Form **990-PF** 

#### **Return of Private Foundation**

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

u Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

Open to Public Inspection For calendar year 2020 or tax year beginning , and ending Name of foundation A Employer identification number Howard Family Foundation, Inc. c/o Sally Thomas 16-1589334 Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 2645 W. Marion Ave., #312 941-787-4534 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ,, Punta Gorda FL 33950 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method: X Cash I Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ....., Other (specify) end of year (from Part II, col. (c), 493,325 (Part I, column (d), must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net (b) Net investment for charitable expenses per books amounts in columns (b), (c), and (d) may not necessarily equal purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check **u X** if the foundation is not required to attach Sch. I 2 3 Interest on savings and temporary cash investments 6,870 6,870 6,870 4 Dividends and interest from securities Gross rents Net rental income or (loss) \_\_\_ Revenue Net gain or (loss) from sale of assets not on line 10 **Stmt 1** 15,573 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 1,079 7 Net short-term capital gain \_\_\_\_\_ 0 Income modifications Gross sales less returns and allowances 10a Less: Cost of goods sold ...... Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 22,444 7,950 6,871 12 Total. Add lines 1 through 11. Administrative Expenses Compensation of officers, directors, trustees, etc. 13 Other employee salaries and wages ..... 14 Pension plans, employee benefits ..... 15 Legal fees (attach schedule) 16a 2,475 2,475 2,475 Accounting fees (attach schedule) Stmt 2 2,078 2,078 Other professional fees (attach schedule) Stmt 3 2,078 С 17 137 18 Taxes (attach schedule) (see instructions) Stmt 4 137 137 Depreciation (attach schedule) and depletion ..... 19 20 Travel, conferences, and meetings ..... Operating and 21 Printing and publications ..... 22 Other expenses (att. sch.) Stmt 5 500 500 500 23 24 Total operating and administrative expenses. Add lines 13 through 23 5,190 5,190 5,190 Contributions, gifts, grants paid 21,250 21,250 25 5,190 26 Total expenses and disbursements. Add lines 24 and 25 26,440 5,190 21,250 27 Subtract line 26 from line 12: -3,996 Excess of revenue over expenses and disbursements **b** Net investment income (if negative, enter -0-) 2,760 1,681 c Adjusted net income (if negative, enter -0-) ...

Fo	orm 99	0-PF (2020) <b>Howard Family Foundation, Inc.</b>	16-158933	4	Page 2		
			Beginning of year	End of	End of year		
	Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
П	1	Cash – non-interest-bearing	10,214	8,941	8,941		
	2	Savings and temporary cash investments					
	3	Accounts receivable <b>u</b>					
		Less: allowance for doubtful accounts ${f u}$					
	4	Pledges receivable <b>u</b>					
		Less: allowance for doubtful accounts <b>u</b>					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
		instructions)					
	7	Other notes and loans receivable (att. schedule) ${f u}$					
		Less: allowance for doubtful accounts ${f u}$					
ß	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 $oldsymbol{u}$					
		Less: accumulated depreciation (attach sch.) ${f u}$					
	12	Investments – mortgage loans					
	13	Investments – other (attach schedule) See Statement 6	164,753	162,030	484,384		
	14	Land, buildings, and equipment: basis ${f u}$					
		Less: accumulated depreciation (attach sch.) ${f u}$					
	15	Other assets (describe u )					
	16	Total assets (to be completed by all filers – see the					
		instructions. Also, see page 1, item I)	174,967	170,971	493,325		
٦	17	Accounts payable and accrued expenses		-			
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ap	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe <b>u</b>					
	23	Total liabilities (add lines 17 through 22)	0	0			
٦		Foundations that follow FASB ASC 958, check here u X					
es		and complete lines 24, 25, 29, and 30.					
JIC	24	Net assets without donor restrictions	174,967	170,971			
Net Assets or Fund Balance	25	Not accets with depar restrictions	, , ,	.,-			
밁		Foundations that do not follow FASB ASC 958, check here u					
Ĭ		and complete lines 26 through 30.					
٣	26	Capital stock, trust principal, or current funds					
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
ets	28	Retained earnings, accumulated income, endowment, or other funds					
SS	29	Total net assets or fund balances (see instructions)	174,967	170,971			
ĭ,	30	Total liabilities and net assets/fund balances (see		-			
ž		instructions)	174,967	170,971			
_	Part		, , , , ,				
		net assets or fund balances at beginning of year – Part II, column (a), line 29	(must agree with				
•		of-year figure reported on prior year's return)		1	174,967		
2		r amount from Part I, line 27a			-3,996		
		r increases not included in line 2 (itemize) ${f u}$		<del></del>	-,-,-		
		lines 1, 2, and 3			170,971		
		eases not included in line 2 (itemize) <b>u</b>		·····	<u>,</u>		
		I net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum		· · · · · · · · · · · · · · · · · · ·	170,971		
_		, , , , , , , , , , , , , , , , , , , ,					

