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Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

◆ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning and ending Employer identification number Name of foundation CALVIN W AND JULIA B HOWARD FAMILY 81-2838837 FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 336-227-4027 915 SOUTHERN HIGH SCHOOL RD City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 27253 **GRAHAM** NC G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return Eoreign organizations meeting the 85% test check here and attach computat Address change Name change H Check type of organization X Section 501(c)(3) exempt private foundation F oundation status was termina Õ Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust X Cash J Accounting method Fair market value of all assets at end of year (from Part II, col (c). Other (specify) 322,899 line 16) ◆ \$ (Part I, column (d) must be on cash basis) (d) Dishursements Part I Analysis of Revenue and Expenses (The total of (b) Net investment (c) Adjusted net for chantable xpenses per amounts in columns (b), (c), and (d) may not necessarily equal income purposes ıncome books the amounts in column (a) (see instructions)) (cash basis only) 336,878 1 Contributions, gifts, grants, etc , received (attach schedule) 2 Check ◆ If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 3,889 3,889 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b STMT 1 21,512 6a Net gain or (loss) from sale of assets not on line 10 358,390 Gross sales price for all assets on line 6a 7,991 Capital gain net income (from Part IV, line 2) Net short-term capital gain Q Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 0 362,279 11,880 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits SEE STMT 3,000 16a Legal fees (attach schedule) ь Accounting fees (attach schedule) Operating and Administrative STMT 3 1,605 Other professional fees (attach schedule) c 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch) 24 Total operating and administrative expenses. 0 4,605 0 Add lines 13 through 23 770 27,770 27 SEE STATEMENT 4 25 Contributions, gifts, grants paid o 27,770 0 32,375 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 329,904 Excess of revenue over expenses and disbursements а 11,880 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

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×		_ /	×	•	×	×	•	•

P	aq	ıe	2

ı	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year		End of ye	
	414 (1	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing			12	,337	12,337
	2	Savings and temporary cash investments					
	3	Accounts receivable ◆		1		- 1	
ļ		Less allowance for doubtful accounts ◆					
ı	4	Pledges receivable ◆				1	
		Less allowance for doubtful accounts ◆					
	5	Grants receivable					
-	6	Receivables due from officers, directors, trustees, and other			<u> </u>		
ı		disqualified persons (attach schedule) (see					
		instructions)		İ			
		Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts ◆	0	İ		Ī	
		Inventories for sale or use	•				
윎							
Assets		Prepaid expenses and deferred charges					
٩		Investments – U S and state government obligations (attach schedule)					
		Investments – corporate stock (attach schedule)					
		Investments – corporate bonds (attach schedule)					
	11	Investments - land, buildings, and equipment basis •		1		ŧ	
		Less accumulated depreciation (attach sch.) ◆				——	
-	12	Investments – mortgage loans					
	13	Investments – other (attach schedule)					······································
١	14	Land, buildings, and equipment basis •				1	
ı		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe ◆ SEE STATEMENT 5)		317	,567	310,562
	16	Total assets (to be completed by all filers – see the					
╛		instructions Also, see page 1, item l)		0	329	,904	322,899
П	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
밁	21	Mortgages and other notes payable (attach schedule)					
=	22	Other liabilities (describe ◆)				
		Total liabilities (add lines 17 through 22)	,	0		0	
ᅥ		Foundations that follow SFAS 117, check here	X				
,,		and complete lines 24 through 26 and lines 30 and 31.					
Sec	24	,			329	,904	
ä		Unrestricted				,,,,,,	
Net Assets or Fund Balaı	25	Temporarily restricted					
핗	26	Permanently restricted	<u> </u>		<u> </u>		
<u>.</u>		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	· Ш				
늿		-				}	
S	27	Capital stock, trust principal, or current funds					
Se		Paid-in or capital surplus, or land, bldg, and equipment fund					
PS	29	Retained earnings, accumulated income, endowment, or other funds					
히	30	Total net assets or fund balances (see instructions)		0	329	,904	
z	31	Total liabilities and net assets/fund balances (see					
لِي		instructions)		0	329	,904	
_	Part II	Analysis of Changes in Net Assets or Fund Balances	<u> </u>				
1	Total	net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	agree with			_
	end-o	f-year figure reported on prior year's return)				1	0
2	. Enter	amount from Part I, line 27a				2	329,904
3	Other	increases not included in line 2 (itemize) ◆				3	
4	Add I	nes 1, 2, and 3				4	329,904
5	Decre	ases not included in line 2 (itemize) ◆				5	
6		net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	<u>ın (</u> b).	line 30		6	329,904
_							5 990-PE (0046)

