

Oldham County Fiscal Court Grant Application

Date of Application: December 16, 2024

Official Name or Organization: HighPoint Charitable Services

Address: 424 East Main Street, LaGrange, Kentucky 40031

EIN: 46-4284885

Date and Place of Incorporation: November 2014, Crestwood, Kentucky as Mission Crestwood. Name changed to HighPoint Charitable Services in September, 2017 in LaGrange, Kentucky.

Name, Complete Address, Email and Phone Number of Contact Person: Amee D'Amico, Executive Director, HighPoint Charitable Services, 424 East Main Street, LaGrange, Kentucky 40031, amee@highpointcs.org, o. 502-713-7090, c. 502-381-0975

Purpose of Organization or Mission Statement and Services Rendered: HighPoint Charitable Services is a volunteer-driven, 501(c)(3) organization located in LaGrange, Kentucky, whose mission is to bring wholeness to the community, share the gospel and meet physical needs. HighPoint exists to meet the needs of children, fragile adults, the elderly, and families. HighPoint helps with resources to reduce the suffering of families caught in the cycle of hunger, poverty, and homelessness. On average, HighPoint's food pantry provides food support for 730 client families every month, our clothes closet supplies client families with season-appropriate, community-donated clothing items, and our Grace Resource Center uses a wholistic approach to address physical, emotional, and spiritual needs of clients through life skills classes, client advocacy, case management, mental health services and spiritual health services. The new HighPoint Community Kitchen is now serving nutritious meals each week that reduce food insecurity and teaching cooking and nutrition classes.

Amount Requested: \$30,000

Proposal for funding. On a separate page, please provide the following:

Statement of need for project

Proposed use of funds to remediate the need

Project budget

Attachments:

List of Officers and Directors—Name, Office, Address, Business Affiliation, Compensation from Organization

Copy of 501(c)(3) tax-exempt status letter from IRS

Documentation for most recent form 990

Documentation for most recent filing with the KY Secretary of State

Most recent Organization/Agency budget summary, or balance sheet, or income/expense statement (Please, no complete budgets)

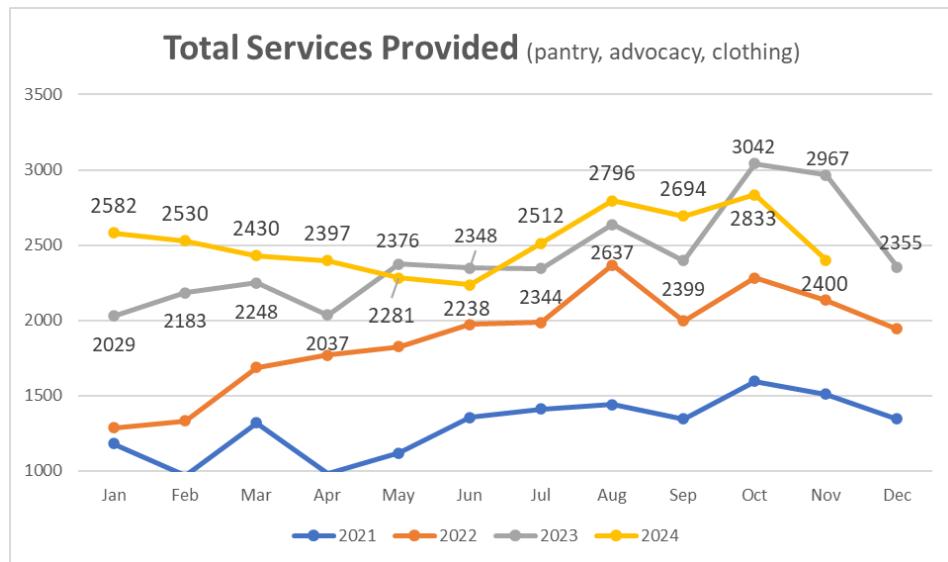
If a recipient of funds for the prior year, a statement of the use of those funds

Photographs, videos, letters of support

Email complete applications to Becky Zocklein rzocklein@oldhamcountyky.gov no later than 12/30/24

Statement of need for project:

Over the last several years, HighPoint has experienced tremendous growth in the numbers of families coming for services. Total client visits went from 10,785 in 2021 to 14,800 in 2022 to 19,299 in 2023, nearly doubling in two years. The number of total client visits for 2024 is not yet final, but the numbers appear to be holding steady from 2023, and we have seen an average of 49 new client families each month so far this year. Despite this exponential growth, HighPoint has remained a dependable resource for food and clothing for our community. Nevertheless, meeting the needs of greater numbers of people in our community has necessitated additional staffing and increased utility and maintenance costs.



This year our HighPoint Community Kitchen was completed. This new addition has equipped us to have a positive impact on our client families' health and wellness as we serve them free nutritious meals and as we teach cooking classes using recipes that integrate the food clients receive in their weekly food boxes. This new facet of our services has necessitated adding a part-time staff position to manage the kitchen, keeping it clean and safe, and to plan, coordinate and conduct the cooking and nutrition classes. There is growing interest from the community in utilizing this space, and we are excited about the possibilities of partnering with various community groups to make great use of the kitchen in addition to using it to serve our clients. With this significant improvement to our facility, however, there are also significant increases in our insurance costs.



