Form **8879-E**C

IRS e-file Signature Authorization for an Exempt Organization

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Department of the Treasury Internal Revenue Service Name of exempt organization For calendar year 2015, or fiscal year beginning

....., 2015, and ending, 20 ▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Howard Family Foundation Employer identification number

-*9334

Name and title of officer

c/o Sally Thomas Sally C. Thomas

President

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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

and approache into potential by the complete more than I mile in I date.		
1a Form 990 check here ► Log Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶	2b	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ X b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	4
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

\mathbf{x}	Lauthorize	Shepherd	&	Goldstein	to enter my PIN	01219
_				FRO firm name	,	Enter five nu

as my signature mbers, but

do not enter all zeros

on the organization's tax year 2015 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2015 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.

Date > 07/25/16 Officer's signature

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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization 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.

Joshua P LaPan CPA ERO's signature

07/25/16 Date

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Return of Private Foundation 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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

FOR	calend	dar year 2015 or tax year beginning , a	na enaing				
		undation rd Family Foundation			A Employ	yer identification number	
		Sally Thomas			**_	***9334	
		d street (or P.O. box number if mail is not delivered to street address)	Ro	oom/suite		one number (see instructions	5)
		W. Marion Ave., #312				-243-5663	,
Cit	y or town	n, state or province, country, and ZIP or foreign postal code		nption application is pending,	chack hara		
P	Punta Gorda FL 33950					iption application is pending,	check here
G (Check a	all that apply: Initial return Initial retur	n of a former public	charity	D 1. Fore	eign organizations, check he	re ▶
		Final return Amended	return			eign organizations meeting t	
		X Address change Name cha	nge		85%	6 test, check here and attach	computation
H (Check t	type of organization: \mathbf{X} Section 501(c)(3) exempt privat	e foundation			te foundation status was tern	
	Section	n 4947(a)(1) nonexempt charitable trust Other taxabl			section	507(b)(1)(A), check here .	▶ □
I F	air mar	rket value of all assets at J Accounting method:		rual		oundation is in a 60-month te	
	-	rear (from Part II, col. (c), Other (specify)			under s	section 507(b)(1)(B), check h	ere ►
		▶ \$ 302,464 (Part I, column (d) must	be on cash basis.)	Т		T	
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	restment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	incor	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					(
	2	Check ► X if the foundation is not required to attach Sch.					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	5,070		5,070	5,070	
	5a	Gross rents					
<u>•</u>	b	Net rental income or (loss)					
ı	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	17,688				
Revenue	b	Gross sales price for all assets on line 6a 17,688					
	7	Capital gain net income (from Part IV, line 2)			1,115		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	4 242			4 0 4 0	
	11	Other income (attach schedule) Stmt 2	-4,349		C 10F	-4,349	
g	12	Total. Add lines 1 through 11	18,409 0		6,185	721	
Expenses	13	Compensation of officers, directors, trustees, etc.	U				
eu	14	Other employee salaries and wages					
×	15 16a	Pension plans, employee benefits Legal fees (attach schedule)					
_	b	Accounting fees (attach schedule) Stmt 3	2,045		2,045	2,045	
ţ	C	Other professional fees (attach schedule) Stmt 4	3,826		3,826	3,826	
ī	17				0,020	0,020	
is	18	Taxes (attach schedule) (see instructions) Stmt 5	105		105	105	
Ē	19	Depreciation (attach schedule) and depletion					
and Administrative	20	Occupancy					
70	21	Travel, conferences, and meetings					
an	22	Printing and publications					
g	23	Other expenses (att. sch.) Stmt 6	197				
ĭţi	24	Total operating and administrative expenses.					
era		Add lines 13 through 23	6,173		5,976	5,976	0
Operating	25	Contributions, gifts, grants paid	12,200				12,200
_	26	Total expenses and disbursements . Add lines 24 and 25	18,373		5,976	5,976	12,200
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	36				
	b	Net investment income (if negative, enter -0-)			209	- 1	
	С	Adjusted net income (if negative, enter -0-)				0	