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	990-PF (2016) CALVIN W AND JULIA B HOWARD FAMILY 81-2838837			P	age 4
<u> Pa</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ◆ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V. check				<u> 238</u>
	here ◆				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
3	Add lines 1 and 2				238
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				238
6	Credits/Payments				
а	2016 estimated tax payments and 2015 overpayment credited to 2016				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ◆ 9				<u> 238</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ◆ Refunded ◆ 11				
Pŧ	nt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Ŀ		Yes	No
	participate or intervene in any political campaign?	L	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	1			
С	Did the foundation file Form 1120-POL for this year?	L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	F			
	(1) On the foundation ◆ \$ (2) On foundation managers ◆ \$	ŀ			-
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	ŀ			
	on foundation managers ♦ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	- "	X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	i			
	By language in the governing instrument, or	l			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	[:
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	Γ	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ◆				
	NC	-			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			:	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	F			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	- [1		
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	X	

ГС	it vii-A · Statements Regarding Activities (continued)	$\overline{}$	- Т	1	
	At a second of the second of t			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	İ	х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	-	- 1	$\neg \uparrow$	
12	person had advisory privileges? If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	х	
	Website address ♦ N/A	_			
14	The books are in care of ♦ JULIA B HOWARD Telephone no ♦ 33	36-22	27-	402	7
	915 SOUTHERN HIGH SCHOOL RD				
	Located at ♦ GRAHAM NC ZIP+4 ♦ 2	7253			
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			1	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	Г		Yes	No
	over a bank, securities, or other financial account in a foreign country?	-	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			1	
	the foreign country ◆ art 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)	ľ			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?	No			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X X Yes	No		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			1	
	the benefit or use of a disqualified person)?	No		Ì	
	(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.) Yes	No			
L	termination of government service, if terminating within 90 days) If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	NO			
b		A\N	1b		
	Organizations relying on a current notice regarding disaster assistance check here	, m			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_			
		N/A L	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	ĺ			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	F			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2016?	No			
	If "Yes," list the years ♦ 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ŀ			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	N/A	2b		
	all years listed, answer "No" and attach statement – see instructions) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	`'^	20		
С	♦ 20 , 20 , 20 , 20	1			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ŀ			
•-	at any time during the year?	No			
b	If "Yes," did it have excess business holdings in 2016 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				
	,	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	-	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	ŀ	41-	=	v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?		4b	n-Pr	(2016)
		-	Jun 33	, u - r r	(2016)

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	990-PF (2016) CALVIN W AND JULIA B HOWARD FAM		838837			Page o
_Pa	rt VII-B · Statements Regarding Activities for Which Form 4	720 May Be Re	equired (contin	nued)		
5a	During the year did the foundation pay or incur any amount to					I
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?	<u> </u>	'es 🏻 No		1
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,				-
	directly or indirectly, any voter registration drive?		Y	'es X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		\\	'es 🏻 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization des	scribed in	_			
	section 4945(d)(4)(A)? (see instructions)		\ \	′es 🏻 No		1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	lucational		[Ī
	purposes, or for the prevention of cruelty to children or animals?		\\	′es 🏻 No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the	he exceptions desc	cribed in			
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see	ee instructions)?		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here			◆ ∐ [1
С	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?		N/A 🗌	′es 📗 No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					1
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums	_	_		
	on a personal benefit contract?		\ \\	′es X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract	?	1	6b	X
	If "Yes" to 6b, file Form 8870					1
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter	er transaction?	\ \\	res 🗓 No		
b_	If "Yes," did the foundation receive any proceeds or have any net income attributab			N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees, Fou	ındation Mana	gers, Highly F	Paid Employee	es,	
	and Contractors					
<u>1 l</u>	ist all officers, directors, trustees, foundation managers and their compensat	ion (see instructi	ons).			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Even	ana annount
	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred		ense account, allowances
		devoted to position	enter-0-7	compensation		
JU	LIA B HOWARD GRAHAM	DIRECTOR				
91	5 SOUTHERN HIGH SCHOOL RD NC 27253	0.00	0	0		0
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instr	uctions). If none,	enter		
	"NONE."			,		
		(b) Title, and average		(d) Contributions to employee benefit	(a) Evne	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
		devoted to position		compensation		
NC	NE	1				
		<u></u>				
			1			
		}				
		<u> </u>				
Tota	I number of other employees paid over \$50,000					<u> </u>

