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.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar	year 2017 or tax year beginning		, and ending				
Name of four	ndation			A Employer identification number			
тне н	IGH POINTE FOUNDATION			04-6880299			
Number and st	treet (or PO box number if mail is not delivered to street a	Room/suite	B Telephone number				
P. O.	BOX 1230			978-372-403	12		
City or town,	, state or province, country, and ZIP or foreign po		C If exemption application is per	nding, check here			
PLAIS	TOW, NH 03865-1230						
G Check all t	that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations,	, check here		
	Final return	Amended return		2 Foreign or contrations made	iting the 8594 test		
	Address change	Name change	<u> </u>	Foreign organizations mee check here and attach con	nputation		
H Check type	e of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation stat	us was terminated		
Section	n 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation M	under section 507(b)(1)(A), check here		
I Fair market	t value of all assets at end of year 👃 Accountil	ng method: X Cash	Accrual	F If the foundation is in a 6	60-month termination		
(from Part		ther (specify)		under section 507(b)(1)((B), check here		
_ ▶\$	9,713,331. (Part I, colum	nn (d) must be on cash bas	IS.)				
(T)	nalysis of Revenue and Expenses he total of amounts in columns (b), (c), and (d) may not acessarily equal the amounts in column (a),)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
1 Cor	ntributions, gifts, grants, etc., received	1,536,600.		N/A			
	eck if the foundation is not required to attach Sch. B	11 11 11 11 11 11	fi X	. 7			
3 Inte	erest on savings and temporary				₩		
1	vidends and interest from securities	151,089.	151,089.		STATEMENT 1		
1 -	oss rents						
	t rental income or (loss)	3.3.7.7	<i>4.1</i> 6	14.10	, A-1 X(\$)		
6a Net	t gain or (lose) from sale of assets not on line 10	2,099,158.	* 3	WY CA	Y (214		
~ <u>9</u> l Gro	oss sales price for all 5,256,296.	& 3··	¥ 4 , ;				
bass de 7 Car	pital gain net income (from Part IV, line 2)	. # 37	2,099,158.				
	t short-term capital gain	. % ? }			· # . # .		
	come modifications RECEIVED				- 34 8 7.77		
10a Gro	oss sales less returns d'allowances	1315	XX : 19	\$ %	N V		
b Les	ss Cost of goods sold		?	\$ 4 ()			
c Gro	oss profit or (lose) MAY 1 6 2018	O	1 11.		. 3		
b Les c Gro	her income				\$ 1.8		
12 Tot	tal. Add lines 1 through	786,847.	2,250,247.		4iK		
	empensation of officero-directors trustees, etc.	0.	0.		0.		
14 Oth	her employee salaries and wages						
15 Pe	insion plans, employee benefits						
Se 16a Leg	_	7 000			7 000		
	counting fees STMT 2	7,800.	0.		7,800.		
щ	her professional fees STMT 3	245.	245.		0.		
<u>.</u> 9 17 Int	terest	11 100	 				
18 Ta		11,403.	0.		0.		
19 Depreciation and depletion							
20 Oc	ccupancy		ļ	 			
7	avel, conferences, and meetings		 				
22 Pri	inting and publications	F00	 		E00		
-	her expenses STMT 5	500.	0.		500.		
. ह्व 24 To	tal operating and administrative	10 040	245		9 200		
ex ex	penses. Add lines 13 through 23	19,948.	245.	* `	8,300. 331,000.		
23 00	ontributions, gifts, grants paid	331,000.		* * *	331,000.		
l l	otal expenses and disbursements.	350 040	245		339,300.		
	dd lines 24 and 25	350,948.	245.		333,300.		
	ubtract line 26 from line 12:	3,435,899.					
	cess of revenue over expenses and disbursements	4 4 4 4	2,250,002.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ı	et investment income (if negative, enter -0-) tiusted net income (if negative, enter -0-)		2,230,002.	N/A	****		
I CAM	GUSTED DEL LICOTOR (FINEGATIVE, ENTEY -U-)	1877	1 m 2 m 3 m 3	-1 -1/	3 2 200		