Form **990-PF** (2020)

Form 990-PF (2020) <b>Howard Fa</b>	amily Foundation,	Inc.	<u> 16-1589334</u>		Page <b>3</b>
Part IV Capital Gains and	Losses for Tax on Investm	ent Income			
	ind(s) of property sold (for example, real estate, use; or common stock, 200 shs. MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a Capital Gain Dis	stribution				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) (f) minus (g))
a 1,079					1,079
b					-
С					
d					
е					
Complete only for assets showing of	gain in column (h) and owned by the	foundation on 12	/31/69.	(I) Gains (C	ol. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		ot less than -0-) <b>or</b> (from col. (h))
а					1,079
b					•
С					
d					
е					
<ul><li>2 Capital gain net income or (net cap</li><li>3 Net short-term capital gain or (loss)</li></ul>	if (loss), enter -0- in F	Part I, line 7		2	1,079
·	column (c). See instructions. If (loss),				
_		lf l		3	
Part V Qualification Unde	er Section 4940(e) for Reduc	ed Tax on N	let Investment I	ncome	
SECTION 4	<u> 1940(e) REPEALED ON DECI</u>	EMBER 20, 20	019 – DO NOT	COMPLETE.	
1 Reserved					
(a)	(b)		(c)		(d)
Reserved	Reserved		Reserved		Reserved
Reserved					
2 Reserved				2	
<b>3</b> Reserved				3	
4 Reserved				4	
5 Reserved				5	
6 Reserved				6	
7 Reserved				7	
<b>8</b> Reserved				8	
.,,,,,					

	1990-PF (2020) Howard Family Foundation, Inc. 16-1589334  Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see ins	truction	ons)		age <b>4</b>
	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	Reserved				38
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of				
Ŭ					
2	Part I, line 12, col. (b).  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  2				0
3					38
4	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				38
6	Credits/Payments:				
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 6a				
b	Exempt foreign organizations – tax withheld at source  6b				
	Tax paid with application for extension of time to file (Form 8868)  6c				
c d	Backup withholding erroneously withheld  6d				
	Total credits and payments. Add lines 6a through 6d				
7	Total credits and payments. Add lines 6a through 6d  Enter any <b>penalty</b> for underpayment of estimated tax. Check he if Form 2220 is attached  8				
8	Tax due If the total of lines 5 and 0 is more than line 7 anter amount award.				38
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed u 9				30
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid u 10				
11 Do	Enter the amount of line 10 to be: Credited to 2021 estimated tax u  Refunded u 11  art VII-A Statements Regarding Activities				
				V	NI-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		4-	Yes	No X
	participate or intervene in any political campaign?	· · · · ·	1a		Λ
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		۱. ا		v
	instructions for the definition		1b		X
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				37
С.	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. <b>u</b> \$ (2) On foundation managers. <b>u</b> \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. <b>u</b> \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	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		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	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:				
	<ul> <li>● By language in the governing instrument, or</li> </ul>				
	• 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 X	XV.	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ${f u}$				
	NY				
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	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 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes,"				
	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	<u></u>	10		Х
				_ ==	

