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

2009

Department of the Treasury  
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

, 2009, and ending

G Check all that apply

Initial return  Initial Return of a former public charity  
 Amended return  Address change  Name change

 Final returnUse the  
IRS label.  
Otherwise,  
print  
or type.  
See Specific  
Instructions.Name of foundation  
**HOWARD FAMILY FOUNDATION, INC.**Number and street (or P O box number if mail is not delivered to street address) Room/suite  
**c/o Todd L. Campbell 47 Old Laxfield Road**City or town State ZIP code  
**Shrewsbury MA 01545**H Check type of organization  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationI Fair market value of all assets at end of year (from Part II, column (c), line 16) J Accounting method  Cash  Accrual  
 Other (specify) **\$ 151,432.** (Part I, column (d) must be on cash basis)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (See the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
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REVENUE	1 Contributions, gifts, grants, etc, received (att sch)	22,334.			
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,359.	2,359.		
	5a Gross rents				
	b Net rental income or (loss)		L-6a Stmt		
	6a Net gain/(loss) from sale of assets not on line 10	-2,749.			
	b Gross sales price for all assets on line 6a	15,032.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
ADMINISTRATIVE EXPENSES	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	21,944.	2,359.		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	1,200.		600.	
	b Accounting fees (attach sch)	1,385.	690.	695.	
	c Other prof fees (attach sch)				
	17 Interest	5.			
	18 Taxes (attach schedule see instructions) Income tax				
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
OPERATING AND EXPENSES	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	See Line 23 Stmt	1,275.	697.	500.	
	24 Total operating and administrative expenses. Add lines 13 through 23	3,865.	1,387.	1,795.	
	25 Contributions, gifts, grants paid	11,500.		11,500.	
	26 Total expenses and disbursements. Add lines 24 and 25	15,365.	1,387.	13,295.	
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	6,579.			
	b Net investment income (if negative, enter -0)		972.		
	c Adjusted net income (if negative, enter 0)				

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end of year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>ASSETS</b>	1	1 Cash – non-interest-bearing			
	2	2 Savings and temporary cash investments	41,679.	50,773.	50,773.
	3	3 Accounts receivable			
		Less: allowance for doubtful accounts			
	4	4 Pledges receivable			
		Less allowance for doubtful accounts			
	5	5 Grants receivable			
	6	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	7 Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	8 Inventories for sale or use			
	9	9 Prepaid expenses and deferred charges			
	10a	10a Investments – U S and state government obligations (attach schedule)			
	b	b Investments – corporate stock (attach schedule)			
	c	c Investments – corporate bonds (attach schedule)			
	11	11 Investments – land, buildings, and equipment basis			
	Less: accumulated depreciation (attach schedule)				
12	12 Investments – mortgage loans				
13	13 Investments – other (attach schedule)	129,465.	126,950.	100,659.	
14	14 Land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
15	15 Other assets (describe				
16	16 Total assets (to be completed by all filers – see instructions Also, see page 1, item I)	171,144.	177,723.	151,432.	
<b>LIABILITIES</b>	17	17 Accounts payable and accrued expenses			
	18	18 Grants payable			
	19	19 Deferred revenue			
	20	20 Loans from officers, directors, trustees, & other disqualified persons			
	21	21 Mortgages and other notes payable (attach schedule)			
	22	22 Other liabilities (describe			
	23	23 Total liabilities (add lines 17 through 22)			
<b>NET ASSETS</b>	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			<input checked="" type="checkbox"/>	
	24	24 Unrestricted	171,144.	177,723.	
	25	25 Temporarily restricted			
	26	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			<input type="checkbox"/>	
	27	27 Capital stock, trust principal, or current funds			
	28	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29	29 Retained earnings, accumulated income, endowment, or other funds			
	30	30 Total net assets or fund balances (see the instructions)	171,144.	177,723.	
	31	31 Total liabilities and net assets/fund balances (see the instructions)	171,144.	177,723.	