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,165,103.	568,124.	568,124.
		Accounts receivable			,
]	Less: allowance for doubtful accounts			*
	4	Pledges receivable	* * * * * * * * * * * * * * * * * * * *	·	
	1	Less; allowance for doubtful accounts		. and the second control of the second	
	5	Grants receivable		<u> </u>	
	1	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons	}		1
	1,	Other notes and loans receivable			
	l ′	. 		2.8.x.11 12.14	
	١.	Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use	<u> </u>		
Assets	9	Prepaid expenses and deferred charges			
_	100	Investments - U.S. and state government obligations	4 774 124	7 207 271	0 145 005
	1	Investments - corporate stock STMT 7	4,774,134.	7,397,271.	9,145,207.
	Į.	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	1. 2. 2. 2. 2. 2. 2.		
	1	Less accumulated depreciation		' 	<u> </u>
	12	Investments - mortgage loans		 	
	13	Investments - other			
	14	Land, buildings, and equipment basis	1. 4 1. 1 1. 5		
)	Less accumulated depreciation	<u></u>	<u></u>	<u> </u>
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item I)	5,939,237.	7,965,395.	9,713,331.
	17	Accounts payable and accrued expenses			\$ 1 × 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	18	Grants payable			
s	19	Deferred revenue			1/ * * * * * *
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1// * / /
펿	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe			14 > 14 \ 14 \ 14 \ 14 \ 14 \ 14 \ 14 \
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	1	Foundations that follow SFAS 117, check here			
	j	and complete lines 24 through 26, and lines 30 and 31.]	ı	1 45 € 863 (2) (1
S	24	Unrestricted			
Balances		Temporarily restricted	-		
ala	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
Ë	ł	· —			
5	107	and complete lines 27 through 31.	0.	0.	
Net Assets or Fund	27	Capital stock, trust principal, or current funds	0.	0.	
556	28	Paid-in or capital surplus, or land, bldg., and equipment fund	5,939,237.		
4	29	Retained earnings, accumulated income, endowment, or other funds		7,965,395.	
ž	30	Total net assets or fund balances	5,939,237.	7,965,395.	
	١		5 020 027	E 065 005	
_	31	Total liabilities and net assets/fund balances	5,939,237.	7,965,395.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
=	\equiv			·	<u></u>
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	5,939,237.
		r amount from Part I, line 27a		2	3,435,899.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	9,375,136.
5	Decr	eases not included in line 2 (itemize)	SEE ST	ATEMENT 6 5	1,409,741.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	7,965,395.
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See the Part VI instructions.

3

	rt VI Excise Tax Based on Investment Income (Section 4940	(a) 4940/h)			-6880299	Page 4
—		· · · · · · · · · · · · · · · · · · ·		-10	See monucu	<u> </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and er					
	Date of ruling or determination letter:			: -		
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► LA_ and enter 1	%	_1_	1 22	,500.
	of Part I, line 27b					7
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%		:ol. (b). ノ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; oth	ners, enter -0-)		2	 	0.
3	Add lines 1 and 2			3_	22	,500.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	hers, enter -0-)		4	 	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	22	,500.
6	Credits/Payments:			, .	1	1.2 × 2.
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	5,000.	·		7118
b	Exempt foreign organizations - tax withheld at source	6b	0.		1	
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.			* ***
đ	Backup withholding erroneously withheld	6d	0.			~
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 attack	ched	Į	8		0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9	17	,500.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		. ▶	10		
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax		Refunded 🛌	11	<u></u>	
Pa	rt VII-A Statements Regarding Activities	·				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisle	ation or did it parti	cipate or intervene	ın	á è Y	es No
	any political campaign?				1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? See the instruc	ctions for the defini	tion	1b	X
	If the answer is "Yes" to ${f 1a}$ or ${f 1b}$, attach a detailed description of the activities and copies o	f any materials put	olished or			
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?				1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:				٠,
	(1) On the foundation. > \$ (2) On foundation managers.	. > \$	0.			İ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax imposed or	n foundation			
	managers. > \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IR	IS?			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 in	istrument, articles	of incorporation, or		14	
	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	?			4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N	I/A 4b	
5	$\label{thm:contraction} \textbf{Was there a liquidation, termination, dissolution, or substantial contraction during the year?}$				5	X
	If "Yes," attach the statement required by General Instruction T				78	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	her:				
	By language in the governing instrument, or					\$ ***
	\bullet By state legislation that effectively amends the governing instrument so that no mandatory	directions that coi	nflict with the state	law		32
	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," compl	lete Part II, col. (c),	and Part XV		7	X
						*
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. 🕨			[] []	š
	MA					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or	designate)		, , , , , , , , , , , , , , , , , , ,	
	of each state as required by General Instruction G? If "No," attach explanation				8b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or	4942(j)(5) for calen	dar	J	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comp	olete Part XIV			9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	e listing their names ar	nd addresses		10	<u> </u>
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THE HIGH POINTE FOUNDATION