Form 990-PF (2015) **Howard Family Foundation**

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Page 2

	Part	Balance Sheets 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
	1	Cash – non-interest-bearing	44,331	26,277	26,277
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
ts.	7	Other notes and loans receivable (att. schedule)			
		Less: allowance for doubtful accounts ▶ 0			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) See Statement 7	258,097	276,187	276,187
	14	Land, buildings, and equipment: basis ▶		, ,	= 1 4 7 = 4 1
		Less: accumulated depreciation (attach sch.) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the			
	.0	instructions. Also, see page 1, item I)	302,428	302,464	302,464
_	17	Accounts payable and accrued expenses	002,220		
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
_		Foundations that follow SFAS 117, check here			
Assets or Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
ũ	24	Unrestricted	302,428	302,464	
ä	25	Temporarily restricted	-	-	
<u>Б</u>	26	Permanently restricted			
Ĭ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
0	27	Capital stock, trust principal, or current funds			
ę	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
¥ .	30	Total net assets or fund balances (see instructions)	302,428	302,464	
Set	31	Total liabilities and net assets/fund balances (see	-	-	
		instructions)	302,428	302,464	
	Part				
1	Tota	Il net assets or fund balances at beginning of year – Part II, column (a), line 30	(must agree with		
		of-year figure reported on prior year's return)		1	302,428
2	2 Ente	er amount from Part I, line 27a		2	36
3	Othe	er increases not included in line 2 (itemize) ▶		3	
		lines 1, 2, and 3			302,464
5	Dec	reases not included in line 2 (itemize) ▶		_	
6	Tota	ıl net assets or fund balances at end of year (line 4 minus line 5) – Part II, colun			302,464

Form 990-PF (2015) Howard Family Foundation

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	and Losses for Tax on Investr	ment Income	(h) How cognized		
	ribe the kind(s) of property sold (e.g., real estate, arehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase	(c) Date acqu (mo., day, y	
1a Morgan Stanley	<u> </u>		D – Donation	(- , - , ,	, (, , , , , ,
b					
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed		r other basis		(h) Gain or (loss)
	(or allowable)	plus expe	ense of sale	(6	e) plus (f) minus (g)
a 1,115					1,115
b					
d					
e					
	ing gain in column (h) and owned by the	e foundation on 12	/31/69	(I) Co	ina (Cal. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i)	col. (k),	ins (Col. (h) gain minus , but not less than -0-) or osses (from col. (h))
a			- 		1,115
b					
C					
d					
е					
2 Capital gain net income or (net	capital loss) If gain, also enter in				
-	If (loss), enter -0- in			2	1,115
	loss) as defined in sections 1222(5) and	` '			
	8, column (c) (see instructions). If (loss			3	
	Inder Section 4940(e) for Red		let Investment I		
	ate foundations subject to the section 49				
If section 4940(d)(2) applies, leave	•	()	,		
	ection 4942 tax on the distributable amo		the base period?		Yes X No
	ualify under section 4940(e). Do not con	•			
1 Enter the appropriate amount ii	n each column for each year; see the in	istructions before n	naking any entries.		(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use asse	ets /	Distribution ratio
Calendar year (or tax year beginning i		,800	298,	(col. (b) divided by col. (c)) 0 • 032841
2013		,245	256,		0.039908
2012		,704	188,4	<u>197</u>	0.062091
2011		,472	190,		0.049748
2010	10	,457	180,	567	0.057912
2 Total of line 1, column (d)				2	0.242500
	e 5-year base period – divide the total of				
number of years the foundation	n has been in existence if less than 5 ye	ears		3	0.048500
4 Enter the net value of nonchari	table-use assets for 2015 from Part X, I	ine 5		4	295,928
					14 252
5 Multiply line 4 by line 3				5	14,353
6 Enter 10/ of not investment inc	ome (10/ of Dort Lline 27h)				2
• Enter 176 OF Het INVESTMENT INC	ome (1% of Part I, line 27b)			6	2
7 Add lines 5 and 6				7	14,355
* *					,
8 Enter qualifying distributions from	om Part XII, line 4			8	12,200
If line 8 is equal to or greater th	nan line 7, check the box in Part VI, line			tax rate. See	

Part VI instructions.