Form 990-PF (20	16) CALVIN W AND JULIA B HOWARD FAMIL	Y 81-2838837		Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly Paid En	nploye	ees,
3 Five highe	st-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE				
				
-				
Total number of o	others receiving over \$50,000 for professional services		•	0
Part IX-A	Summary of Direct Charitable Activities			
	four largest direct charitable activities during the tax year. Include relevant statistical information sucher beneficianes served. conferences convened, research papers produced, etc.	ch as the number of		Expenses
1 N/A			1	
_			 	
2				
3				
			<u> </u>	
4				
Part IX-B	Summary of Program-Related Investments (see instru	uctions)	,	
	gest program-related investments made by the foundation during the tax year on lines 1 and 2			Amount
1 N/A				
2				
			-	
All other program-rel	lated investments. See instructions			
J				
			1	

Form **990-PF** (2016)

Total. Add lines 1 through 3

b Program-related investments – total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2016)

Pa	rt XIII · Undistributed Income (see instructions)				
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				16,962
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
þ	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2016				
а	From 2011				
þ	From 2012				
С	From 2013				
d	From 2014				
	From 2015	1			
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ◆ \$27,770				
	Applied to 2015, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				16.060
	Applied to 2016 distributable amount				16,962
е	Remaining amount distributed out of corpus	10,808			
5	Excess distributions carryover applied to 2016				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:	10.000			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,808			
þ	Prior years' undistributed income Subtract		•		F
	line 4b from line 2b				
С	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				
a	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2015 Subtract line				}
	4a from line 2a Taxable amount – see				
	Instructions				<u> </u>
T	Undistributed income for 2016 Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2017				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
8	required—see instructions) Excess distributions carryover from 2011 not	_			
0	·				
۵	applied on line 5 or line 7 (see instructions)			······································	:
9	Excess distributions carryover to 2017.	10,808			1
0	Subtract lines 7 and 8 from line 6a	10,808		······································	
0	Analysis of line 9				1
a	Excess from 2012	1			†
b	Excess from 2013	1			1
Ç	Excess from 2014	1			1
d	Excess from 2015 Excess from 2016 10,808	 			
е	Excess from 2016 10,808	'i	F 1		<u> </u>

·Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year CROSSROADS SEXUAL ASSUALT RESPONSE PO BOX 673 NONE **BURLINGTON NC 27253** GENERAL OPERATIONS 5,000 PIEDMONT RESCUE MISSION INC PO BOX 996 NONE **BURLINGTON NC 27216** GENERAL OPERATIONS 5,000 LIVING FREE MINISTRIES 1230 WALNUT GROVE LANE NONE SNOW CAMP NC 27349 GENERAL OPERATIONS 5,000 FIRST UNITED METHODIST CHURCH 303 NORTH MAIN ST NONE GRAHAM NC 27253 GENERAL FUND 4,210 MEALS ON WHEELS OF ALAMANCE CO 411 W FIFTH ST. SUITE A NONE **BURLINGTON NC 27215** GENERAL FUND 5,000 NC SHERIFFS' ASSOCIATION PO BOX 20049 NONE RALEIGH NC 27619 GENERAL FUND 150 WOUNDED WARRIORS PROJECT PO BOX 758517 NONE TOPEKA KS 66675-8517 GENERAL FUND 160 TEXTILE HERITAGE MUSEUM 2406 GLENCOE ST NONE **BURLINGTON NC 27217** GENERAL LFUND 250 SALVATION ARMY 260 W DAVIS ST NONE **BURLINGTON NC 27215** GENERAL FUND 2,800 SPECIAL OLYMPICS NORTH CAROLINA NONE PO BOX 2778 RALEIGH NC 27611-7728 GENERAL FUND 200 27,770 Total **♦** 3a b Approved for future payment N/A