**Part III** **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	171,144.
2	Enter amount from Part I, line 27a	2	6,579.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	177,723.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	177,723.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)	
<b>1a</b> HOWARD FAMILY LIMITED PARTNERSHIP — K-1 FLOW THROUGH		D	01/01/09	12/31/09	
<b>b</b> HOWARD FAMILY LIMITED PARTNERSHIP — K-1 FLOW THROUGH		D	01/01/08	12/31/09	
<b>c</b> CATERPILLAR INC		P	09/11/08	08/04/09	
<b>d</b> CATERPILLAR INC		P	10/10/08	08/04/09	
<b>e</b> See Columns (a) thru (d)					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<b>a</b> 721.	0.	0.	721.		
<b>b</b> 857.	0.	0.	857.		
<b>c</b> 1,403.	0.	1,900.	-497.		
<b>d</b> 1,403.	0.	1,294.	109.		
<b>e</b> See Columns (e) thru (h)	0.	14,586.	-3,937.		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
<b>a</b>			721.		
<b>b</b>			857.		
<b>c</b>			-497.		
<b>d</b>			109.		
<b>e</b> See Columns (i) thru (l)			-3,937.		
2 Capital gain net income or (net capital loss)	— [ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ] —		<b>2</b>	-2,747.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	— [ If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 ] —		<b>3</b>		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	12,445.	139,571.	. 0.089166
2007	12,230.	156,165.	0.078315
2006	12,330.	130,129.	0.094752
2005	12,330.	108,645.	0.113489
2004	2,600.	94,094.	0.027632

2 Total of line 1, column (d)

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions



**Part VII-A Statements Regarding Activities Continued**

11		X
12		X
13	X	
14	Telephone no ► (508) 842-0041	
15	► 15	

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  
Website address ► [www.howardfamilyfoundation.org](http://www.howardfamilyfoundation.org)

14 The books are in care of ► Todd L. Campbell Telephone no ► (508) 842-0041  
Located at ► 47 Old Laxfield Road, Shrewsbury, MA ZIP + 4 ► 01545

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
1c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If 'Yes,' list the years ► 20__ , 20__ , 20__ , 20__	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions )		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20__ , 20__ , 20__ , 20__		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009 )		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		X

BAA

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
- (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

► 

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes  No

If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

Yes  No

5b

6b

X

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Sally C. Thomas 12202 Ridge Court Dunlap, IL 61525	President/Dir. 0.20	0.	0.	0.
Breckenridge M. Thomas 12202 Ridge Court Dunlap, IL 61525	Director 0.20	0.	0.	0.
Todd L. Campbell 47 Old Laxfield Road Shrewsbury, MA 01545	Treas/Sec/Dir 0.20	0.	0.	0.
-----	-----	-----	-----	-----

**2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'**

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

►

None

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
<b>Total</b> number of others receiving over \$50,000 for professional services		► None

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**Total number of others receiving over \$50,000 for professional services**

None

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

### Expenses

1	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

**Amount**

1	----- -----	
2	----- -----	
All other program-related investments See instructions		
3	----- -----	
<b>Total.</b> Add lines 1 through 3		►

**Total.** Add lines 1 through 3

**BAA**

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities	1a	83,369.
b Average of monthly cash balances	1b	42,945.
c Fair market value of all other assets (see instructions)	1c	
d <b>Total</b> (add lines 1a, b, and c)	1d	126,314.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	126,314.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,895.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	124,419.
6 <b>Minimum investment return.</b> Enter 5% of line 5	6	6,221.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	6,221.
2a Tax on investment income for 2009 from Part VI, line 5	2a	10.
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	10.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	6,211.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	6,211.
6 Deduction from distributable amount (see instructions)	6	
7 <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	6,211.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	13,295.
b Program-related investments – total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 <b>Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	13,295.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	10.
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	13,285.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				6,211.
2 Undistributed income, if any, as of the end of 2009:			0.	
a Enter amount for 2008 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	7,037.			
c From 2006	12,330.			
d From 2007	12,230.			
e From 2008	12,445.			
f Total of lines 3a through e	44,042.			
4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ 13,295.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus	13,295.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a) )	6,211.			6,211.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	51,126.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)		0.		
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	51,126.			
10 Analysis of line 9				
a Excess from 2005	826.			
b Excess from 2006	12,330.			
c Excess from 2007	12,230.			
d Excess from 2008	12,445.			
e Excess from 2009	13,295.			