Form	990-PF (2020) Howard Family Foundation, Inc. 16-1589334		Pa	age <b>5</b>
	art VII-A Statements Regarding Activities (continued)			,,
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address u www.howardfamilyfoundation.org			
14	The books are in care of u Sally C. Thomas Telephone no. u 941-	787-	453	4
	2645 W. Marion Ave. #312			
	Located at u Punta Gorda FL ZIP+4 u 3395	0		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			u [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country <b>u</b>			
Pa	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):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	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 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 <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 instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here u			
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 2020?  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 2020, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2020?			
	If "Yes," list the years <b>u</b> 20 , 20 , 20			
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 instructions.)	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.			
	<b>u</b> 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?			
b	If "Yes," did it have excess business holdings in 2020 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2020.) 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			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	1	Х

_	n 990-PF (2020) <b>Howard Fami</b>									Pa	age <b>6</b>
Pa	art VII-B Statements Regard	<u>ling Activities for Which Fo</u>	rm 4720 May B	e Require	ed (	<u>'contii</u>	nued)	)			
5a	During the year did the foundation pay				_		_	L		Yes	No
	(1) Carry on propaganda, or otherwise				∟ '	Yes	ΧN	lo			
	(2) Influence the outcome of any spec				_						
	directly or indirectly, any voter reg	istration drive?					X N				
	(3) Provide a grant to an individual for				⊔ `	Yes	X N	lo			
	(4) Provide a grant to an organization	=			П.		₹	.			
		ctions			⊔ `	Yes	X N	0			
	(5) Provide for any purpose other tha				г,	V	<b>.</b>	.			
		cruelty to children or animals?				Yes	ΧN	10			
b	If any answer is "Yes" to 5a(1)–(5), did						N/	, ,	Eh		
	in Regulations section 53.4945 or in a Organizations relying on a current not								5b		
С	If the answer is "Yes" to question 5a(4						u	니			
·	because it maintained expenditure res			N/A	$\Box$	Yes	Пи	ا ما			
	If "Yes," attach the statement required	by Regulations section 53 4945–50	4)		Ш	. 00	ш.,				
6a	Did the foundation, during the year, re										
Ju	an a navagnal hanafit assistent?				Π,	Yes	ΧN	ю			
b	Did the foundation, during the year, pa	av premiums, directly or indirectly, or	a personal benefit	contract?					6b		X
	If "Yes" to 6b, file Form 8870.	, , , , , , , , , , , , , , , , , , ,		• • •							
7a	At any time during the tax year, was the	ne foundation a party to a prohibited	tax shelter transaction	on?	П,	Yes	X N	lo			
b	If "Yes," did the foundation receive any	y proceeds or have any net income	attributable to the tra	ansaction?	<u> </u>		N/	Ά	7b		
8	Is the foundation subject to the section	1 4960 tax on payment(s) of more th	an \$1,000,000 in		_						
	remuneration or excess parachute pay	ment(s) during the year?			<u>'</u>	Yes	ΧN				
Pa	art VIII Information About C	Officers, Directors, Trustees	, Foundation M	lanagers,	Hig	hly F	Paid	Emp	oloye	es,	
	and Contractors										