♦ 3b

Total

Form 990-PF (2016) CALVIN W AND JULIA B HOWARD FAMILY 81-2838837 **Analysis of Income-Producing Activities** Enter gross amounts unless otherwise indicated Linrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (c) (d) (a) Exclusion code function income Amount Amount (See instructions) 1 Program service revenue d f Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 3,889 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate Debt-financed property Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 21,512 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a b 0 25,401 12 Subtotal Add columns (b), (d), and (e) 25,401 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) N/A

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

Department of the Treasury Internal Revenue Service

Name of the organization

CALVIN W AND JULIA B HOWARD FAMILY

Schedule of Contributors

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.

♦ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2016

FOUNDATION		81-2838837
Organization type (che	eck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	nc
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule See
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributioner or property) from any one contributor. Complete Parts I and II. See instructional contributions.	
Special Rules		
regulations und 13, 16a, or 16b	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 % fer sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or , and that received from any one contributor, during the year, total contributions of % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Cor	r 990-EZ), Part II, line f the greater of (1)
contributor, dur	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recing the year, total contributions of more than \$1,000 exclusively for religious, characterisational purposes, or for the prevention of cruelty to children or animals. Complete	ritable, scientific,
contributor, dur contributions to during the year General Rule a	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reciping the year, contributions exclusively for religious, charitable, etc., purposes, but italed more than \$1,000. If this box is checked, enter here the total contributions the for an exclusively religious, charitable, etc., purpose. Don't complete any of the papplies to this organization because it received nonexclusively religious, charitable or more during the year.	no such hat were received arts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

CALVIN	W	AND	AT.TIT.	B	HOWARD	FAMTT.Y
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81-2838837

Part I	Contributors (See in	structions) Use duplicate copies o	f Part I if additional space is nee	eded
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JULIA B HOWARD 915 SOUTHERN H GRAHAM		\$ 336,878	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name. a	(b) ddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, a	(b) ddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, a	(b) ddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	Name, a	(b) ddress, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number 81–2838837

CALVIN W AND JULIA B HOWARD FAMILY Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed Part II (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) 5267 SHS PIEDMONT NATURAL GAS 1 06/10/16 336,878 \$ (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) \$ (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I \$

13,521 13,521 Gain / Loss Charitable Charitable Purpose Purpose 0 Depreciation S Adjusted Net Adjusted Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees ‹ን ሪን Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets Expense Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees Investment Investment 336,878 336,878 Net Net Cost Received DONATION 350,399 \$ 350,399 \$ ¥o⊬ 1,605 3,000 3,000 Sale Price Total Total ‹› 6/10/16 6/30/16 Date Sold Acquired Description INVESTMENT ADVISORY FEES Description Description PIEDMONT NATURAL GAS Whom Sold TOTAL TOTAL LEAGL FEES

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TOTAL

Federal Statements

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Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
5,000			5,000	CASH	9/25/16
5,000			5,000	CASH	9/25/16
5,000			5,000	CASH	9/25/16
4,210			4,210	CASH	7/26/16
5,000			5,000	CASH	7/26/16
150			150	CASH	9/25/16
160			160	CASH	9/25/16
250			250	CASH	9/25/16
2,800			2,800	CASH	10/10/16
200			200	CASH	11/15/16

81-2838837

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Begir of Y	nning ear	End of Year	Fair Market Value
MUTUAL FUNDS	\$		\$ 317,567	\$ 310,562
TOTAL	\$	0	\$ 317,567	\$ 310,562