Proposed use of funds to remediate the need:

The funds requested will be used to help pay for HighPoint's general operating costs including the costs of the HighPoint Community Kitchen, Facility Utilities, Maintenance, and Insurance.

Project budget:

2025 HighPoint Operating Budget for support request:

Kitchen Operations:	\$15,000
Facility Utilities:	\$39,000
Facility Maintenance:	\$30,000
Facility Insurance:	<u>\$15,000</u>
Total:	\$99,000

Previous Support:

HighPoint thanks the Oldham County Fiscal Court for their support in previous years as listed below:

2024: \$0

2023: \$31,525 (\$24,900 to the HighPoint Kitchen Project, \$6,625 General Fund)

2022: \$51,000 (\$51,000 HighPoint Kitchen Project)

2021: \$7,375 (\$5,000 Food Purchases, \$2,375 General Fund)

2020: \$11,786 (\$9,000 Food Purchases, \$2,786 General Fund)

More information:

- Please take a few minutes to watch these videos to have a better understanding of the size and scope of support HighPoint provides for the community.



- Please see the attached Winter Newsletter for more information about HighPoint's services in 2024.
- Please see the attached letter of recommendation from Oldham County Judge Executive, David Voegele.
- Other Attachments: List of 2025 HighPoint Officers and Board Members, 501c3 letter, 2023 990, Ky Sec of State Filing, November 2024 P&L Summary,

Organization ID # 0874077
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky
Michael G. Adams, Secretary of State


0874077

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

Amended 2024 Annual Report

ARA

Exact organization name and principal office address

HIGHPOINT CHARITABLE SERVICES INC.
424 EAST MAIN ST
LAGRANGE KY 40031

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at <https://web.sos.ky.gov/bussearchnprofile/search.aspx> or forms can be downloaded from our website.

Registered Agent and Registered Office Address

Cara Jarrell
7401 Grand Oaks Drive
Creswood, KY 40014

Principal Officers - List the **name, address and title** of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

President	AMEE D'AMICO
Secretary	KIM HEAD
Treasurer	BRIAN THOMAS

Directors - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

BRIAN THOMAS
LEANNE DUGAN
JOHN STEWART
MONNICA MASTERS
TERRY COLLINS

X

Signature of officer Or chairman of the board (Required)

Title (Required)

Date (Required)

**Commonwealth of Kentucky
Michael G. Adams, Secretary of St**

0874077
Michael G. Adams
KY Secretary of State
Received and Filed
8/2/2024 11:37:50 AM
Fee receipt: \$15.00

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

**Annual Report
Online Filing
For the Year 2024**

ARP

Company: HIGHPOINT CHARITABLE SERVICES INC.

Company ID: 0874077

State of origin: Kentucky

Formation date: 12/11/2013 12:00:00 AM

Date filed: 8/2/2024 11:32:42 AM

Fee: \$15.00

Principal Office

424 EAST MAIN ST
LAGRANGE, KY 40031

Registered Agent Name/Address

CLINTON J ELLIOTT
120 E ADAMS ST, SUITE 2
LAGRANGE, KY 40031

Current Officers

Officer	Anee D'Amico	3710 Ballard Woods Court, Smithfield, KY 40068
President	Leanne Dugan	12712 Woodside Drive, Prospect, KY 40059
Vice President	Tom Grieb	3211 Overlook Cir., Goshen, KY 40026
Secretary	Kim Head	6511 Norman Ct., Crestwood, KY 40014

Directors

Director	Brian Thomas	6618 Clore Lane, Crestwood, KY 40014
Director	Leanne Dugan	12712 Woodside Drive, Prospect, KY 40059
Director	John Stewart	106 E. Jefferson Street, LaGrange, KY 40031
Director	Monnica Masters	3318 Nevel Meade Dr., Prospect, KY 40059
Director	Terry Collins	7814 Neda Way, Crestwood, KY 40014
Director	Susan Arnold	2309 Dogwood Cross Rd., LaGrange, KY 40031
Director	Kim Head	6511 Norman Ct., Crestwood, KY 40014
Director	Tom Grieb	3211 Overlook Cir., Goshen, KY 40026
Director	Brett Gregory	2216 Morgan Ridge Ct., LaGrange, KY 40031
Director	David Bizianes	307 W Madison Street, LaGrange, KY 40031
Director	Cara Jarrell	7401 Grand Oaks Dr., Crestwood, KY 40014

County: Oldham
Business size: Small
Business type: Miscellaneous Services

Signatures

Signature Amee E. D'Amico

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

**Annual Report
Online Filing
For the Year 2024**

ARP

Title Executive Director



HighPoint List of Officers:

Amee D'Amico, Executive Director, 3710 Ballard Woods Court, Smithfield KY 40031, Compensation: \$75,000 annual salary.

Brian Thomas, Controller, 6618 Clore Lane, Crestwood, KY 40014, Compensation: \$0.