<u>1 l</u>	List all officers, directors, trustees, a	nd foundation managers and their	r compensation. Se	e instruction	ons.			-			
			(b) Title, and average	(c) Compens			ontributior oloyee be				count
	(a) Name and	address	hours per week devoted to position	(If not paid, enter -0-)		plans and deferred compensation		ferred		r allowa	
			President			COI	препѕанс	UII			
	ally C. Thomas	Punta Gorda	IPPAGIAANE								^
	545 W. Marion Ave. #312				•			_			0
	coalrinnidae M. Thomas	FL 33950	0.00		0			0			
	reckinridge M. Thomas	FL 33950 Punta Gorda	0.00 Director								
MC	545 W. Marion Ave. #312	FL 33950 Punta Gorda FL 33950	0.00 Director 0.00		0			0			0
	545 W. Marion Ave. #312 erinda Hesselman	FL 33950 Punta Gorda FL 33950 Hingham	0.00 Director 0.00 Director		0			0			
14	545 W. Marion Ave. #312 erinda Hesselman 4 Berkeley Circle	FL 33950  Punta Gorda  FL 33950  Hingham  MA 02043	0.00 Director 0.00 Director 0.00								0
14 Ki	545 W. Marion Ave. #312 erinda Hesselman d Berkeley Circle imberly Heslin	FL 33950  Punta Gorda  FL 33950  Hingham  MA 02043  Tahoe City	0.00 Director 0.00 Director 0.00 Director		0			0			0
14 Ki P.	545 W. Marion Ave. #312 erinda Hesselman d Berkeley Circle imberly Heslin	FL 33950  Punta Gorda  FL 33950  Hingham  MA 02043  Tahoe City  CA 96145	0.00 Director 0.00 Director 0.00 Director 0.00	e instructio	0		e, ente	0			
14 Ki P.	545 W. Marion Ave. #312 erinda Hesselman d Berkeley Circle imberly Heslin	FL 33950  Punta Gorda  FL 33950  Hingham  MA 02043  Tahoe City  CA 96145	0.00 Director 0.00 Director 0.00 Director 0.00	e instruction	0		e, ente	0			0
14 Ki P.	245 W. Marion Ave. #312 erinda Hesselman d Berkeley Circle dimberly Heslin d.O. Box 5755  Compensation of five highest-paid	FL 33950  Punta Gorda  FL 33950  Hingham  MA 02043  Tahoe City  CA 96145	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see	e instruction	0	f none	ontributior	0 0 0			0
14 Ki P.	245 W. Marion Ave. #312 erinda Hesselman d Berkeley Circle dimberly Heslin d.O. Box 5755  Compensation of five highest-paid	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see	e instruction (c) Compens	0 0 ns). I	f none	ontribution	O O O Pr		pense ac	O O CCOUNT,
14 Ki P.	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755  Compensation of five highest-paid of the second secon	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - sec		0 0 ns). I	f none (d) Co	ontributior	0 0 0 err		pense ac r allowar	O O CCOUNT,
14 Ki P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755  Compensation of five highest-paid of the second secon	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontribution bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P.	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontribution bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontribution bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P.	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P.	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P.	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Ki P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those inclu	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,
14 Kii P. 2	erinda Hesselman Berkeley Circle Emberly Heslin O. Box 5755 Compensation of five highest-paid ("NONE."	FL 33950 Punta Gorda FL 33950 Hingham MA 02043 Tahoe City CA 96145 employees (other than those include paid more than \$50,000	0.00 Director 0.00 Director 0.00 Director 0.00 ded on line 1 - see		0 0 ns). I	f none (d) Co	ontributior bloyee be and def	0 0 0 err			O O CCOUNT,

