

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

2002

Department of the Treasury
Internal Revenue Service

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

For calendar year 2002, or tax year beginning

, 2002, and ending

G Check all that apply:		<input type="checkbox"/> Initial return	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change
Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of organization HOWARD FAMILY FOUNDATION, INC.				A Employer identification number 16-1589334	
	Number and street (or P.O. box number if mail is not delivered to street address)			Room/suite		
	c/o Todd L. Campbell 47 Old Laxfield Road				B Telephone number (see instructions) (508) 842-0041	
	City or town Shrewsbury		State MA		ZIP code 01545	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation						
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation						
I Fair market value of all assets at end of year (from Part II, column c, line 16) \$ 97,995.			J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)			
<i>(Part I, column d must be on cash basis.)</i>						
C If exemption application is pending, check here <input type="checkbox"/>						
D 1 Foreign organizations, check here <input type="checkbox"/>						
2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>						
E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns b, c, and d may not necessarily equal the amounts in column a.) (see instructions)</i>				
REVENUE				
1 Contributions, gifts, grants, etc, received (att sch)	22,334.			
<i>Ck <input type="checkbox"/> if the foundn is not req to att Sch B</i>				
2 Distributions from split-interest trusts		22,334.		
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	1,801.	1,801.		
5a Gross rents				
b (Net rental income or (loss))				
6a Net gain/(loss) from sale of assets not on line 10	4,994.			
b Gross sales prices for all assets on line 6a	13,668.			
7 Capital gain net income (from Part IV, line 2)		5,438.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11.	29,129.	29,573.		
ADMINISTRATIVE EXPENSES				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch)	1,200.	600.		600.
c Other prof fees (attach sch)	1,000.			500.
17 Interest				
18 Taxes (attach schedule) <i>See Line 18 Stmt</i>	336.	3.		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) <i>See Line 23 Stmt</i>	4,883.	2,641.		957.
24 Total operating and administrative expenses. Add lines 13 through 23	7,419.	3,244.		2,057.
25 Contributions, gifts, grants paid	28,000.			28,000.
26 Total expenses and disbursements. Add lines 24 and 25	35,419.	3,244.		30,057.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-6,290.			
b Net investment income (if negative, enter -0-)		26,329.		
c Adjusted net income (if negative, enter -0-)				

Part II 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		
ASSETS	1	Cash — non-interest-bearing				
	2	Savings and temporary cash investments	27,934.	24,440.	24,440.	
	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)				
	7	Other notes and loans receivable (attach sch) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments — U.S. and state government obligations (attach schedule)				
		b Investments — corporate stock (attach schedule)				
		c Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments — mortgage loans					
13	Investments — other (attach schedule) . . L-13 Stmt	77,408.	75,847.	73,555.		
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶ ORGANIZATION COST -NET)	4,939.	3,704.	0.		
16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	110,281.	103,991.	97,995.		
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	110,281.	103,991.		
	25	Temporarily restricted				
	26	Permanently restricted				
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, building, and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	110,281.	103,991.			
31	Total liabilities and net assets/fund balances (see instructions)	110,281.	103,991.			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	110,281.
2	Enter amount from Part I, line 27a	2	-6,290.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	103,991.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	103,991.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation

(c) Date acquired (month, day, year)

(d) Date sold (month, day, year)

1 a HOWARD FAMILY LIMITED PARTNERSHIP - K-1 FLOW THROUGH	D	01/01/00	12/31/02
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,438.		0.	5,438.
b			
c			
d			
e			

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

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			5,438.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss). [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	5,438.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8]	3	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2001	0.	118,489.	0.000000
2000			
1999			
1998			
1997			