2025 HighPoint Board of Directors:

(HighPoint Board of Directors are volunteers and therefore not compensated for their service)

Tom Grieb, Board Chair, 3211 Overlook Circle, Goshen, KY 40026 (Retired Pastor St. John UMC)

Don Dugan, Vice-Board Chair, 12712 Woodside Drive, Prospect, KY 40059 (Retired GE Executive)

Kim Head, Board Secretary, 6511 Norman Court, Crestwood, KY 40014 (Attorney)

John Stewart, Director, 201 Maple Court, LaGrange KY 40031 (Owner, Encompass)

Terry Collins, 7814 Neda Way, Crestwood, KY 40014 (Retired, Humana Management)

Susan Arnold, 2309 Dogwood Cross Road, LaGrange, KY 40031 (Chaplain, Baptist Health LaGrange)

Brett Gregory, 2216 Morgan Ridge Court, LaGrange, KY 40031 (Banking, Republic Bank)

David Biziarnes, 3067 West Madison Street, LaGrange, KY 40031 (President, Oldham Chamber of Economic Development)

Cara Jarrell, 7401 Grand Oaks Drive, Crestwood, KY 40014 (Attorney)

Phillip Moore, 2110 Oakford Court, LaGrange, KY 40031 (Retired, Educator and Administrator, Oldham County Schools)

Debbie Houston, 8111 Houston Lane, Pewee Valley, KY 40056 (Retired, Head of School, Virginia Chance School)

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

46-4284885

HIGHPOINT CHARITABLE SERVICES INC.

Net Asset / Fund Balance at Beginning of Year 1,490,014

Revenue

Contributions	<u>3,959,430</u>
Program service revenue	<u>113,062</u>
Investment income	<u>2,806</u>
Capital gain / loss	_____

Fundraising / Gaming:

Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>0</u>

Total revenue

4,075,298

Expenses

Program services	<u>3,593,862</u>
Management and general	<u>216,614</u>
Fundraising	<u>70,251</u>

Total expenses

3,880,727

Excess / (deficit)

194,571

Changes

1,684,585

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>4,075,298</u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>3,880,727</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,738,551</u>	<u>1,911,541</u>	
Liabilities	<u>248,537</u>	<u>226,956</u>	
Net assets	<u>1,490,014</u>	<u>1,684,585</u>	<u>194,571</u>

Miscellaneous Information

Amended return	_____
Return / extended due date	<u>11/15/24</u>
Failure to file penalty	_____

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning , 2023, and ending , 20.....
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

EIN or SSN

HIGHPOINT CHARITABLE SERVICES INC.**46-4284885**Name and title of officer or person subject to tax
AMEE D 'AMICO
AMEE D 'AMICO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 4,075,298
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CURRY DRAKE & ASSOCIATES, LLC** to enter my PIN **20411** as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

11/01/24**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61371420411

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **JEFFERY DRAKE CPA**

Date

11/01/24

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023
Open to Public
InspectionDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2023 calendar year, or tax year beginning**

, and ending

B Check if applicable:	C Name of organization HIGHPOINT CHARITABLE SERVICES INC.			D Employer identification number 46-4284885
<input type="checkbox"/> Address change	Doing business as			E Telephone number 502-713-7090
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 424 E. MAIN STREET			Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code LA GRANGE KY 40031			G Gross receipts\$ 4,075,298
<input type="checkbox"/> Final return/terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				
F Name and address of principal officer: AMEE D'AMICO 424 E AMIN ST LAGRANGE KY 40031				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number
J Website: N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation: 2013 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE CLOTHING AND FOOD ITEMS TO THE LESS FORTUNATE IN THE LOCAL COMMUNITY IN JESUS' NAME.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11	
Expenses	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 8	
	6 Total number of volunteers (estimate if necessary)	6 0	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		2,659,373	3,959,430
9 Program service revenue (Part VIII, line 2g)		93,415	113,062
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		629	2,806
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,838	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,755,255	4,075,298
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		173,369	233,739
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		70,251	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,207,045	3,646,988
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,380,414	3,880,727
19 Revenue less expenses. Subtract line 18 from line 12		374,841	194,571
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,738,551	1,911,541
21 Total liabilities (Part X, line 26)		248,537	226,956
22 Net assets or fund balances. Subtract line 21 from line 20		1,490,014	1,684,585

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer AMEE D'AMICO			Date
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JEFFERY DRAKE CPA	Preparer's signature JEFFERY DRAKE CPA	Date 11/07/24	Check <input type="checkbox"/> if self-employed PTIN P01776702
	Firm's name CURRY DRAKE & ASSOCIATES, LLC	Firm's EIN 61-1351958		
	Firm's address 12700 TOWNEPARK WAY SUITE 4208 LOUISVILLE, KY 40243	Phone no. 502-254-6180		

May the IRS discuss this return with the preparer shown above? See instructions Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