	5-1589334	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)		id Employees,
3 Five highest-paid independent contractors for professional services. See instruction	ns. 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 others receiving over \$50,000 for professional services		. u
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ns)	
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		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	

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 (2020) Howard Family Foundation, Inc. 16-1589334 Page 9 Undistributed Income (see instructions) (d) (a) (b) (c) Corpus Years prior to 2019 2019 2020 Distributable amount for 2020 from Part XI, 1 22,517 line 7 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only **b** Total for prior years:20\_\_\_\_\_ , 20\_\_\_\_ , 20\_\_\_\_ Excess distributions carryover, if any, to 2020: **a** From 2015 **b** From 2016 ..... **c** From 2017 **d** From 2018 ..... **e** From 2019 ..... f Total of lines 3a through e Qualifying distributions for 2020 from Part XII, line 4: **u** \$ 21,250 a Applied to 2019, 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 2020 distributable amount 21,250 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior vears' undistributed income. Subtract line 4b from line 2b ..... 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 e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instructions Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 1,267 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a ..... 10 Analysis of line 9: a Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020 .....

Form	990-PF (2020) Howard Fami	ly Foundati	on, Inc.	16-15893	34	Page <b>10</b>
Pa	art XIV Private Operating Fo	oundations (see	instructions and F	Part VII-A, questic	on 9)	
1a	If the foundation has received a ruling	or determination letter	that it is a private op	perating		
	foundation, and the ruling is effective for	or 2020, enter the date	e of the ruling	u		
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		Prior 3 years	_	(e) Total
	income from Part I or the minimum	<b>(a)</b> 2020	<b>(b)</b> 2019	<b>(c)</b> 2018	<b>(d)</b> 2017	(e) Total
	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				
	of minimum investment return shown in	n				
	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)					
	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		. 41 1		1 . 1 . 5 . 0 . 0	
Pa	Supplementary Informany time during the	•	•	if the foundation	nad \$5,000 or n	nore in assets at
1	Information Regarding Foundation		ictions.)			
a	List any managers of the foundation w	_	nore than 2% of the to	otal contributions rece	ived by the foundation	<b>.</b>
u	before the close of any tax year (but or				•	•
	N/A	,,	outouo.o u.a	00). (000 000	(~)(=)·)	
b	List any managers of the foundation wh	no own 10% or more	of the stock of a corpo	oration (or an equally	large portion of the	
	ownership of a partnership or other ent	ity) of which the found	dation has a 10% or g	greater interest.		
	N/A	• /				
2	Information Regarding Contribution,	Grant, Gift, Loan, S	Scholarship, etc., Pro	ograms:		
	Check here <b>u</b> X if the foundation on	ly makes contributions	s to preselected chari	itable organizations ar	nd does not accept	
	unsolicited requests for funds. If the fo	undation makes gifts,	grants, etc., to individ	duals or organizations	under other condition	ns,
	complete items 2a, b, c, and d. See ins	structions.		_		
а	The name, address, and telephone nur	mber or email address	s of the person to who	om applications shoul	d be addressed:	
	Sally Thomas 941-78	37-4534				
	2645 W. Marion Ave.	, #312 Pun	ta Gorda FI	L 33950		
b	The form in which applications should					
	N/A					
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on award	s, such as by geogra	phical areas, charitable	le fields, kinds of insti	tutions, or other	
	factors:					
	N/A					

DAA Form **990-PF** (2020)

Form 990-PF (2020) Howard Family For			L6-158933	4	Page <b>11</b>
Part XV Supplementary Information		16		. 4	
3 Grants and Contributions Paid During Recipient	If recipient is an individual, show any relationship to	a for F	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	<ul> <li>any foundation manager or substantial contributor</li> </ul>		recipient	contribution	,oa
a Paid during the year WSMR FM 89.1 Public Media PO Box 917134 Orlando FL 32891-7134	N/A	NC	Support	Operations	500
Orlando FL 32891-7134			Support	Operations	500
WGCU FM 90.1 NPR 10501 FGCU Blvd. S. Fort Myers FL 33965	N/A	NC	Support	Operations	500
Univ. of Co Leeds Bus. So 995 Regent Dr. Boulder CO 80309	h. N/A	NC		Support	500
Tahoe Lake Elementary Sch P.O. Box 856 Lake Tahoe CA 96145	ool PTO N/A	NC	Support	Operations	750
St. Jude Childrens Resear 262 Danny Thomas Pl. Memphis TN 38105	ch Hospita N/A	NC	<u>-</u>		1,500
Punta Gorda Isles Civic A 2001 Shreve St	ssoc. N/A	NC	<b>G</b>	Support	
Punta Gorda FL 33950  Peoria Symphony Orchestra 203 Harrison Street Peoria IL 61602	N/A	NC	Support Support	Operations Operations	500 1,500
Parish of St. John the Ev 172 Main Street Hingham MA 02043	angelist N/A	NC	Support	Operations	1,000
North Tahoe School PTO 2945 Polaris Rd, Tahoe City CA 96145	N/A	NC		Support	750
IVY Boating Foundation 5102 N Galina Rd. Peoria Heights IL 61614	N/A	NC	Support	Operations	500 21,250
Total  b Approved for future payment	<u> </u>	<u></u>		u 3a	21,230
b Approved for future payment N/A					
Total				25	
Total				u 3b	990-PF (2020)