2 Total of line 1, column (d)	2	0.000000
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.000000
4 Enter the net value of noncharitable-use assets for 2002 from Part X, line 5	4	112,688.
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	263.
7 Add lines 5 and 6	7	263.
8 Enter qualifying distributions from Part XII, line 4	8	30,057.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary – see instructions)			
b Domestic organizations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	263.
c All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2.		3	263.
4 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-		5	263.
6 Credits/Payments:			
a 2002 estimated tax pmts and 2001 overpayment credited to 2002	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	1,000.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7	1,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	737.	
11 Enter the amount on line 10 to be: Credited to 2003 estimated tax		737.	Refunded
	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		X
<i>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 organization in connection with the activities.</i>		
c Did the organization file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the organization . . . ▶ \$ _____ (2) On organization managers . . . ▶ \$ _____		
e Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on organization managers . . . ▶ \$ _____		
2 Has the organization engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
3 Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
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?	X	
7 Did the organization have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>NEW YORK</u>		

b If the answer is 'Yes' to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2002 or the taxable year beginning in 2002 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>	X	
11 Did the organization comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶ <u>www.howardfamilyfoundation.org</u>	X	
12 The books are in care of ▶ <u>Todd L. Campbell</u> Telephone no. ▶ <u>(508) 842-0041</u> Located at ▶ <u>47 Old Laxfield Road, Shrewsbury, MA</u> ZIP + 4 ▶ <u>01545</u>		
13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 13		

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

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

	Yes	No
1 a During the year did the organization (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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)?	1 b	
Organizations relying on a current notice regarding disaster assistance check here		<input type="checkbox"/>
c Did the organization 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 2002?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2002, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2002?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If 'Yes,' list the years ▶ 20__ , 20__ , 19__ , 19__ .		
b Are there any years listed in 2a for which the organization 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.)	2 b	
c 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__ , 19__ , 19__ .		
3 a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If 'Yes,' did it have excess business holdings in 2002 as a result of (1) any purchase by the organization 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? (<i>Use Schedule C, Form 4720, to determine if the organization had excess business holdings in 2002.</i>)	3 b	
4 a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the organization 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 2002?	4 b	X
5 a During the year did the organization pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5 b	
Organizations relying on a current notice regarding disaster assistance check here		<input type="checkbox"/>
c If the answer is 'Yes' to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).		
6 a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6 b	X
If you answered 'Yes' to 6b, also file 8870.		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions):

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Lilian C. Howard 340 May St.#233 Worcester, MA 01602	President/Dir .1	0.	0.	0.
Sally C. Thomas 12202 Ridge Court Dunlap, IL 61525	Director .2	0.	0.	0.
Breckenridge M. Thomas 12202 Ridge Court Dunlap, IL 61525	Director .2	0.	0.	0.
Todd L. Campbell 47 Old Laxfield Road Shrewsbury, MA 01545	Treas/Sec/Dir .2	0.	0.	0.

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

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

Total number of other employees paid over \$50,000 None

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
NONE	NONE	0.

Total number of others receiving over \$50,000 for professional services None

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 ----- -----	
2 ----- -----	
All other program-related investments. See instructions.	
3 ----- -----	
Total. Add lines 1 through 3	▶

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities	1 a	91,475.
b Average of monthly cash balances	1 b	22,929.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b and c)	1 d	114,404.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	114,404.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,716.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	112,688.
6 Minimum investment return. Enter 5% of line 5	6	5,634.

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

1 Minimum investment return from Part X, line 6	1	5,634.
2a Tax on investment income for 2002 from Part VI, line 5	2 a	263.
b Income tax for 2002. (This does not include the tax from Part VI.)	2 b	
c Add lines 2a and 2b	2 c	263.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	5,371.
4a Recoveries of amounts treated as qualifying distributions	4 a	
b Income distributions from section 4947(a)(2) trusts	4 b	17,692.
c Add lines 4a and 4b	4 c	17,692.
5 Add lines 3 and 4c	5	23,063.
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, line 1	7	23,063.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:		
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	30,057.
b Program-related investments — Total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,057.
5 Organizations 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	263.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,794.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2001	(c) 2001	(d) 2002
1 Distributable amount for 2002 from Part XI, line 7				23,063.
2 Undistributed income, if any, as of the end of 2001:				
a Enter amount for 2001 only			27,925.	
b Total for prior years: 20 ____, 19 ____, 19 ____				
3 Excess distributions carryover, if any, to 2002:				
a From 1997	0.			
b From 1998	0.			
c From 1999	0.			
d From 2000	0.			
e From 2001	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2002 from Part XII, line 4: ▶ \$ <u>30,057.</u>				
a Applied to 2001, but not more than line 2a			27,925.	
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 2002 distributable amount				2,132.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2002 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions		0.		
e Undistributed income for 2001. Subtract line 4a from line 2a. Taxable amount – see instructions			0.	
f Undistributed income for 2002. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2003				20,931.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 1997 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2003. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 1998	0.			
b Excess from 1999	0.			
c Excess from 2000	0.			
d Excess from 2001	0.			
e Excess from 2002	0.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2002, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
b 85% of line 2a					
c 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					
e 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:					
a '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 Part X, line 6 for each year listed					
c '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					