PROVIDE CLOTHING AND FOOD ITEMS TO THE LESS FORTUNATE IN THE LOCAL COMMUNITY IN JESUS' NAME.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,593,862** including grants of \$) (Revenue \$ **113,062**)**HIGHPOINT IS THE LARGEST FOOD BANK IN OLDHAM COUNTY, KY SERVICING OVER 6,900 PEOPLE EACH MONTH WITH 34 TONS OF FOOD. WITH A POVERTY RATE OF 14.7% IN OUR COUNTY, THIS FOOD HELPS FAMILIES WITH HEALTHY OPTIONS. 20% OF CLIENTS ARE SENIOR CITIZENS, 35% ARE CHILDREN. WE PROVIDE THEM WITH FOOD AS WELL AS CLOTHING, LIFE SKILLS CLASSES, CASE MANAGEMENT, MENTAL HEALTH SERVICES, AND SPIRITUAL HEALTH SERVICES.**

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **3,593,862**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	28a	X
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28c	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	11	Yes	No
1b	0		
1c			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a		
9	Sponsoring organizations maintaining donor advised funds.	9b		
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?			
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X	
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1b	11
b	Enter the number of voting members included on line 1a, above, who are independent	2	<input checked="" type="checkbox"/>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	4	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	7a	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7b	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	<input checked="" type="checkbox"/>
a	The governing body?	9	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16a	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16b	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	

AMEE D'AMICO**424 E AMIN ST****KY 40031****502-713-7090**

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) AMEE D'AMICO	40.00									
AMEE D'AMICO	0.00				X			60,000	0	0
(2) SUSAN ARNOLD	2.00									
DIRECTOR	0.00	X						0	0	0
(3) TERRY COLLINS	2.00									
DIRECTOR	0.00	X						0	0	0
(4) LEANNE DUGAN	2.00									
BOARD CHAIR	0.00	X		X				0	0	0
(5) TERESA GAMSKY	2.00									
SECRETARY	0.00	X		X				0	0	0
(6) BOB HANCOCK	2.00									
DIRECTOR	0.00	X						0	0	0
(7) KIM HEAD	2.00									
DIRECTOR	0.00	X						0	0	0
(8) STEPHEN LEE	2.00									
DIRECTOR	0.00	X						0	0	0
(9) MONNICA MASTERS	2.00									
DIRECTOR	0.00	X						0	0	0
(10) ZACK MURPHY	2.00									
DIRECTOR	0.00	X						0	0	0
(11) JOHN STEWART	2.00									
DIRECTOR	0.00	X						0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) BRIAN THOMAS	2.00								
(12) TREASURER	0.00	X	X				0	0	0
(13).....									
(14).....									
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									
1b Subtotal							60,000		
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							60,000		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Form 990 (2023) **HIGHPOINT CHARITABLE SERVICES INC. 46-4284885**Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e	3,959,430			
1f All other contributions, gifts, grants, and similar amounts not included above	1f				
1g Noncash contributions included in lines 1a-1f	1g	\$ 3,555,268			
h Total. Add lines 1a-1f		3,959,430			
Program Service Revenue					
2a SALES OF DONATED ITEMS		Business Code			
2a		113,062			113,062
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		113,062			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)			2,806	2,806	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	6a	(i) Real	(ii) Personal		
6a					
b Less: rental expenses	6b				
c Rental inc. or (loss)	6c				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
7a					
b Less: cost or other basis and sales exps.	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$	8a				
of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11a		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		4,075,298	2,806	0	113,062

Part IX Statement of Functional Expenses*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	233,739	116,869	58,435	58,435
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,525,456	3,476,993	48,463	
12 Advertising and promotion	11,816			11,816
13 Office expenses	5,775		5,775	
14 Information technology				
15 Royalties				
16 Occupancy	29,409		29,409	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,314		13,314	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,833		52,833	
23 Insurance	8,385		8,385	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,880,727	3,593,862	216,614	70,251
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	545,265	1	236,842
	2 Savings and temporary cash investments	2		
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6		
	7 Notes and loans receivable, net	7		
	8 Inventories for sale or use	115,157	8	297,989
	9 Prepaid expenses and deferred charges	9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,610,089		
	b Less: accumulated depreciation	233,379	1,078,129	10c 1,376,710
	11 Investments—publicly traded securities	11		
	12 Investments—other securities. See Part IV, line 11	12		
	13 Investments—program-related. See Part IV, line 11	13		
	14 Intangible assets	14		
	15 Other assets. See Part IV, line 11	15		
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,738,551	16	1,911,541
Liabilities	17 Accounts payable and accrued expenses	17		
	18 Grants payable	18		
	19 Deferred revenue	19		
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22		
	23 Secured mortgages and notes payable to unrelated third parties	23		
	24 Unsecured notes and loans payable to unrelated third parties	248,537	24	226,956
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25		
	26 Total liabilities. Add lines 17 through 25	248,537	26	226,956
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,127,840	27	1,684,585
	28 Net assets with donor restrictions	362,174	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	29		
	30 Paid-in or capital surplus, or land, building, or equipment fund	30		
	31 Retained earnings, endowment, accumulated income, or other funds	31		
	32 Total net assets or fund balances	1,490,014	32	1,684,585
	33 Total liabilities and net assets/fund balances	1,738,551	33	1,911,541

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	4,075,298
2 Total expenses (must equal Part IX, column (A), line 25)	2	3,880,727
3 Revenue less expenses. Subtract line 2 from line 1	3	194,571
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,490,014
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,684,585

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2023)

SCHEDULE A
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public
Inspection**

Name of the organization

HIGHPOINT CHARITABLE SERVICES INC.