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		<u>X</u>				
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?							
	If "Yes," attach statement. See instructions	12		X				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х					
	Website address NONE							
14	The books are in care of ► STEPHEN R. CLARK Telephone no. ► 978-37	2-4	012					
	Located at ▶P. O. BOX 1230, PLAISTOW, NH ZIP+4 ▶03	865	-12	30				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041 - check here							
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A					
16			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	7						
	foreign country		.	* . *				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			8.				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		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?							
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	**	3(0)	,				
	a disqualified person?	, ,	4	\. **				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?							
	(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)?	1,7	Ŝ					
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		,	2				
	If the foundation agreed to make a grant to or to employ the official for a period after	,) :	\$				
	termination of government service, if terminating within 90 days.) Yes X No	, , ,						
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		35					
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	× 2.	.93				
	Organizations relying on a current notice regarding disaster assistance, check here		. %					
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	Š		,\$F				
ď	before the first day of the tax year beginning in 2017?	1c	2 6	X				
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	-	1 8 2					
_	defined in section 4942(j)(3) or 4942(j)(5)):			. *				
	that the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	`^						
٠	before 2017? Yes X No	À	13.3	*				
	If "Yes," list the years \(\bigs\)			,,				
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ľ					
•	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	2ь		, ,				
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		, >				
٠	the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years here.	100	¥	· ·				
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ૈ	<u>. '`</u>	*				
36	during the year? Yes X No	. 3						
	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after							
	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	N.	***				
	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.		<u>.</u>	,				
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A		I .					
4.	· · · · · · · · · · · · · · · · · · ·	3b		X				
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	95					
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	. Ž.	W 1. Y	X				
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	m 99 0)-PF					
	101	111 550		(2017)				

Form 890-PF (2017) THE HIGH POINTE FOUNDATION Part VII-B Statements Regarding Activities for Which F			04-68802	99	Page 6
	OTTH TIZO WAY DE N	equirea (contin	ued)T	Yes	No
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	103	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			15 ZE NU	1	
4945(d)(4)(A)? See instructions	11 00001000 111 00001011	Y	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or fo		es X No		*
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check i				20	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?			es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on	[] v	es X No		\$.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	\$ \$ \$7.25 	
Part VIII Information About Officers, Directors, Truste		nagers Highly	N/A	7b	
Paid Employees, and Contractors	ocs, i ouridation ividi	iagoro, riigiii y			
1 List all officers, directors, trustees, and foundation managers and t	neir 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) Exp account allowa	t, other
STEPHEN R. CLARK	TRUSTEE				
P. O. BOX 1230		_			_
PLAISTOW, NH 038651230	1.00	0.	0.		0.
JOAN M. CLARK	TRUSTEE				
P. O. BOX 1230 PLAISTOW, NH 038651230	1.00	0.	0.		0.
I IMIDION, KII USUUSI2SU	1.00		0.		<u> </u>
2 Compensation of five highest-paid employees (other than those inc	, , , , , , , , , , , , , , , , , , , 	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) Exp account allowa	t, other
NONE					
		ļ			
	1				
				· · · · · · · ·	
		ļ			
					.—
	1				
Total number of other employees paid over \$50,000	•		▶ Ⅰ		0
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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE			
		-	
		}	
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 number of organizations and other beneficiaries served, conferences convened, research papers produced		Expenses	
1NOT 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	s 1 and 2.	Amount	
1 NOT APPLICABLE			
			0.
2			•
All other program-related investments. See instructions.			
3 NONE			
			