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**Part XV** Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

None

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here □ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

Todd L. Campbell

47 Old Taxfield Road

4, Old East  
Shrewsbury

MA 01545

(508) 842-0041

**b.** The form in which applications should be submitted and information and materials they should include

See attached

### c Any submission deadlines

No.

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

No

**Part XV. Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FIRST PRESBYTERIAN CHURCH OF WADDINGTON P.O. BOX 485 WADDINGTON, ITHACA COLLEGE 953 DANBY RD ITHACA, CHESHIRE ACADEMY 10 MAIN ST CHESHIRE	NY 13694 N/A	NONE	TO SUPPORT OPERATIONS	3,000.
SHREWSBURY YOUTH & FAMILY, INC 512 W. MAIN ST #202 SHREWSBURY,	NY 14850 N/A	NONE	TO SUPPORT OPERATIONS	500.
PEORIA SYMPHONY ORCHESTRA 203 HARRISON ST PEORIA,	CT 06410 N/A	NONE	TO SUPPORT OPERATIONS	500.
AMERICAN RED CROSS - CENTRAL IL 311 JOHN GWYNN JR AVE PEORIA,	IL 61602 N/A	NONE	TO SUPPORT OPERATIONS	1,500.
NATIONAL PUBLIC RADIO - WCBU 1501 BRADLEY AVE PEORIA	IL 61605 N/A	NONE	TO SUPPORT OPERATIONS	1,500.
FIRST FEDERATED CHURCH 3601 N SHERIDAN ROAD PEORIA,	IL 61625 N/A	NONE	TO SUPPORT OPERATIONS	500.
AMERICAN RED CROSS - WORCESTER 61 HARVARD ST, WORCESTER,	IL 61604 MA 01609 See Line 3a statement	N/A	TO SUPPORT OPERATIONS	1,000.
				500.
				2,000.
<b>Total</b>			► 3a	11,500.
<b>b Approved for future payment</b>				
FIRST PRESBYTERIAN CHURCH OF WADDINGTON P.O. BOX 485 WADDINGTON, ITHACA COLLEGE 953 DARBY RD ITACA, See Line 3b statement	NY 13694 N/A	NONE	TO SUPPORT OPERATIONS	3,000.
				500.
				8,000.
<b>Total</b>			► 3b	11,500.

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities				14	2,359.
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				18	-2,749.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					-390.
13 Total Add line 12, columns (b), (d), and (e)				13	-390.

(See worksheet in the instructions for line 13 to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash	1 a (1)	X
(2) Other assets	1 a (2)	X
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization	1 b (1)	X
(2) Purchases of assets from a noncharitable exempt organization	1 b (2)	X
(3) Rental of facilities, equipment, or other assets	1 b (3)	X
(4) Reimbursement arrangements	1 b (4)	X
(5) Loans or loan guarantees	1 b (5)	X
(6) Performance of services or membership or fundraising solicitations	1 b (6)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

 Signature of officer or trustee		9/18/2010	Date	Title
<b>Todd L. Campbell</b>		<b>Treasurer</b>		
<b>Paid Pre- parer's Use Only</b>	Preparer's signature	Date	Check if self employed	Preparer's Identifying number (See Signature in the instrs)
	Anthony L. Olson, CPA	09/16/10	<input checked="" type="checkbox"/>	
	Firm's name (or yours if self- employed), address, and ZIP code	EIN		
	ANTHONY L. OLSON, CPA 35 TROWBRIDGE RD KEENE	Phone no	(603) 358-6411	

**BAA**

**Form 990-PF (2009)**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

OMB No 1545 0047

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

**2009**

Name of the organization

HOWARD FAMILY FOUNDATION, INC.