Employer identification number

46-4284885**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations _____
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,214,463	2,260,543	2,396,846	2,726,165	3,959,430	12,557,447
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,214,463	2,260,543	2,396,846	2,726,165	3,959,430	12,557,447
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,557,447

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,214,463	2,260,543	2,396,846	2,726,165	3,959,430	12,557,447
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					113,062	113,062
11 Total support. Add lines 7 through 10						12,670,509
12 Gross receipts from related activities, etc. (see instructions)					12	2,806
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.11 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.42 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

		Yes	No
1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

Employer identification number

HIGHPOINT CHARITABLE SERVICES INC.**46-4284885****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Schedule D (Form 990) 2023 **HIGHPOINT CHARITABLE SERVICES INC. 46-4284885**

Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d <input type="checkbox"/> Loan or exchange program
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e <input type="checkbox"/> Other
<input type="checkbox"/> c Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Yes	No
3a(i)	
3a(ii)	
3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	95,683			95,683
e Other	1,514,406	233,379		1,281,027

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

1,376,710

Schedule D (Form 990) 2023 **HIGHPOINT CHARITABLE SERVICES INC. 46-4284885**

Page 3

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023 **HIGHPOINT CHARITABLE SERVICES INC.** 46-4284885

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Information on Expenses per Required Financial Statements with Explanations

1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII | Supplemental Information (continued)

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2023**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHPOINT CHARITABLE SERVICES INC.

Employer identification number

46-4284885

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	<input checked="" type="checkbox"/>	1	2,084,612	THRIFT SHOP VALUES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....				
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	<input checked="" type="checkbox"/>	
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule O (Form 990) 2023

Page 2

Name of the organization

HIGHPOINT CHARITABLE SERVICES INC.

Employer identification number

46-4284885**FINANCIAL FEES**

\$	0	\$	4,711	\$	0
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TRANSPORTATION

\$	0	\$	8,171	\$	0
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REPAIR AND MAINTENANCE

\$	0	\$	18,984	\$	0
----	---	----	--------	----	---

EMPLOYEE PHONE

\$	0	\$	4,381	\$	0
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RETAIL SALES EXPENSE

\$	4,886	\$	0	\$	0
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OTHER

\$	0	\$	1,975	\$	0
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TOTAL

\$	3,476,993	\$	48,463	\$	0
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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE	\$	52,833
------------------------------------	----	--------

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
FOOD AND PERSONAL CARE	\$ 1,460,167	\$ 1,460,167	\$	\$
CLOTHING	1,912,250	1,912,250		
CLIENT SERVICES	22,421	22,421		
DESIGNATED GIFTS	77,269	77,269		
CONTRACT LABOR	10,241		10,241	
FINANCIAL FEES	4,711		4,711	
TRANSPORTATION	8,171		8,171	
REPAIR AND MAINTENANCE	18,984		18,984	
EMPLOYEE PHONE	4,381		4,381	
RETAIL SALES EXPENSE	4,886	4,886		
OTHER	1,975		1,975	
TOTAL	<u>\$ 3,525,456</u>	<u>\$ 3,476,993</u>	<u>\$ 48,463</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

Donor Name	Total	Excess
OLDHAM COUNTY FISCAL COURT	\$ 31,525	\$
NORTHEAST CHRISTIAN CHURCH	24,000	
SOUTHEAST CHRISTIAN CHURCH	22,240	
TOTAL	\$ 77,765	\$ 0

Federal Statements**Schedule A, Part II, Line 10(e)**

Description	Amount
SALES OF DONATED ITEMS	\$ 113,062
TOTAL	<u>\$ 113,062</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
TAX-EXEMPT INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	\$ 2,806
TOTAL	<u>\$ 2,806</u>

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 25 2014

MISSION CRESTWOOD INC
4220 DANA RD
CRESTWOOD, KY 40014

Employer Identification Number:
46-4284885
DLN:
17053251314044
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
December 11, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,


Tamera Repperda
Director, Exempt Organizations

0874077.09

amcray
AMD

Alison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
8/14/2017 1:29 PM
Fee Receipt: \$8.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Mission Crestwood, Inc [REDACTED]
(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted:

name change to: High Point Charitable Services Inc.

(Note: No space in High Point and capital "P" in Point)

3. The date of adoption of each amendment was July 10, 2017

4. Check either a, b or c (whichever is applicable):

- a. The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c. The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

(Delayed effective date
and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Officer or Chairman of the Board

Ben T. White Chairman 7/16/2017
Printed Name Title Date

(01/12)

DOCUMENT NO: 529722
RECORDED: September 05, 2017 02:01:00 PM
TOTAL FEES: \$11.00
COUNTY CLERK: JULIA K BARR
DEPUTY CLERK: DAWN MODESTY
COUNTY: OLDHAM COUNTY
BOOK: A25 PAGES: 157 - 157

IMPACTFUL GIVING

Winter 2024

Table of Contents

You Can Give Hope. pg. 1**Food Insecurity in Our Community** pg. 2**Tour & Serve** pg. 3**Celebrating 2024** pg. 4**Looking to 2025** pg. 5**Year End Giving** pg. 6-7**Client Testimonials** pg. 8

Connect with us!