Pa	rt VI 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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			4
	here ▶ ☐ and enter 1% of Part I, line 27b			
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			4
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-			4
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 5			
b	Exempt foreign organizations – tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6b			
C	7			
d	Backup withholding erroneously withheld Total and the and payments. Add lines Co through Cd.			5
7	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check her life Form 2220 is attached 8			
8				
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			1
10 11	Enter the amount of line 10 to be: Credited to 2016 estimated tax 1 Refunded 11			
11 Ps	irt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıu	participate or intervene in any political compaign?	1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	- · · ·		
~	Instructions for the definition)?	1b		х
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	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		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/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:			
	By language in the governing instrument, or			
	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
I-	NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	٥.	v	
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	9		х
10	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9		
10	names and addresses	10		x
	TIGHTIOU GITG GGGCOUUU			

	1990-PF (2015) HOWAIG FAMILY FOUNDATION AND AND AND AND AND AND AND AND AND AN		P	age J
	art VII-A Statements Regarding Activities (continued)		T.v	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	44	Yes	_
40	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		х
40	person had advisory privileges? If "Yes," attach statement (see instructions)	12	х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.howardfamilyfoundation.org	13		
4.4	T	242	566	
14	The books are in care of ► Sally C. Thomas 2645 W. Marion Ave. #312	473	-200	
		: n		
15	Located at ▶ Punta Gorda FL ZIP+4 ▶ 3395 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here			
15	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a hank cognition or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	10		21
	the foreign country			
P	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):		103	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	diagnalified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any 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 instructions)?	. 1b	50 800000000000000000000000000000000000	
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2015? N/A	. 1c		
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)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 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)			
	(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 instructions.) N/A	. 2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 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? Yes X No			
b	If "Yes," did it have excess business holdings in 2015 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 2015.) N/A		—	L
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			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Form **990-PF** (2015)

Pa	art VII-B Statements Regarding Activities for Which For	m 4720 May B	e Required (d	continued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Y	∕es X No		
	(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 purpose			∕es X No		
	(4) Provide a grant to an organization other than a charitable, etc., organiza	tion described in				
	section 4945(d)(4)(A)? (see instructions)			∕es X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literar					
	purposes, or for the prevention of cruelty to children or animals?			∕es X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify	under the exceptio	ns described in			
	Regulations section 53.4945 or in a current notice regarding disaster assista	nce (see instructio	ns)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance chec	k here		▶ 🗍		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemptio	n from the tax				
	because it maintained expenditure responsibility for the grant?		N/A N	∕es No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).					
6a	Did the foundation, during the year, receive any funds, directly or indirectly,	o pay premiums				
	on a personal benefit contract?		\	res X No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit	contract?		6b	X
	If "Yes" to 6b, file Form 8870.					
7a	At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction	on? 🗌 🕽	res 🛚 X No		
b	If "Yes," did the foundation receive any proceeds or have any net income att	ributable to the tra	nsaction?	N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees,	Foundation M	anagers, Hig	hly Paid Emp	oloyees,	
	and Contractors					
1 L	List all officers, directors, trustees, foundation managers and their comp	ensation (see ins	tructions).		T	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense a	occount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	other allow	
		devoted to position	criter 0)	compensation		
	ally C. Thomas Punta Gorda	President				
26	545 W. Marion Ave. #312 FL 33950	0.20	0	0		0
	reckenridge M. Thomas Punta Gorda	Director				
	545 W. Marion Ave. #312 FL 33950	0.20	0	0		0
To	odd L. Thomas Punta Gorda	Treas/Sec/Di				
c/	o Sally Thomas FL 33950	0.20	0	0		0
		· -				
		<u> </u>				
2	Compensation of five highest-paid employees (other than those includ "NONE."	ea on line 1 – see	instructions). If	none, enter		
	NONE.	1		(D. Contributions to		
	(a) Name and address of each ampleyee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expense a	account,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other allow	ances
NO	WE			compensation		
INC	ONE	. • •				
		1				
		1				
		1				
		1				
Toto	I number of other employees paid over \$50,000	1	l	1		

