 990-EZ, or 990-PF) (201	

Employer identification number

THE HIGH POINTS POINTS MICH

HE H	IGH POINTE FOUNDATION	04	-6880299
Part II	'Noncash Property (See instructions) Use duplicate copies of Par	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
	6400 SHARES OF AFFILIATED MANAGERS GROUP STOCK		
		\$\\$\\$\	12/14/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
ì		\ \$	
(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

Name of organization Employer identification number THE HIGH POINTE FOUNDATION 04-6880299 Part Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. 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 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 (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

HIGH POINTE FOUNDATION 12/31/2016 FORM 990-PF, PART XV, LINE 3a CONTRIBUTIONS PAID

Gift Recipient

Fidelity Charitable Giving Account P O Box 770001 Cincinnati, OH 45277-0053

Description on Contributed Property

Affiliated Managers Group Common Stock

Book or Cost Basis of Common Stock Average price of stock Value of gifted stock 4,979 146 25 51,188

Method used to determine the book Value Method used to determine the FMV

Historical Cost Average of High & Low

Date of Gift

12/14/2016

FORM 990-PF DIVIDEND	S AND INTER	EST FROM SECUR	ITIES ST	ATEMENT 1
. GROSS SOURCE AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY 119,458	3.	0. 119,458.	119,458.	
TO PART I, LINE 4 119,458	J	0. 119,458.	119,458.	
FORM 990-PF	ACCOUNTI	NG FEES	នា	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DELOITTE TAX LLP	7,800.	0.		7,800.
TO FORM 990-PF, PG 1, LN 16B	7,800.	0.		7,800.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 3
		(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION AGENCY FEES - FIDELITY	EXPENSES	NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE PURPOSES
AGENCY FEES - FIDELITY	EXPENSES PER BOOKS	NET INVEST-MENT INCOME 779.	ADJUSTED NET INCOME	CHARITABLE PURPOSES 0.
AGENCY FEES - FIDELITY TO FORM 990-PF, PG 1, LN 16C	EXPENSES PER BOOKS 779. 779.	NET INVEST-MENT INCOME 779.	ADJUSTED NET INCOME	CHARITABLE PURPOSES 0. 0. TATEMENT 4
AGENCY FEES - FIDELITY TO FORM 990-PF, PG 1, LN 16C FORM 990-PF	EXPENSES PER BOOKS 779. 779. TAX (A) EXPENSES	NET INVEST- MENT INCOME 779. 779. ES (B) NET INVEST- MENT INCOME	ADJUSTED NET INCOME ST (C) ADJUSTED	CHARITABLE PURPOSES 0. 0. CHARITABLE (D) CHARITABLE

FORM 990-PF	OTHER EXPENSES			STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
MASSACHUSETTS ANNUAL REPORT FILING FEE	125.	0.		125.	
TO FORM 990-PF, PG 1, LN 23	125.	0.		125.	
FORM 990-PF OTHER INCREASES	PRO TEN NE T	ETS OR FUND R	AI.ANCES	STATEMENT 6	
DESCRIPTION				AMOUNT	
DIFFERENCE BETWEEN COST AND PRIOR PERIOD COST ADJUSTMENT	FMV OF DONAT	ED STOCK		46,209. 5,407.	
TOTAL TO FORM 990-PF, PART I	II, LINE 3			51,616.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND	BALANCES	STATEMENT 7	
DESCRIPTION				AMOUNT	
DIFFERENCE BETWEEN COST AND	FMV OF CONTR	RIBUTED STOCK	•	927,427	
TOTAL TO FORM 990-PF, PART I	II, LINE 5			927,427	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8	
DESCRIPTION		ВО	OK VALUE	FAIR MARKET VALUE	
FIDELITY			4,774,134.	5,425,454	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		4,774,134.	5,425,454.	