			0.
Total. Add lines 1 through 3	>		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	6.824.712.
Ь	Average of monthly cash balances	1b	6,824,712. 866,613.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,691,325.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,691,325.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	115,370.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,575,955.
6	Minimum investment return. Enter 5% of line 5	6	378,798.
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.)		
1	Minimum investment return from Part X, line 6	1	378,798.
2a	Tax on investment income for 2017 from Part VI, line 5	è	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	22,500.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	356,298.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	356,298.
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	356,298.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	222 222
а	, , , , , , , , , , , , , , , , , , , ,	1a	339,300.
Ь	Program-related investments - total from Part IX-B	1b	<u> </u>
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:) Janu	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	339,300.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income. Enter 1% of Part I, line 27b	5	22,500. 316,800.
6	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 q 4940(e) reduction of tax in those years.	ualifies fo	or the section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7		, ,		356,298.
2 Undistributed income, if any, as of the end of 2017	٨	<i>y</i> •		
a Enter amount for 2016 only		, , ,	166,372.	<u> </u>
b Total for prior years:		0		
Evenes distributions corrupted on to 2017:	<u> </u>	0.		* 5
3 Excess distributions carryover, if any, to 2017:	,		•	
a From 2012	*			
b From 2013 c From 2014	·	; , ´ ; ^	. 63	
d From 2015	*		. '	4.4 4
e From 2016	,			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 339,300.		. 3		
a Applied to 2016, but not more than line 2a			166,372.	
b Applied to undistributed income of prior		18 1 2 24C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	84 T 80 T T T T	\$
years (Election required - see instructions)		0.		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
c Treated as distributions out of corpus			* * * * * * * * * * * * * * * * * * * *	1.1
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				172,928.
e Remaining amount distributed out of corpus	0.			8 % %
5 Excess distributions carryover applied to 2017	0.		•	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	Maria A		\$ > ,\$,	
6 Enter the net total of each column as indicated below:		,		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	, , , , , , , , , , , , , , , , , , ,		» · · · · · ·
b Prior years' undistributed income. Subtract				,
line 4b from line 2b		0.		, , ,
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				, , ,
the section 4942(a) tax has been previously				
assessed	; · ?.	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	, `	<u> </u>
e Undistributed income for 2016. Subtract line	, , , , ;		_	Ĭ · Š 4Ž ·
4a from line 2a. Taxable amount - see instr.	*** ***		0.	<u> </u>
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				183,370.
be distributed in 2018			1 2 4 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	103,370.
7 Amounts treated as distributions out of		**	* **,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2012	<u>.</u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.		, ~ , ~ , ~ , · · · · ·	# \	
Subtract lines 7 and 8 from line 6a	0.	1.2	His Sal Mosto	
10 Analysis of line 9:			A A A A A A A A A A A A A A A A A A A	
a Excess from 2013				
b Excess from 2014	1 4:8:1			
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Form 990-PF (2017) THE HIG	H POINTE FO	UNDATION			380299 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	▶ ∟_		
b Check box to indicate whether the found	dation is a private operating	ng foundation described in		4942(j)(3)_or 4	194 <u>2(j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			İ		
each year listed				<u> </u>	<u> </u>
b 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					ļ
d Amounts included in line 2c not					
used directly for active conduct of			/	′	
exempt activities					
e Qualifying distributions made directly		ĺ	/		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:	Ì]	/		
(1) Value of all assets		/			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		/			
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross	Ì	/			
investment income (interest,		ĺ	-		
dividends, rents, payments on securities loans (section	i /				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	n had \$5,000 or mo	re in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more t	than 2% of the total contr	ibutions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See se	ection 507(d)(2).)			
STEPHEN R. CLARK					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large po	rtion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here $ ightharpoonup oxed{X}$ if the foundation a	only makes contributions t	to preselected charitable (organizations and doe	s not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	itions under other conditi	ons, complete items 2	a, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom applica	ations should be addre	essed:	
N/A					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
N/A					
c Any submission deadlines:					
N/A					
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charitable fields,	kinds of institutions, o	or other factors:	
N/A					