Form 990-PF (2015) Howard Family Foundation	**-***9334	Page ¹
Part VIII Information About Officers, Directors, Trustees, Found		
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instru		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fotal number of others receiving over \$50,000 for professional services		>
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 s organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A		
2		
3		
·		
4		
Part IX-B Summary of Program-Related Investments (see instru	ctions)	•
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		

Form **990-PF** (2015)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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

	art X Minimum Investment Return (All domestic foundations must complete this part. For	reign fo	undations,
	see instructions.)		,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	265,131
b	Average of monthly cash balances	1b	35,304
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	300,435
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see	3	300,435
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	4,507
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	295,928
6	Minimum investment return. Enter 5% of line 5	6	14,796
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	iting four	ndations
	and certain foreign organizations check here and do not complete this part.)		14 506
1	Minimum investment return from Part X, line 6	1	14,796
2a	Tax on investment income for 2015 from Part VI, line 5	_	
b	Income tax for 2015. (This does not include the tax from Part VI.)	_	4
С	Add lines 2a and 2b	2c	14 700
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,792
4	Recoveries of amounts treated as qualifying distributions	4	14 700
5	Add lines 3 and 4	5	14,792
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		14 700
	line 1	7	14,792
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	12,200
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12,200
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,200
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundation	

Form **990-PF** (2015)

Pa	art XIII Undistributed Income	(see instruction	s)			_
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part	XI,	Corpus	Years prior to 2014	2014	2015
	line 7					14,792
2	Undistributed income, if any, as of the e					
а	Enter amount for 2014 only					
b	Total for prior years:20 , 20	. 20				
3	Excess distributions carryover, if any, to					
	From 2010	10,500				
b	From 2011	9,500				
С	From 2012	12,000				
d	From 2013	10,250				
е	From 2014	9,800				
f	Total of lines 3a through e	-	52,050			
4	Qualifying distributions for 2015 from Pa	rt XII.	-			
	line 4: ▶ \$ 12,200	,				
а	Applied to 2014, but not more than line	2a				
	Applied to undistributed income of prior					
	(Election required – see instructions)					
С	Treated as distributions out of corpus (E					
	required – see instructions)					
d	Applied to 2015 distributable amount					12,200
е	Remaining amount distributed out of cor	pus				-
5	Excess distributions carryover applied to	2015	2,592			2,592
_	(If an amount appears in column (d), the		-			-
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtra	ct line 5	49,458			
	Prior years' undistributed income. Subtra					
	line 4b from line 2b					
С	Enter the amount of prior years' undistril	outed				
	income for which a notice of deficiency h					
	been issued, or on which the section 49					
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount – see instructions					
е	Undistributed income for 2014. Subtract					
	4a from line 2a. Taxable amount – see					
	instructions					
f	Undistributed income for 2015. Subtract					
	4d and 5 from line 1. This amount must	be				
	distributed in 2016					0
7	Amounts treated as distributions out of o					
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (Election may	be /				
	required—see instructions)					
8	Excess distributions carryover from 201	0 not				
	applied on line 5 or line 7 (see instruction	ns)	7,908			
9	Excess distributions carryover to 201	6.				
	Subtract lines 7 and 8 from line 6a		41,550			
10	Analysis of line 9:					
а	Excess from 2011	9,500				
b	Excess from 2012	12,000				
С	Excess from 2013	10,250				
d	Excess from 2014	9,800				
е	Excess from 2015					000 DE