	correct, and complete. Declaration of preparer (other than taxpayer) is ba	read on all information of which preparer has any knowledge.				
Sign Here	correct, and complete. Declaration of preparet (other than taxpayer) is ba	ised on all information of which prepare has any knowledge.	May the IRS discuss this return with the preparer shown below?  See instructions. X Yes No			
	Signature of officer or trustee	Date Pres	sident			
	Print/Type preparer's name	Preparer's signature	Date Check if			
Paid	Curtis A. Feldman, CPA	Curtis A. Feldman, CPA	03/15/21 self-employed			
Prepare	I Firm's name S&G LLP		PTIN P00005914			
Use Onl	Firm's address " 1671 Worcester Rd S	Firm's EIN , 04-2701070				
	Framingham, MA 01	Phone no. 508-875-2552				
			F QQQ-DE (000)			

Form 990-PF (2020) Howard Family Foundation, Inc.

16-1589334

Page **11** 

**Supplementary Information** (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Hingham Maritime Center, Inc. P.O. Box 492 NC N/AHingham MA 02043 1,500 Operations Support Hingham Education N/A NC P.O. Box 10 Hingham MA 02043 Operations 500 Support Delta Gamma Foundation 3250 Riverside Dr. NC N/A Columbus OH 43221 Support Operations 500 Crossroads Hope Academy 45991 Bermont Rd N/A NC Punta Gorda FL 33982 1,000 Operations Support Colby - Sawyer College 541 Main St N/A NC New London NH 03257 Support Operations 250 Clay Soper Memorial Fund 233 Main St N/A NC 500 Winchester MA 01890 Operations Support Charlotte Community Foundation 227 Sullivan St. N/A NC Punta Gorda FL 33950 Support Operations 1,500 Central Illinois Landmark Foundatio 416 Hamilton Blvd. N/A NC Peoria IL 61602 Support 500 Black Oak Lake Preservation Foundat P.O. Box 151 N/A NC Land O'Lakes WI 54540 Support Operations 500 Alzheimer's Assoc. - W. Central FL 227 Sullivan St., #125 N/A NC Punta Gorda FL 33950 1,500 Operations Support Total u 3a **b** Approved for future payment N/A Total u 3b

3 Grants and Contributions Paid During		for Future Paymer	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Port Charlotte FL 33948  American Cancer Society	N/A		Operations	3,000
P.O. Box 22478 Oklahoma City OK 73123	N/A	NC Supporting	Operations	1,000
Soc of St. Vincent De Pau 2323 N. Dizie Hwy Pompano Beach FL 33060	N/A	NC Supporting	Operations	3 1,000
				_
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

## **Federal Statements**

FYE: 12/31/2020

16-1589334

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

Description				How Received					
Whom Sold	Date Acquired	Date Sold		Sale Price	 Cost	 Expense	_Depreciation		Net Gain / Loss
Blackrock Sh Obligation	ons Inst			Purchase					
	9/30/20	10/12/20	\$	22,034	\$ 22,034	\$	\$	\$	
Home Depot Inc.				Purchase					
	1/17/06	10/12/20		2,014	293				1,721
JPMorgan Chase & Co				Purchase					
	7/02/08	10/12/20		2,034	709				1,325
Vanguard Info Tech ETI	<b>?</b>			Purchase					
	1/05/10	7/06/20		14,249	2,801			_	11,448
Total			\$	40,331	\$ 25,837	\$ 0	\$	) \$	14,494

#### Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total		_ Inv	Net vestment	 Adjusted Net	Charitable Purpose		
Accounting fees	\$	2,475	\$	2,475	\$ 2,475	\$		
Total	\$	2,475	\$	2,475	\$ 2,475	\$	0	

#### Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 Total	_ Inv	Net /estment	<u>Α</u>	djusted Net	Charitable Purpose	
Indirect Other Professional Fees	\$ 2,078	\$	2,078	\$	2,078	\$	
Total	\$ 2,078	\$	2,078	\$	2,078	\$	0

W01219XHWDO Howard Family Foundation, Inc.