Page 11

THE HIGH POINTE FOUNDATION

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient Paid during the year BRIGHAM & WOMEN'S HOSPITAL NONE 501(C)(3) MEDICAL 75 FRANCIS STREET 55,000. BOSTON, MA 02115 CAPE COD HEALTHCARE FOUNDATION 501(C)(3) MEDICAL NONE PO BOX 370 HYANNIS, MA 02601 40,000. CATHOLIC SCHOOLS FOUNDATION NONE 501(C)(3) RELIGIOUS 2121 COMMONWEALTH AVE. 15,000. BRIGHTON, MA 02135 501(C)(3) MEDICAL CHILDREN'S HOSPITAL TRUST NONE 138 HARVARD STREET 15,000. BROOKLINE, MA 02446 EMMAUS, INC. 501(C)(3) GENERAL WELFARE NONE 150 HOW STREET 7,000. HAVERHILL, MA 01830 SEE CONTINUATION SHEET(S) 331,000. **▶** 3a Total b Approved for future payment NONE Total

723621 01-03-18

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
			(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
<u>a</u>			ļ		
b		<u> </u>		<u> </u>	
<u> </u>			 		
d			 		
e			 		
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ				<u></u>
3 Interest on savings and temporary cash					
investments			l .	4.54 0.00	
4 Dividends and interest from securities	93.06.0		14		
5 Net rental income or (loss) from real estate:	***	* *	1.7		ø\$ ₹ \$ * 255
a Debt-financed property					
b Not debt-financed property			├		
6 Net rental income or (loss) from personal					
property 7 Other investment income			 		
8 Gain or (loss) from sales of assets other	<u> </u>		 		
than inventory	1		18	2,099,158.	
9 Net income or (loss) from special events	-			,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a				<u> </u>	
b			Ĺ		
c					
d			<u> </u>		
e	¥ 8'.\^		 	2 250 247	
12 Subtotal. Add columns (b), (d), and (e)	4	0.	<u> </u>	2,250,247.	0. 2,250,247.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,250,241.
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to	- the Asse	liabmant of Ev		Durnaga	
Part XVI-B Relationship of Activities to	the Acco	mpistiment of Exe	empt		
Line No. Explain below how each activity for which inco			contrit	outed importantly to the accon	plishment of
the foundation's exempt purposes (other than	by providing ful	nas for such purposes).			
					<u></u>
 					
		······································			
				· · · · · · · · · · · · · · · · · · ·	
					
		<u></u>			
		···			
					
					
					
					
723621 01-03-18					Form 990-PF (2017)

Form 990-PF (201	(7) THE	HIGH	POINTE	FOUNDA	TION		04-6880299
Part XVII		_	•	ers to and	Transactions a	and Relationships \	With Noncharitable
	Exempt Org	anizatio	ns				

1	Did the or	nanization directly or indir	rectly engage in any o	f the followin	a with any other organization	on described in section	nn 501/c)		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in sec (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							10/11	v	X	
		accate						1a(1)		X
(2) Other assets b Other transactions:							1a(2)			
D										· •
	• •	of assets to a noncharitat	· -					1b(1)		X
		nases of assets from a nor	•	ganization				1b(2)		<u>X</u>
		al of facilities, equipment,	or other assets				•	1b(3)		<u>X</u>
		bursement arrangements						1b(4)		<u>X</u>
	(5) Loans	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	mbership or fundrais	ıng solicitatio	ns			1b(6)		<u>X</u>
C	Sharing of	f facilities, equipment, mai	ılıng lısts, other asset	s, or paid em	ployees			1c		_X
d	If the ansv	wer to any of the above is	"Yes," complete the fo	ollowing sche	dule. Column (b) should alv	ways show the fair m	arket value of the goods, o	ther ass	ets,	
	or service:	s given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu	e in any transaction (or sharing arrangement, sh	ow in		
	column (d	i) the value of the goods, (other assets, or servi	ces received.						
(a)∟	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions, and sh	aring arra	ngemen	ts
				N/A						
	f				···					
		* - **								
					•					
22	Is the four	ndation directly or indirect	lly affiliated with or r	elated to one	or more tax-exempt organi	zatione described				
24		501(c) (other than section		•	or more tax exempt organi	zations described		Yes	X	No
		omplete the following sch					L			_ 140
	11 163, 60	(a) Name of org			(b) Type of organization	1	c) Description of relationsh	מוו		
		N/A			(c) type of digameanon	<u>'</u>	2) 2000 pilot 0 pilot 0			
		14/11	···							
										