Find HighPoint Charitable Services on social media.



You Can Give Hope.

When your neighbor is living in poverty, they do not have the resources they need to live stable, healthy, self-sufficient lives. They live in a state of scarcity, becoming stuck in a cycle of solving the crisis of the day. This can include constantly thinking about how they will have access to enough healthy food, have electricity to stay warm, gas or repairs for their vehicle to get to work, or how to pay for essential medications.

When a person's energy is required to repeatedly chase the very basic needs of survival, there is often no energy remaining to problem solve or be proactive in working toward a more stable future. This creates a hopelessness that is mostly invisible to others.

Over 400 families visit HighPoint every week in search of those basic needs.

This is where you have the opportunity to change a person's life.



We invite you to consider how you might be part of your neighbor's story. You can provide access to basic needs so they can develop and build other resources. You can help them escape the cycle of daily survival and see hope for a better future.

Hope is incredibly powerful. Knowing and believing that things can be better inspires and motivates a person to take steps forward, improving their life and strengthening our community.

When you GIVE and SERVE at HighPoint, you BELONG to all the hope being shared here.

You can give hope!

GIVE. SERVE. BELONG.

Food Insecurity in Our Community

Food insecurity means a person does not have adequate access to food to enable them to lead active, productive lives. They are facing periodic or chronic hunger. Food insecurity contributes to malnutrition, chronic health problems, mental health challenges, isolation, and underperformance at work and school.

HighPoint reduces the suffering of local families facing hunger with free food boxes that include healthy produce, shelf stable foods, dairy, proteins, breads and sweet treats.

In 2024, each month, HighPoint served an average of 737 households from Oldham, Henry, Trimble, and Carroll Counties. This includes:

- **1,593 children**
- **2,484 adults**
- **949 senior citizens**
- **141 veterans**

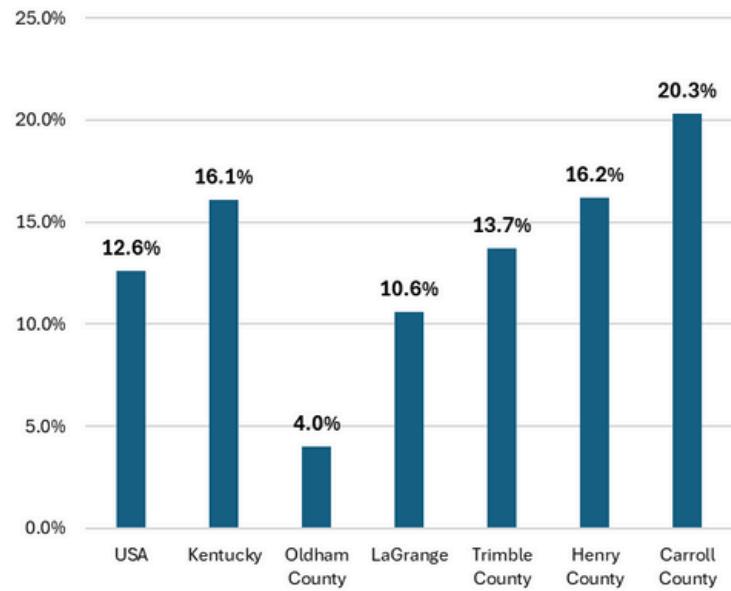
FOOD INSECURITY IS A COMPLEX ISSUE THAT OVERLAPS WITH MANY OTHER DIFFICULTIES AND AFFECTS ALL AREAS OF LIFE.



**For I was hungry and you gave me food,
I was thirsty and you gave me drink,
I was a stranger and you welcomed me.**

Matthew 25:35 (ESV)

Poverty Data (2022 Census)



*Sources: <https://www.feedingamerica.org/hunger-in-america/food-insecurity> & www.census.gov

Check out some of our 2024
Community Serving Partners

TOUR & SERVE

THURSDAYS 5:30 - 7:30 PM

SCHEDULE A DATE TODAY!

Are you looking for a team-building opportunity for your business, small group, or club? Contact us to schedule a date for your group to tour HighPoint with our Executive Director, Amee D'Amico. After learning about the services we provide, your group will have the opportunity to serve your community in our food pantry and see firsthand the impact we can make together.



Sign up to
volunteer with
the QR Code.



HIGHPOINTCS.ORG/VOLUNTEER



Fastline Marketing Group



Pulte Homes



Southeast Christian Church



Leadership OC Class of 2024



East & Westbrook Construction



North Oldham High School



Northeast Christian Church

Celebrating 2024

Food Pantry

1,579 Avg. Monthly Food Distributions

While the average number of food distributions are remaining steady from 2023, we are still seeing an average of 49 new client families each month. We are thankful for continued food support from the community.