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

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- Lilian C. Howard
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- None
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**
- Check here if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
- Todd L Campbell
 47 Old Laxfield Road
 Shrewsbury MA 01545 (508) 842-0041
-
- b** The form in which applications should be submitted and information and materials they should include:
- See attached
-
- c** Any submission deadlines:
- No
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
- No

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
FIRST PRESBYTERIAN CHURCH OF WADDINGTON P.O. BOX 485 WADDINGTON, NY 13694	N/A	NONE	TO SUPPORT OPERATIONS	5,000.
WADDINGTON RESCUE SQUAD P.O. BOX 331 WADDINGTON, NY 13694	N/A	NONE	TO SUPPORT OPERATIONS	5,000.
READ - RURAL EDUCATION AND DEVELOPMENT, INC 976 TEE COURT INCLINE VILLAGE, NV 89451	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
CHICAGO CHILDRENS' CHARITIES 2215 N. CLIFTON AVENUE CHICAGO, IL 60614	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
JOHN G. SHEDD AQUARIUM 1200 S. LAKE SHORE DR CHICAGO, IL 60605	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
ITHACA COLLEGE 953 DANBY RD ITHACA, NY 14850	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
CHESHIRE ACADEMY 10 MAIN ST CHESHIRE CT 06410	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
SHREWSBURY COMMUNITY SERVICES, INC 512 W. MAIN ST #202 SHREWSBURY, MA 01545	N/A	NONE	TO SUPPORT OPERATIONS	500.
PEORIA SYMPHONY ORCHESTRA 203 HARRISON ST PEORIA, IL 61602	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
AMERICAN RED CROSS - CENTRAL IL 311 JOHN GWYNN JR AVE PEORIA, IL 61605	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
NATIONAL PUBLIC RADIO - WCBU 1501 BRADLEY AVE PEORIA IL 61625	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
PEORIA SALVATION ARMY P.O. BOX 1468 PEORIA, IL 61603	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
FIRST FEDERATED CHURCH 3601 N SHERIDAN ROAD PEORIA, IL 61604	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
IVY BOATING FOUNDATION 5102 N GALINA ROAD PEORIA HEIGHTS, IL 61614	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
See Line 3a statement				3,500.
Total				3 a 28,000.
b Approved for future payment				
Waddington Presbyterian Church Waddington, NY 13694	n/a	none	Support church activities	5,000.
ITHACA COLLEGE 953 DANBY RD ITHACA, NY 14850	N/A	NONE	SUPPORT OPERATIONS	1,000.
SHREWSBURY COMMUNITY SERVICES 512 W MAIN ST # 202 SHREWSBURY, MA 01545	N/A	NONE	TO SUPPORT OPERATIONS	500.
CHESHIRE ACADEMY 10 MAIN STR CHESHIRE, CT 06410	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
PEORIA SYMPHONY ORCHESTRA 203 HARRISON ST PEORIA, IL 61602	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
NATIONAL PUBLIC RADIO - WCBU 1501 BRADLEY AVE PEORIA, IL 61625	N/A	NONE	TO SUPPORT OPERATIONS	1,000.
See Line 3b statement				10,500.
Total				3 b 21,500.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2002

Name of organization

HOWARD FAMILY FOUNDATION, INC.