Form	n 990-PF (2015) Howard Fami	ly Foundati	.on	**-***9	334	Page 1 0
Pa	art XIV Private Operating Fo	oundations (see i	nstructions and I			<u> </u>
1a	If the foundation has received a ruling of				•	
	foundation, and the ruling is effective for		of the muline	>		
b	Check box to indicate whether the four				942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	orating roundation de	Prior 3 years	0 12(j)(0) 01	
Za	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
		(a) 2010	(6) 2014	(0) 2010	(u) 2012	
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/	3				
D	of minimum investment return shown in					
	Part X, line 6 for each year listed					
•	• • • •					
С	"Support" alternative test – enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	art XV Supplementary Infor			if the foundation	n had \$5,000 or n	nore in assets
	any time during the	year – see instru	ctions.)			
1	Information Regarding Foundation M	/lanagers:				
а	List any managers of the foundation wh	no have contributed m	ore than 2% of the to	otal contributions rece	eived by the foundation	
	before the close of any tax year (but or	nly if they have contrib	uted more than \$5,0	00). (See section 507	'(d)(2).)	
	N/A					
b	List any managers of the foundation wh	no own 10% or more o	of the stock of a corp	oration (or an equally	large portion of the	
	ownership of a partnership or other ent	ity) of which the found	lation has a 10% or g	greater interest.		
	N/A					
2	Information Regarding Contribution	Grant, Gift, Loan, S	cholarship, etc., Pro	ograms:		
	Check here ► X if the foundation on		• • • • • • • • • • • • • • • • • • • •	_	and does not accept	
	unsolicited requests for funds. If the fou		-	_	· · · · · · · · · · · · · · · · · · ·	er
	other conditions, complete items 2a, b,	=	g. a. 110, 010. (000 1110ti		o or organizations unde	
_	The name, address, and telephone nur		e of the person to wh	om applications show	ıld bo addrossod:	
а	Sally Thomas 309-24		s of the person to wi	ioni applications snot	ilu be audresseu.	
	-		to Coman E	T 220E0		
	2645 W. Marion Ave.					
b	The form in which applications should I	be submitted and infor	mation and materials	s tney should include	•	
	N/A					
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on award	e euch se hy apoaran	hical areas charitah	la fialde kinde of inet	itutions or other	

Form **990-PF** (2015)

factors: N/A

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Page **11**

	the Year or Approved f			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
	any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
See Statement 8				
				12,20
Total		<u> </u>	▶ 3a	12,20
b Approved for future payment				12,20
Plymouth River School				
200 High St	N/A	NC		
Hingham MA 02043	N/A	Cupport	Operations	25
HIIIGIIAM MA 02043		Support	Operations	23
Total	•		> 3b	25