Employer identification number

16-1589334

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

501(c)( \_\_\_\_ ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule —**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules —**

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year

► \$ \_\_\_\_\_

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

**Name of organization**

**Employer identification number**

HOWARD FAMILY FOUNDATION, INC.

16-1589334

**Part I** **Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LILIAN C. HOWARD CHARITABLE LEAD ANNUITY TRUST	\$ 22,334	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	12202 RIDGE COURT		(Complete Part II if there is a noncash contribution)
	Dunlap	IL 61525-9349	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II if there is a noncash contribution)

Name <u>HOWARD FAMILY FOUNDATION, INC.</u>	Employer Identification Number <u>16-1589334</u>		
<b>Asset Information:</b>			
Description of Property	<u>Capital Gains/Losses from pass-through entity</u>		
Date Acquired	<u>01/01/00</u>	How Acquired	<u>Donated</u>
Date Sold	<u>12/31/08</u>	Name of Buyer	
Sales Price	<u>1,579.</u>	Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>1,579.</u>	Accumulation Depreciation	
Description of Property	<u>Exchange Traded Stock</u>		
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>Various</u>	Name of Buyer	
Sales Price	<u>2,805.</u>	Cost or other basis (do not reduce by depreciation)	<u>3,194.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>-389.</u>	Accumulation Depreciation	
Description of Property	<u>Exchange Traded Stock</u>		
Date Acquired	<u>Various</u>	How Acquired	<u>Purchased</u>
Date Sold	<u>Various</u>	Name of Buyer	<u>Various</u>
Sales Price	<u>10,648.</u>	Cost or other basis (do not reduce by depreciation)	<u>14,587.</u>
Sales Expense		Valuation Method	
Total Gain (Loss)	<u>-3,939.</u>	Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	
Description of Property			
Date Acquired		How Acquired	
Date Sold		Name of Buyer	
Sales Price		Cost or other basis (do not reduce by depreciation)	
Sales Expense		Valuation Method	
Total Gain (Loss)		Accumulation Depreciation	

Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Management & Investment fees	697.	697.		
Filing fees	50.			
Web Site	500.			500.
Postage	28.			
Taxes				
<b>Total</b>	<b>1,275.</b>	<b>697.</b>		<b>500.</b>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (a) thru (d)**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
AMERICAN INTL GROUP INC	P	06/16/05	06/30/09
CATERPILLAR INC	P	10/21/05	08/04/09
CATERPILLAR INC	P	08/16/07	08/04/09
CATERPILLAR INC	P	11/16/07	08/04/09
LEGG MASON CLEARBRIDGE LARGE CAP	P	09/07/05	12/28/09
WELLPOINT INC	P	05/25/07	10/05/09

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (e) thru (h)**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13.	0.	787.	-774.
1,403.	0.	1,482.	-79.
1,403.	0.	2,163.	-760.
1,403.	0.	2,086.	-683.
4,757.	0.	5,000.	-243.
1,670.	0.	3,068.	-1,398.
<b>Total</b>	<b>0.</b>	<b>14,586.</b>	<b>-3,937.</b>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (i) thru (l)**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (column (h) gain minus column (k), but not less than -0-)  or losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
			-774.
			-79.
			-760.
			-683.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

Continued

## Columns (i) thru (l)

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
_____	_____	_____	-243.
_____	_____	_____	-1,398.
Total			<u>-3,937.</u>

## Form 990-PF, Page 11, Part XV, line 3a

## Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<b>a Paid during the year</b>				
<u>SALVATION ARMY - Worcester</u> <u>640 NMAIN STREET</u> <u>WORCESTER MA 01608</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>SEA SCOUT SHIP 54-BSA</u> <u>2003 FOXWOOD RUN</u> <u>NORMAL IL 61761</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 250.
<u>YMCA of CENTRAL MASS</u> <u>4 VALENTE DR</u> <u>NORTHBOROUGH MA 01581</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input type="checkbox"/> 250.
<u>HUMANE SOCIETY of TRUCKEE</u> <u>P.O. BOX 9041</u> <u>TRUCKEE CA 96162</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input type="checkbox"/> 500.
<u>INT'L RETT SYNDROME FOUND</u> <u>4600 DEVITT DRIVE</u> <u>CINCINNATI OH 45246</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input type="checkbox"/> 250.
<u>LINCOLN MARITIME CENTER</u> <u>P.O. BOX 492</u> <u>HINGHAM MA 02043</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input type="checkbox"/> 250.