3/15/2021 9:15 AM

16-1589334

FYE: 12/31/2020

# **Federal Statements**

### Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	Net Investment		Adjusted Net		Charitable Purpose	
NYS fee	\$ 137	\$	137	\$	137	\$	
Total	\$ 137	\$	137	\$	137	\$	0

#### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description		<u> </u>	Total		Net Investment		Adjusted Net		Charitable Purpose	
		\$		\$		\$		\$		
Expenses Website	maintenance		500		500		500			
Total		\$	500	\$	500	\$	500	\$	0	

### Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description	 Beginning of Year		End of Year	Basis of Valuation	F	Fair Market Value
Investments	\$ 164,753	\$	162,030	Market	\$	484,384
Total	\$ 164,753	\$	162,030		\$	484,384

Form <b>990-PF</b>	Underdistribution and Excess Dis	2020		
-	For calendar year 2020, or tax year beginning	, ending		
Name Howard Fam c/o Sally	ily Foundation, Inc. Thomas		Employer lo	dentification Number

# Undistributed Income Carryovers Form 990-PF, Part XIII

	Pri	or Undistributed I	ncome		Next Year Carryover			
Tax Year	Nontaxable or Previously Taxed	Taxable in 2020	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2021		
Years prior								
20 16								
20 17								
20 18								
2019								
2020			22,517	21,250		1,267		
Total Carryov	er to Next Year			-		1,267		

<sup>\*</sup> Carryover amount includes 4942(a) amounts

# Excess Distribution Carryovers Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2015		
2016		
2017		
2018		
2019		
Current Year Excess Distribution General	0	
Total Carryover to Next Year	0	

Form **990PF** 

## **Two Year Comparison Report**

For calendar year 2020, or tax year beginning

2019 & 2020

Name
Howard Family Foundation, Inc. c/o Sally Thomas
Taxpayer Identification Number
16-1589334

H	oward Family Foundation, Inc	•	c/o Sa	ally Thomas			16	5-1589334	
			2019		20	20	Differences		
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	
_	1. Contributions, gifts, grants, and similar amounts receive	∕edi.							
n	2. Interest on savings and temporary cash investments	2.	7	7	1	1	-6	-6	
_	3. Dividends and interest from securities	3.	6,916	6,916	6,870	6,870	-46	-46	
>	4. Gross rents	4.							
8	5. Net gain or (loss) from sale of assets	5.	279		15,573		15,294		
	6. Capital gain net income	6.				1,079		1,079	
	7. Gross profit or (loss)	7.							
	8. Other income	8.							
	9. Total. Add lines 1 through 8	9.	7,202	6,923	22,444	7,950	15,242	1,027	
n §	<b>0.</b> Compensation of officers, directors, trustees, etc.	10.							
		11.							
		12.							
	3. Professional fees	13.	2,665	2,665	4,553	4,553	1,888	1,888	
a)	4. Interest	14.							
Δ,	5. Taxes	15.	100	100	137	137	37	37	
<b>%</b>	6. Depreciation and depletion	16.							
	7. Occupancy	17.							
n S	8. Other expenses	18.	500	500	500	500			
	9. Contributions, gifts, grants paid	19.	17,500		21,250		3,750		
	20. Total expenses and disbursements. Add lines 10 through 1	20.	20,765	3,265	26,440	5,190	5,675	1,925	
1111	21. Net income (if negative investment activity, enter -		-13,563	3,658	-3,996	2,760	9,567	-898	
	22. Excise Tax	22.		37		38		1	
Se s	23. Section 511 Tax	23.						_	
Ĭã.	24. Subtitle A income tax	24.							
·	25. Total Taxes	25.		37		38		1	
$\Box$ :	26. Estimates and overpayments credited	26.						<u>-</u>	
	27. Foreign tax withheld	27.						_	
Ĕ	28. Other Payments	28.		37				-37	
Zef	29. Total payments and credits	29.		37				-37	
		30.		0		38		38	
		31.							
		32.							
[;	33. Net due / (Refund)	33.		0		38		38	
	34. Total assets	34.	174,967		170,971		0		
ipe :	35. Total liabilities	35.	0		0		0		
ŏ	66. Net assets	36.	174,967		170,971		0		