Life Skills Classes

237 Life Skills Classes (through October)

From GED to budget counseling to ESL, these classes equip individuals with the life skills needed to increase their knowledge and competency thus increasing self-sufficiency and life management.



The Joy of Cooking

Educational classes providing life skills is just one of the ways the new HighPoint Community Kitchen is serving our community.

Clients are learning how to use the produce and food ingredients from their weekly meal boxes to create nutritious and delicious meals for their families.

Clothes Closet

We are so pleased to welcome back Debbie Rodriguez as HighPoint's Clothes Closet Leader. Debbie is one of our longest serving volunteers and has had many roles at HighPoint. Her knowledge of HighPoint services and her compassion for others will be an asset to the team.

456 Avg. # of Families Visiting the Clothing Closet each Month



Access to Resources

As part of the fiber project in Oldham County, AT&T Kentucky generously provided 100 refurbished laptop computers for HighPoint client families.

Dependable internet connection is critical for students who want to excel in their studies at home. It is also an important tool for people searching for a job, and it is necessary for telehealth appointments for some of our most vulnerable citizens.

100 Laptop Computers



There is so much to celebrate and be thankful for in 2024. Here are some of the highlights.

CrossPoint Dinners

125 Avg. # of Families Served a CrossPoint Dinner each Week



What started out with Mission Crestwood "Hot Dog Hovers" has now become 10 years of feeding families and creating relationships with CrossPoint families on Thursday nights. CrossPoint provides a faith-based environment for clients to come enjoy a free dinner and experience community. A big thanks to all our meal providers and volunteers who have served faithfully over the years!

Special Events

600 Thanksgiving Meal Boxes



With the cost of groceries increasing, our client families rely on resources like HighPoint to alleviate some of the effects of food insecurity and the holidays are no exception.

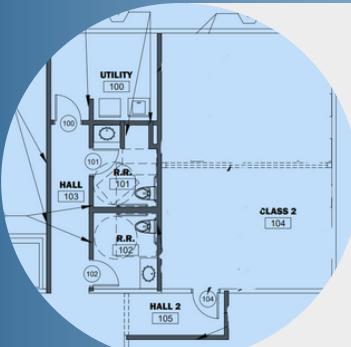
With the support of many volunteers, donors, and local partners, HighPoint served approximately 600 families this year for Thanksgiving. From stuffing to dessert, these boxes had everything families needed for a complete Thanksgiving meal.

Looking to 2025



The HighPoint Community Kitchen

The HighPoint Community Kitchen will continue to offer free nutritious meals to our client families that will have a positive impact on their health and wellness. Through our educational cooking classes, we look forward to teaching new healthy recipes, created directly from food items clients receive in the pantry. As the number of meals prepared in the kitchen increase, there is growing interest from the community. We are excited about these partnerships that best utilize our new space and effectively serve our clients.



Youth Classroom & Bathroom Project

All children need to receive the academic, social, emotional, and spiritual support to thrive. HighPoint is investing in the next generation with plans to build a new 660 sq. ft. youth classroom and expand our current children's classroom to 685 sq. ft. to accommodate additional youth and children. This classroom renovation is part of a larger project that will include ADA restrooms to facilitate increased participation in all our programming.



Principal Resource in the Area

HighPoint plans to continue to lead the way as a dependable resource for basic needs in the area. With 1,870 families visiting HighPoint in 2024, following God's guidance for meeting basic needs and bringing wholeness is essential to the services and programming we offer. We anticipate welcoming new clients, hiring two new staff members, training new volunteers, and forming new partnerships, all to build and strengthen our community and provide hope for the vulnerable population we serve.

And whatever you do, whether in word or deed,
do it all in the name of the Lord Jesus,
giving thanks to God the Father through him.

Colossians 3:17 (NIV)

Year-End Giving

As 2024 comes to a close, please remember HighPoint Charitable Services and the families we serve. Your year-end donation directly affects the resources that help to reduce the suffering of families facing hunger and poverty, and gives them hope for a better future.

Ways to Give

1) Give Online by December 31.

Please consider giving online by using this QR code below or going to www.HighPointCS.org/give.



2) Use the envelope provided and mail your donation to:

HighPoint Charitable Services
424 E. Main Street
LaGrange, KY 40031

DEC 31

To ensure your donation is received in time, please mail your donation on or before December 31.

How can your donation make an impact?

\$75 provides groceries for a HighPoint family for one week

\$200 supplies a HighPoint family with free clothes and home goods

\$500 feeds 100+ families a healthy cooked meal from the HighPoint Community Kitchen

\$2,700 underwrites one month of utilities for the HighPoint facilities

This year, HighPoint Charitable Services ...