Part XVI-A	Analysis of Income-Producing Ac	tivities				9
	ounts unless otherwise indicated.		ed business income	Excluded	by section 512, 513, or 514	
3		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program sei	vice revenue:			code		(See instructions.)
a						
_						
_						
f						
	d contracts from government agencies					
2 Membership	dues and assessments			1		
3 Interest on s	savings and temporary cash investments					F 050
	nd interest from securities					5,070
	come or (loss) from real estate:					
a Debt-fina	anced property					
b Not debt	t-financed property			1		
7 Other invest	come or (loss) from personal property			1		
	ment income s) from sales of assets other than inventory					17,688
Mot income	or (loss) from special events					17,000
10 Gross profit	or (loss) from sales of inventory					
11 Other reven						
	rd Family Limited partner	-				-4,349
						•
الد						
الد						
d e			O		0	18,409
de	d columns (b), (d), and (e)			***************************************		
de 12 Subtotal. Add li 13 Total. Add li (See worksheet	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)				13	
de 12 Subtotal. Add li	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)				13	
de 12 Subtotal. Add li 13 Total. Add li (See worksheet	Id columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	accomplish e is reported i	nment of Exemp	t Purp	oses ontributed importantly	18,409
de 12 Subtotal. Add li 13 Total. Add li (See worksheet Part XVI-B Line No.	d columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A	accomplish e is reported i	nment of Exemp	t Purp	oses ontributed importantly	18,409
de 12 Subtotal. Add li (See worksheet Part XVI-B	Id columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the A Explain below how each activity for which income	accomplish e is reported i	nment of Exemp	t Purp	oses ontributed importantly	18,409
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Part		Information Reg Exempt Organiz		ransfers To a	nd Transac	tions and Rela	tionships	With Nonchar	itable)	
1 D		anization directly or in		age in any of the	following with a	ny other organization	on described			Yes	No
		01(c) of the Code (otl									
	rganization			(/ (/)	,	,	5 1				
	•	om the reporting four	ndation to a	noncharitable exe	empt organization	on of:					
									1a(1)		X
•									1a(2)		X
h (ther trans	ssets							·u(<u>-</u>)		
			itable ovem	ot organization					1b(1)		x
(1) Durcho	f assets to a nonchar	nable exemp	o ovemnt ergeniz	otion				_ ` '		X
(2) Purchas	ses of assets from a r	t ar athar a	e exempt organiz	alion				1b(2)		X
(3) Rentart	of facilities, equipmen	it, or other a	sseis					1b(3)		
(4	•) Keimbu ••	rsement arrangemen	ເຮ						1b(4)		X
(5) Loans c	or loan guarantees							1b(5)		X
(6) Perform	nance of services or n	nembership	or fundraising sol	licitations				1b(6)		X
		acilities, equipment, r							1c		X
		er to any of the above		•	-		-				
		goods, other assets,		•	•						
Vä	alue in any	transaction or sharir	ng arrangem	nent, show in colu	mn (d) the valu	e of the goods, other	er assets, or s	services received.			
(a) l	ine no.	(b) Amount involved	(c) Name	e of noncharitable exem	pt organization	(d) Descriptio	n of transfers, tra	nsactions, and sharing a	rrangeme	ents	
N/A											
		lation directly or indire	-			. •	zations				
		n section 501(c) of the	,	er than section 50	11(c)(3)) or in se	ection 527?			Ye	s X	No
b If	"Yes," cor	mplete the following s	chedule.	1		T					
	`) Name of organization		(b) Type of o	organization		(c) Descript	ion of relationship			
N/	<u>'A</u>										
		nalties of perjury, I declare and complete. Declaration of						est of my knowledge ar	d belief,	it is true	э,
	correct, ai	nd complete. Declaration o	r preparer (otne	er than taxpayer) is bas	sed on all information	on or which preparer has	any knowledge.	May the IRS disc	cuss this r	eturn	
Sign								with the prepare			٦
Here								(see instructions)? X	Yes	No
					l	L	Pres	ident			
	Signa	ature of officer or trustee			Date		Title	_40110			
	<u> </u>							D-:	I		
	Print/Ty	pe preparer's name			Preparer's signat	ure		Date		Check	if
Paid	Toak	is D Tabas Ci	27		Toghus P	InDam CDa		0E /0!	5 /1 7	self-em	ployed
Prepar	er 	ua P LaPan CI		Coldata		LaPan CPA	1	05/2	2/	. + + .	
Use Or	Firm's n			Goldstei				PIIN			
	Firm's a			e Blvd St			-	Firm's EIN ▶ **-			
		Milto	ord, M	A 01757-	- 1/4 l			Phone no. 508	-47	ช – 7	828

Federal Statements

FYE: 12/31/2015

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Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

De	scription		How Received							
Whom Sold	Date Acquired	Date Sold	 Sale Price	Cost		Expense	_	Depreciation	_	Net Gain / Loss
Distribution in exces		s 12/31/15	\$ Purchase 16,573 \$		<u> </u>	<u> </u>	\$		\$	16,573
Total			\$ 16,573 \$		0 \$	0	\$	0	\$	16,573

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income		
Howard Family Limited partner	\$ -4,349	\$	\$ -4,349		
Total	\$4,349	\$0	\$ -4,349		

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	 Total	In	Net vestment_	Δ	Adjusted Net	Charitable Purpose	
Accounting fees	\$ 2,045	\$	2,045	\$	2,045	\$	
Total	\$ 2,045	\$	2,045	\$	2,045	\$	0