									-	
	Linder	penalties of periury. I declare #	have examined this	eturn including	accompanying schedules and st	etements and to the hes	t of my knowledge			
Si	andha				taxpayer) is based in all informa		May	the IRS on with the		
He		Keel	- [//ad		5/9/18	TRUS		wn below		7 I
	12/	nature of officer or trustee	,			· 		Yes		No
	ya ngi			December 2	Date	Title	Chook Total			
		Print/Type preparer's na	iiie	Preparer's s	ignature	Date	Check if PTIN			
Pa	id	1			٠	4/30/18	self- employed		204	
		DIANA COHEN U				L .		188		
	eparer	Firm's name DEL	OITTE TAX	ĹĽР			Firm's EIN ► 86-10	1657	72	
US	e Only									
		Firm's address ► 200 BERKELEY STREET						_		
		BO	STON, MA	02116_			Phone no. 617-43			
							Fo	rm 99 0)-PF	(2017)

THE HIGH POINTE FOUNDATION Part XV | Supplementary Information

Part XV Supplementary Information	<u> </u>			
3 Grants and Contributions Paid During the Y				
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
	or substantial contributor	recipient		
FALMOUTH SERVICE CENTER	NONE	501(C)(3)	GENERAL WELFARE	
PO BOX 208				
FALMOUTH, MA 02541			<u> </u>	10,000.
FISHER HOUSE FOUNDATION	NONE	501(C)(3)	GENERAL WELFARE	
111 ROCKVILLE PIKE, SUITE 420				
ROCKVILLE, MD 20850				3,000.
HOME BASE PROGRAM	NONE	501(C)(3)	MEDICAL	
1 CONSTITUTION CENTER	NONE	B01(C)(3)	MEDICAL	
CHARLESTOWN, MA 02129				2,500.
		L		
HOME FOR LITTLE WANDERERS 161 SOUTH HUNTINGTON AVENUE	NONE	501(C)(3)	GENERAL WELFARE	
BOSTON, MA 02130				4,000.
		<u> </u>	·	
INTREPID FALLEN HEROES FUND	NONE	501(C)(3)	GENERAL WELFARE	
ONE INTREPID SQUARE				2,000.
w 46TH STREET & 12TH AVENUE, NY 10036		-		2,000.
LA SALLE ACADEMY	NONE	501(C)(3)	EDUCATION	
44 EAST SECOND STREET				
NEW YORK, NY 10003		<u> </u>		22,000.
MAKE A WISH FOUNDATION	NONE	501(C)(3)	GENERAL WELFARE	
295 DEVONSHIRE STREET		1		
BOSTON, MA 02114				28,000.
MERRIMACK VALLEY HOSPICE HOUSE	NONE	501(C)(3)	MEDICAL	
360 NORTH AVENUE				
HAVERHILL, MA 01830				40,000.
MGH FUND	NONE	501(C)(3)	MEDICAL	
55 FRUIT STREET				
BOSTON, MA 02114				55,000.
OPERATION HOMEFRONT	NONE	501(C)(3)	CEMEDAL MELEADE	
1355 CENTRAL PARKWAY S	NOINE	01(0)(3)	GENERAL WELFARE	
SAN ANTONIO, TX 78232				2,500.
Total from continuation sheets				199,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the				<u> </u>
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
name and address (name of business)	or substantial contributor	recipient		
PINE STREET INN	NONE	E01/G)/3)	OPMEDAL MELEADE	
444 HARRISON AVENUE	NONE	501(C)(3)	GENERAL WELFARE	
BOSTON, MA 02118				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
COURON ON HITTER C OF MACC	NONE	E01/01/21	PDUGA TON	
SCHOOL ON WHEELS OF MASS 100 LAUREL STREET #121	NONE	501(C)(3)	EDUCATION	
EAST BRIDGEWATER, MA 02333				4,000
ST. VINCENT DEPAUL	NONE	501(C)(3)	GENERAL WELFARE	
167 E FALMOUTH HWY				
EAST FALMOUTH, MA 02536				7,000
ST. VINCENT DEPAUL - ST. JAMES	NONE	501(C)(3)	GENERAL WELFARE	
6 COTTAGE STREET HAVERHILL, MA 01830				4,000
MVSMIDL, MI VIVIO		-		1,000
TOYS FOR TOTS	NONE	501(C)(3)	GENERAL WELFARE	i I
P.O. BOX 391				
SOUTH WEYMOUTH, MA 02190				3,000
ASTRAZENECA HOPE LODGE 110 W LAUREL AVE	NONE	501(C)(3)	MEDICAL	
CHELTENHAM, PA 19012				3,000
,				
		 		