Form **990PF** 

Name

Tax Return History
Use the 2Yr Report for more recent historical information

Howard Family Foundation, Inc.

Taxpayer Identification Number

	c/o Sally Thomas						16	-1589334	
		2016			20	17	2018		
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	
	1. Contributions, gifts, grants, and similar amounts receiv	∕edi.							
n e	2. Interest on savings and temporary cash investments	2.	2	2	3	3	12	12	
_	3. Dividends and interest from securities	3.	5,681	5,681	7,110	7,110	7,013	7,013	
>	4. Gross rents	4.							
₽ P	5. Net gain or (loss) from sale of assets	5.	-443		4,199		2,319		
	6. Capital gain net income	6.		41		1,632		1,940	
	7. Gross profit or (loss)	7.							
	8. Other income	8.	58	58	58	58			
	9. Total. Add lines 1 through 8	9.	5,298	5,782	11,370	8,803	9,344	8,965	
_	<b>10.</b> Compensation of officers, directors, trustees, etc	10.							
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	11.							
2	<b>12.</b> Pension plans, employee benefits	12.							
o D	13. Professional fees	13.	5,253	5,253	4,972	4,972	2,255	2,255	
e	14. Interest	14.							
⊔ oŏ	<b>15.</b> Taxes	15.	108	108	107	107	100	100	
s	<b>16.</b> Depreciation and depletion	16.							
S	17. Occupancy	17.							
_	18. Other expenses	18.			1,000	1,000	500	500	
ď	<b>19.</b> Contributions, gifts, grants paid	19.	11,700		15,238		17,250		
×	<b>20.</b> Total expenses and disbursements. Add lines 10 through 1		17,061	5,361	21,317	6,079	20,105	2,855	
_	21. Net income (if negative investment activity, enter -		-11,763	421	-9,947	2,724	-10,761	6,110	
"		22.		8		27		61	
Xe	23. Section 511 Tax	23.							
Ē	24. Subtitle A income tax	24.				0.5			
	25. Total Taxes	25.		8		27		61_	
		26.							
		27.							
Þ		28.		1					
Inja		29. 30.				27		61	
~	30. Balance due / (Overpayment)	30. 31.		/		21		91	
ne n	31. Overpayment credited to next year	31. 32.							
Δ	32. Penalty	32. 33.		7		27		61	
	33. Net due / (Refund)	33. 34.	209,169	,	199,203	21	188,469	0.1	
ē	34. Total liabilities	-	209,169		199,203		100,409		
₹	35. Total liabilities 36. Net assets	35. 36.	209,169		199,203		188,469		
	JU. NEL ASSELS	<b>30.</b>	203,103		133,403		100,403		

2020

W01219XHWDO Howard Family Foundation, Inc. 16-1589334 **Federal Statements** 3/15/2021 9:15 AM 16-1589334 FYE: 12/31/2020 **Taxable Interest on Investments** Unrelated Exclusion Postal US Description Obs (\$ or %) Amount **Business** Code Code Morgan Stanley 1 1 Total \$ **Taxable Dividends from Securities** Unrelated Exclusion Postal US Obs (\$ or %) Description Amount Business Code Code Morgan Stanley 6,870 6,870 Total