Provided 8,832 visits to the clothing closet



Witnessed 256 volunteers serve faithfully each week



Welcomed 465 new client households



Hosted 2,700+ advocacy meetings



Partnered with 63+ local churches to reach our community



Our Mission

HighPoint Charitable Services is a volunteer-driven organization working to bring wholeness to the community, share the gospel, and meet physical needs. HighPoint exists to meet the needs of children, fragile adults, the elderly, and families. HighPoint helps with resources to reduce the suffering of families caught in the cycle of hunger, poverty, and homelessness.

How can my business partner with HighPoint?



First, **schedule a visit** to tour HighPoint and serve. See firsthand how the services provided strengthens our community. (Sign up with the QR Code on pg. 3)



Become a sponsor at our 2025 Annual Golf Scramble. Many levels available, some including waived team participation fees and business logo exposure.



Become a matching donor at one of our fundraising events.



Underwrite services or special campaign projects.

Email info@HighPointCS.org for more info.

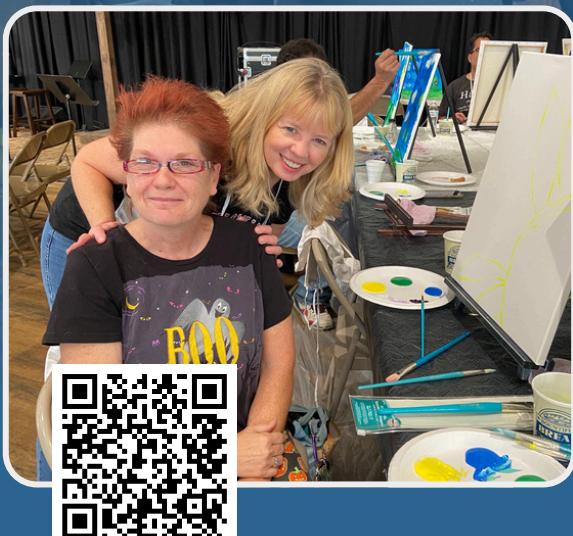


Watch the impact your generosity makes!

Discover how your generosity helps to give our neighbors hope, purpose, and a future by watching our client videos with the QR codes below.

*It doesn't matter who you are,
you will be loved at HighPoint.*

Jesse, HighPoint Client



*HighPoint gave me hope,
purpose, and a future . . .*

Mary, HighPoint Client

Subscribe

Want to stay connected with all of the latest news and updates from HighPoint?

Sign up with your email address.



Watch the impact your generosity makes!

Subscribe to our YouTube Channel.

Discover how your generosity helps to give our neighbors hope, purpose, and a future by watching our client stories with the QR Code below.



@highpointcharitableservice9356



**Highpoint Charitable Services
Profit & Loss
November 2024**

		<u>Nov 24</u>
Ordinary Income/Expense		
Income		
40900 · Donation Income		30,854.36
41007 · Shop HighPoint Sales		7,077.64
41010 · Designated Gifts		13,127.79
41060 · Other Income		23.69
Total Income		<u>51,083.48</u>
Gross Profit		51,083.48
Expense		
62300 · Office		856.95
62307 · Employee Services		23,811.14
62311 · Financial Fees		234.56
63330 · Facility		10,335.32
63410 · Designated Gifts - Expenses		13,128.72
65100 · Client Services - Food Pantry		969.72
65200 · Client Services-Clothes Closet		76.24
65300 · Shop HighPoint		276.23
Total Expense		<u>49,688.88</u>
Net Ordinary Income		<u>1,394.60</u>
Net Income		<u>1,394.60</u>



David Voegele
Judge Executive
dvoegele@oldhamcountyky.gov

Joe Ender
Deputy Judge Executive
jender@oldhamcountyky.gov

November 12, 2024

To Whom It May Concern,

I am writing to express my wholehearted support for HighPoint Charitable Services and the invaluable work they do for our community. As an organization dedicated to assisting less fortunate individuals, HighPoint Charitable Services plays a critical role in improving the lives of those facing hardship by providing essential resources such as meals, clothing, and a variety of support services.

The work that HighPoint Charitable Services does is not only a reflection of their deep commitment to those in need, but it also makes a tangible impact in the lives of individuals and families who are struggling to meet basic needs. That is the key reason why Oldham County Fiscal Court has provided funding for HighPoint, including a recent donation in January of 2022 for \$51,000 to assist with creation of a commercial kitchen.

From providing nourishing meals to those without reliable access to food, to offering clothing and other resources to those experiencing financial or personal crises, HighPoint Charitable Services helps restore dignity and hope to people facing difficult circumstances.

In addition to their direct assistance, HighPoint Charitable Services fosters a sense of community and support, offering individuals a safe space where they can receive guidance, encouragement, and referrals to other local services. This holistic approach ensures that clients are empowered to rebuild their lives and ultimately achieve greater self-sufficiency.

The staff and volunteers at HighPoint Charitable Services work tirelessly and with compassion to make a difference, and I believe their efforts deserve our full support. I encourage others in our community to recognize the incredible value of this organization and consider contributing their time, resources, or financial support to furthering the mission of HighPoint Charitable Services.

Thank you for your time and consideration. I am confident that the work being done by HighPoint Charitable Services will continue to make a lasting difference in the lives of many, and I am proud to support their efforts.

Sincerely,

David Voegele