Table	_1	<u> </u>		
Total from continuation sheets				L

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

04-6880299 THE HIGH POINTE FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number THE HIGH POINTE FOUNDATION 04-6880299 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 STEPHEN R. CLARK Person Payroll P.O. BOX 1230 1,516,725. Noncash (Complete Part II for PLAISTOW, NH 03865-1230 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for

noncash contributions)

Name of organization

Employer identification number

THE HIGH POINTE FOUNDATION

04-6880299

art II	Noncash Property (see instructions) Use duplicate copies of Part	II ii additional space is needed	
(a)		(c)	4.0
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti	8100 SHARES OF AFFILIATED MANAGERS GROUP STOCK		
1			
		_	
		\$1,516,725.	11/20/17
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		,	
		_	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		(
		— I _	
		\$	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		, , , , , , , , , , , , , , , , , , , ,	
		 \$	
(a)	"	(c)	g .45.
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
ratti			 _
		_	
		\$	
3453 11-01-	-17		90, 990-EZ, or 990-PF)

	Form 990, 990-EZ, or 990-PF) (2017)			Page				
lame of organ	ization			Employer identification number				
гнв ніс	H POINTE FOUNDATION			04-6880299				
Part III	Exclusively religious, charitable, etc., contributhe year from any one contributor. Complete col	umns (a) through (e) and the following	d line entry. For organization	s				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or less	for the year (Enter this info once	\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
-								
-			_					
		(e) Transfer of gift	·····					
	Transferee's name, address, and	ZIP + 4	Relationship of trai	nsferor to transferee				
-				-				
(a) No. from	(h) Dumaga of wift	(a) Up a of a if	(4) 0					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
_								
	(e) Transfer of gift							
	Transferee's name, address, and	Relationship of trai	nsferor to transferee					
-								
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held				
-			_					
_								
	(e) Transfer of gift							
-	Transferee's name, address, and	ZIP + 4	Relationship of tran	nsferor to transferee				
-								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
-								
- 1	i							

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

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	RITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY	151,089	•	0. 151,089	. 151,089.	
TO PART I, LINE 4 151,089		•	0. 151,089	151,089.	
FORM 990-PF		ACCOUNTI	NG FEES	S'	TATEMENT 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 ·	0	THER PROFES	SIONAL FEES	S'	TATEMENT 3
		(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	_	PER BOOKS	· 	NET INCOME	PURPOSES
AGENCY FEES - FIDEL	_	245.	245.		0.
TO FORM 990-PF, PG	1, LN 16C =	245.	245.		0.
FORM 990-PF		TAX	ES	S'	TATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES PAID		11,403.	0.		0.
TO FORM 990-PF, PG	1, LN 18	11,403.	0.		0.

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	500.	0.		500.	
TO FORM 990-PF, PG 1, LN 23	500.	0.		500.	
FORM 990-PF OTHER DECREASE DESCRIPTION PRIOR PERIOD COST ADJUSTMENT	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT 6 AMOUNT 8,275.	
DIFFERENCE BETWEEN COST AND E	MV OF CONTR	IBUTED STOCK		1,401,466.	
TOTAL TO FORM 990-PF, PART II	II, LINE 5			1,409,741.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
FIDELITY			7,397,271.	9,145,207.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		7,397,271.	9,145,207.	