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	<u></u>	Total	Inv	Net vestment	A	djusted Net	Charitable Purpose	
Professional fees HFLP - professional fees	\$	3,672 154	\$	3,672 154	\$	3,672 154	\$	
Total	\$	3,826	\$	3,826	\$	3,826	\$	0

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Description	 Total	Inve	Net estment_	Ac	djusted Net	Charitable Purpose	
FOREIGN TAXES NY State tax fee	\$ 5 100	\$	5 100	\$	5 100	\$	
Total	\$ 105	\$	105	\$	105	\$	0

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
Expenses	\$		\$		\$		\$	
Other expenses		197						
Total	\$	197	\$	0	\$	0	\$	0

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description	E	Beginning of Year	 End of Year	Basis of Valuation	 Fair Market Value
Investments HFLP (additional equity)	\$	254,075 4,022	\$ 276,187		\$ 276,187
Total	\$	258,097	\$ 276,187		\$ 276,187

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Name Address			<u></u>	
Address	Re	elationship	Status	Purpose	Amount
American Red Cross-Central Il	Chap	311 John	Gwynn Jr. Ave		
Peoria IL 61605	N/A		NC	Support Operations	1,500

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address		
Address	elationship Status	Purpose	Amount
Peoria Symphony Orchestra	203 Harrison Street		
Peoria IL 61602 N/A	NC	Support Operations	1,500
American Red Cross-Worcester Chapte	2000 Century Drive		·
Worcester MA 01606 N/A	NC	Support Operations	500
IVY Boating Foundation	5102 N Galina Rd.		
Peoria Heights IL 61614 N/A	NC	Support Operations	500
Tahoe Community Nursery School	P.O. Box 1265		
Tahoe City CA 96145 N/A	NC	Support Operations	500
First Federated Church	3601 N Sheridan Road		
Peoria IL 61604 N/A	NC	Support Operations	1,000
National Public Radio	1501 W. Bradley Ave		
Peoria IL 61625 N/A	NC	Support Operations	500
Alzheimer's Association, Central II	606 W Glen Ave		
Peoria IL 61614 N/A	NC	Support Operations	700
Parish of St. John the Evangelist	172 Main Street		
Hingham MA 02043 N/A	NC	Support Operations	500
American Cancer Society	4234 N Knoxville Ave		
Peoria IL 61614 N/A	NC	Support Operations	500
Lake Tahoe Elementary School PTO	P.O. Box 5335		
Lake Tahoe CA 96145 N/A	NC	Support Operations	750
Central Illinois Landmarks Foundati			
Peoria IL 61614 N/A	NC	Support Operations	500
Contemporary Arts Center	305 SW Water St		
Peoria IL 61602 N/A	NC	Support Operations	500
Alzheimer's Assoc. MANH Chapter	480 Pleasant St		
Watertown MA 02472 N/A	NC	Support Operations	500
Punta Gorda Isles Civic Assoc.	2001 Shreve St		
Punta Gorda FL 33950 N/A	NC	Support Operations	250
Lincoln Maritime Center, Inc.	P.O. Box 492		
Hingham MA 02043 N/A	NC	Support Operations	250
Youth Enrichment Services - YES	412 Massachusetts Ave		
Boston MA 02118 N/A	NC	Support Operations	500
First Baptist Church - Tahoe City	P.O. Box 7452		
Tahoe City CA 96145 N/A	NC	Support Operations	500

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Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address		
Address	Relationship	Status	Purpose	Amount
Tahoe Community Nursery School Tahoe City CA 96145 Hingham Educational Foundation	N/A	NC	Support Operations	500
Hingham MA 02043	N/A	NC	Support Operations	250
Total				12,200

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Taxable Dividends from Securities

Description	Amount	Unrelated I Business Code	Exclusior Code	 US Obs (\$ or %)
Morgan Stanley Howard Family Limited Partner	\$ 4,875 195			_
Total	\$ 5,070			