Employer identification number

16-1589334

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule – see instructions.)

General Rule –

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

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization

Employer identification number

HOWARD FAMILY FOUNDATION, INC.

16-1589334

Part I Contributors (See Instructions.)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Contributor 1 ----- ----- -----	\$ 22,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

Taxes: (see instructions)	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Foreign taxes	3.	3.		
Form 990 PF	333.			
Total	<u>336.</u>	<u>3.</u>		

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

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Amortization of Organization cost	1,235.			
Management & Investment fees	2,641.	2,641.		
Filing fees	50.			
Postage	7.			7.
Web Site	950.			950.
Total	<u>4,883.</u>	<u>2,641.</u>		<u>957.</u>

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

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
HOWARD FAMILY LIMITED PARTNERSHIP	75,847.	73,555.
Total	<u>75,847.</u>	<u>73,555.</u>

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> EASTER SEALS - UCP 507 E ARMSTRONG AVE PEORIA, IL 61603	N/A	NONE	TO SUPPORT OPERATIONS	500.
FAMILY HOUSE 1509 N. KNOXVILLE AVE PEORIA, IL 61603	N/A	NONE	TO SUPPORT OPERATIONS	500.
DELTA GAMMA FOUNDATION P.O. BOX 21397 COLUMBUS OH 43221	N/A	NONE	TO SUPPORT OPERATIONS	500.
UNIVERSITY OF DENVER 2190 S HIGH ST DENVER, CO 80208	N/A	NONE	TO SUPPORT OPERATIONS	500.
COLBY-SAWYER COLLEGE 100 MAIN STREET NEW LONDON, NH 03257	N/A	NONE	TO SUPPORT OPERATIONS	500.

Form 990-PF, Page 10, Part XV, line 3a
Line 3a statement

Continued

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Amount
a Paid during the year				
<u>ALZHEIMER'S DESEASE RESEARCH</u> <u>22512 GATEWAY CENTER DR CLARKSBURG, MD 20871</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>ARTHRITIS FOUNDATION - GREATER IL</u> <u>2621 KNOXBILLE PEORIA, IL 61604</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
Total				<u><u>3,500.</u></u>

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Amount
b Approved for future payment				
<u>FIRST FEDERATED CHURCH</u> <u>3601 N SHERIDAN ROAD PEORIA IL 61604</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>1,500.</u>
<u>EASTER SEALS - UCP</u> <u>507 E ARMSTRONG AVE PEORIA, IL 61603</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>AMERICAN RED CROSS - CENT IL</u> <u>311 JOHN GWYNN JR AVE PEORIA, IL 61605</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>2,000.</u>
<u>PEORIA SALVATION ARMY</u> <u>P.O. BOX 1468 PEORIA, IL 61603</u>	<u>N/A</u>	<u>NONE</u>	<u>FOR DISASTER RELIEF</u>	<u>2,000.</u>
<u>UNIVERSITY OF DENVER</u> <u>2190 S HIGH ST DENVER CO 80208</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>COLBY SAWYER COLLEGE</u> <u>100 MAIN ST NEW LONDON NH 03257</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>ALZHEIMER'S DESEASE RESEARCH</u> <u>22512 GATEWAY CENTER DR CLARKSBURG, MD 20871</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>ARTHRITIS FOUNDATION - GREATER IL</u> <u>2621 N KNOXVILLE PEORIA, IL 61604</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>THE SALVATION ARMY</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>1,000.</u>
<u>THE MARINE MAMMAL CENTER</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>500.</u>
<u>AMERICAN RED CROSS</u> <u>WORCESTER, MASSACHUSETTS</u>	<u>N/A</u>	<u>NONE</u>	<u>TO SUPPORT OPERATIONS</u>	<u>1,000.</u>

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

Continued

Line 3b statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Amount
b <i>Approved for future payment</i>				

Total

10,500.

Supporting Statement of:

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

Description	Amount
HOWARD FAMILY LIMITED PARTNERSHIP	1,464.
SALOMON SMITH BARNEY	337.
Total	<u>1,801.</u>