Total

2,000.

Form 990-PF, Page 10, Part XV, line 3b

## Line 3b statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<b>b Approved for future payment</b>				
<u>CHESHIRE ACADEMY</u> <u>10 MAIN ST</u> <u>CHESHIRE CT 06410</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>SHREWSBURY YOUTH &amp; FAMILY, INC</u> <u>512 W. MAIN ST #202</u> <u>SHREWSBURY, MA 01545</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>PEORIA SYMPHONY ORCHESTRA</u> <u>203 HARRISON ST</u> <u>PEORIA IL 61602</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,500.
<u>AMERICAN RED CROSS - CENTRAL IL</u> <u>311 JOHN GWYNN JR AVE</u> <u>PEORIA IL 61605</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,500.
<u>NATIONAL PUBLIC RADIO - WCBU</u> <u>1501 BRADLEY AVE</u> <u>PEORIA IL 61625</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>FIRST FEDERATED CHURCH</u> <u>3601 N SHERIDAN ROAD</u> <u>PEORIA, IL 61604</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>AMERICAN RED CROSS - WORCESTER</u> <u>61 HARVARD ST</u> <u>WORCESTER MA 01609</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>SALVATION ARMY - WORCESTER</u> <u>640 MAIN STREET</u> <u>WORCESTER MA 01608</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>SEA SCOUT SHIP 54-BSA</u> <u>2003 FOXWOOD RUN</u> <u>NORMAL IL 61761</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 250.
<u>YMCA of CENTRAL MASS</u> <u>4 VALENTE DR</u> <u>NORTHBOROUGH MA 01581</u>				Person or Business <input checked="" type="checkbox"/> 250.
<u>HUMANE SOCIETY of TRUCKEE</u> <u>P.O. BOX 9041</u> <u>TRUCKEE CA 96162</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 500.
<u>INT'L RETT SYNDROME</u> <u>4600 DEVITT DRIVE</u> <u>CINCINNATI OH 45246</u>	N/A	NONE	TO SUPPORT OPERATIONS	Person or Business <input checked="" type="checkbox"/> 250.
<u>LINCOLN MARITIME CENTER</u> <u>P.O. BOX 492</u> <u>HINGHAM MA 02043</u>				Person or Business <input checked="" type="checkbox"/> 250.

Total

8,000.

Form 990-PF, Page 2, Part II, Line 13

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
HOWARD FAMILY LIMITED PARTNERSHIP	69,122.	49,716.
CITIGROUP INVESTMENT ACCOUNT	57,828.	50,943.
Total	<u>126,950.</u>	<u>100,659.</u>

**Supporting Statement of:**

Form 990-PF, p1/Line 4(b)

Description	Amount
Howard Family Limited Partnership	1,365.
Citi Smith Barney	994.
Total	<u>2,359.</u>

# **HOWARD FAMILY FOUNDATION, INC.**

## **GRANT GUIDELINES**

### **Applying for a Grant**

---

#### **Purpose**

The Howard Family Foundation was founded by Lilian C. Howard to support activities in the following areas:

- Education, libraries
- Arts
- Community Service
- Disaster Relief
- Relief for victims of disease and their families

#### **Applying for a Grant**

Grant Applications must be submitted on the Howard Family Foundation Grant Application form attached. The Foundation may request additional information in writing from applicants. The Foundation may seek to consult with persons knowledgeable about the proposed activities and seek suggestions from you as to who might be qualified to assist us with our inquiry. We may seek an in-person or on-site interview. The Foundation considers more needs each year than it can fund; you should not interpret any requests for additional information as an indication of likely support.

Grant Applications will be reviewed for:

- the priority of the proposed activity within the Foundation's goals
- the impact of the potential results of the activities
- the availability of the Foundation's funds

Applications are accepted from May 1<sup>st</sup> through June 30<sup>th</sup>. Decisions are made by August 31<sup>st</sup> at which time you will be informed of the decision. If a grant is awarded, you will be asked to sign a Grant Agreement that lays out reporting and other requirements.

#### **Eligibility**

The Foundation makes grants only to tax-exempt organizations with §501(c)(3) classifications from the Internal Revenue Service.

The Foundation will not consider requests for general fund-raising, deficit financing, or loans and grants to individuals. The Foundation does not provide scholarships or fellowship support to individuals at this time. The Foundation does not make grants for

research projects or give support to conferences, seminars, media events, or workshops unless they are an integral part of a broader program. The Foundation does not provide support for the production and development of television and radio programming.

All correspondence, including Grant Applications, should be submitted to:

Howard Family Foundation, Inc.  
Todd L. Campbell  
47 Old Laxfield Road  
Shrewsbury, MA 01545

# HOWARD FAMILY FOUNDATION, INC.

## GRANT APPLICATION

Date: \_\_\_\_\_

1. Organization name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_
3. Contact Person & Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. Person responsible for the program: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Total Agency Budget: \_\_\_\_\_  
Program Budget: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_
6. Project Title: \_\_\_\_\_  
Project start date: \_\_\_\_\_
7. Is this a new program for your organization? Yes \_\_\_\_\_ No \_\_\_\_\_
8. For entire organization: Fund raising costs \$ \_\_\_\_\_ % \_\_\_\_\_  
Administrative costs \$ \_\_\_\_\_ % \_\_\_\_\_
9. Projected next year's operating budget for entire organization: \$ \_\_\_\_\_  
Fund raising costs \$ \_\_\_\_\_ % \_\_\_\_\_
10. Date on which fiscal year begins: \_\_\_\_\_

11. Type of request:

General support       Start-up costs  
 Project support       Technical assistance  
 Endowment       Capital expenditures  
 Other

12. Principal sources of support:

% United Way       % Government contracts  
 % Foundations/corporations       % Earned Income  
 % Individual contributions

13. Previous funding from the Howard Family Foundation? Yes  No

14. PURPOSE OF REQUEST (The summary should not exceed this space)

15. WHY IS THIS PROGRAM UNIQUE? WHY IS IT NEEDED?

16. SUMMARIZE THE ORGANIZATION'S HISTORY, MISSION AND GOALS.

17. LIST ANY OTHER ORGANIZATIONS IN THE AREA WITH A PURPOSE SIMILAR TO YOUR ORGANIZATION AND DESCRIBE COLLABORATION, IF APPROPRIATE

18. DESCRIBE WHAT CHANGES WILL OCCUR AS A RESULT OF YOUR PROGRAM

19. DESCRIBE YOUR PLANS FOR SUSTAINING THE PROGRAM (funding and other resources).

20 FUNDING SOURCES AND AMOUNTS APPLIED FOR, RECEIVED OR COMMITTED.

21. Please enclose the following information with this application:

APPENDIX A: A complete budget for the project or program.

APPENDIX B: The current annual operating budget; include in-kind services and volunteers' hours contributed

APPENDIX C: Current Board of Directors. listing business addresses and occupations.

APPENDIX D: Current audited financial report.

APPENDIX E.

The Howard Family Foundation  
considers grant applications only  
from public charities as defined  
under the Internal Revenue Code and  
applicable regulations.

An applicant must have obtained a  
501(c)(3) determination letter prior  
to submitting an application and  
must include a copy with this  
application.

If the applicant is not required to  
have obtained a 501(c)(3) letter, it  
must provide a copy of an IRS letter  
or a legal opinion certifying that the  
applicant is a public charity as  
described in section 509(a) (1), (2),  
or (3).