

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

2008

Department of the Treasury
Internal Revenue Service

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

For calendar year 2008, or tax year beginning _____, **2008, and ending** _____,

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation 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 the instructions) (508) 842-0041
	City or town State ZIP code Shrewsbury MA 01545	C If exemption application is pending, check here <input type="checkbox"/>
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		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) ▶ \$ 123,686.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)				
REVENUE				
1 Contributions, gifts, grants, etc., received (att sch)	22,334.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	3,320.	3,320.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10	-1,492.	L-6a Stmt		
b Gross sales price for all assets on line 6a	-1,492.			
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	24,162.	3,320.		
ADMINISTRATIVE AND EXPENSES				
13 Compensation of officers, directors, trustees, etc.				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)	1,200.			600.
b Accounting fees (attach sch)	1,385.	690.		695.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) Foreign taxes	18.			
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	2,307.	1,202.		650.
24 Total operating and administrative expenses. Add lines 13 through 23	4,910.	1,892.		1,945.
25 Contributions, gifts, grants paid	10,500.			10,500.
26 Total expenses and disbursements. Add lines 24 and 25	15,410.	1,892.		12,445.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	8,752.			
b Net investment income (if negative, enter -0-)		1,428.		
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
A S S E T S	1 Cash — non-interest-bearing			
	2 Savings and temporary cash investments	39,026.	41,679.	41,679.
	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 the 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			
	10a 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	123,366.	129,465.	82,007.	
14 Land, buildings, and equipment: basis ..				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe ..)				
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	162,392.	171,144.	123,686.	
L I A B I L I T I E S	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)			
N E T A S S E T S O R F U N D A S S E T S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>			
	24 Unrestricted	162,392.	171,144.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>			
	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 the instructions)	162,392.	171,144.		
31 Total liabilities and net assets/fund balances (see the instructions)	162,392.	171,144.		

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	162,392.
2 Enter amount from Part I, line 27a	2	8,752.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	171,144.
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	171,144.

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	12/31/08
b HOWARD FAMILY LIMITED PARTNERSHIP - K-1 FLOW THROUGH	D	01/01/08	12/31/08
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 84.	0.	0.	84.
b 0.	0.	1,576.	-1,576.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			84.
b			-1,576.
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	-1,492.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8 []	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 foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2007	12,230.	156,165.	0.078315
2006	12,330.	130,129.	0.094752
2005	12,330.	108,645.	0.113489
2004	2,600.	94,094.	0.027632
2003	47,745.	82,743.	0.577028
2 Total of line 1, column (d)			0.891216
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			0.178243
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5			139,571.
5 Multiply line 4 by line 3			24,878.
6 Enter 1% of net investment income (1% of Part I, line 27b)			14.
7 Add lines 5 and 6			24,892.
8 Enter qualifying distributions from Part XII, line 4			12,445.

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 the 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 foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	29.
c All other domestic foundations 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	29.
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	29.
6 Credits/Payments:			
a 2008 estimated tax pmts and 2007 overpayment credited to 2008	6a	361.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	361.
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	332.
11 Enter the amount of line 10 to be: Credited to 2009 estimated tax 332. Refunded		11	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the 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 foundation in connection with the activities.</i>		
c Did the foundation 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 foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e 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? <i>If 'Yes,' attach a detailed description of the activities.</i>		X
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? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation 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 foundation 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 the instructions) ▶ <u>NY - New York</u>		
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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
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 2008 or the taxable year beginning in 2008 (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

Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(3)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ <u>www.howardfamilyfoundation.org</u>				
14	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>			
15	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 ▶ <u>15</u>			

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 foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 the instructions)?	1 b	
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>			
c	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 2008?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years ▶ 20__ , 20__ , 20__ , 20__ .		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions.)	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__ , 20__ , 20__ .		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2008 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.</i>)	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	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 2008?	4 b	X

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes 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)? (see instructions) Yes 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? Yes No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

If you answered 'Yes' to 6b, also file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

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

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

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

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

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

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

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

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

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 -----	
3 All other program-related investments. See instructions. -----	
Total. Add lines 1 through 3	

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1 a	109,217.
b Average of monthly cash balances	1 b	32,479.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	141,696.
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	
3 Subtract line 2 from line 1d	3	141,696.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	2,125.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	139,571.
6 Minimum investment return. Enter 5% of line 5	6	6,979.

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

1 Minimum investment return from Part X, line 6	1	6,979.
2a Tax on investment income for 2008 from Part VI, line 5	2 a	29.
b Income tax for 2008. (This does not include the tax from Part VI.)	2 b	
c Add lines 2a and 2b	2 c	29.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	6,950.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	6,950.
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	6,950.

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	12,445.
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	12,445.
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	12,445.

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 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				6,950.
2 Undistributed income, if any, as of the end of 2007:				
a Enter amount for 2007 only			0.	
b Total for prior years: 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2008:				
a From 2003	0.			
b From 2004	1,657.			
c From 2005	12,330.			
d From 2006	12,330.			
e From 2007	12,230.			
f Total of lines 3a through e	38,547.			
4 Qualifying distributions for 2008 from Part XII, line 4: ▶ \$ 12,445.				
a Applied to 2007, 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 2008 distributable amount				
e Remaining amount distributed out of corpus	12,445.			
5 Excess distributions carryover applied to 2008 (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	50,992.			
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 2007. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				6,950.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2003 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a	50,992.			
10 Analysis of line 9:				
a Excess from 2004	1,657.			
b Excess from 2005	12,330.			
c Excess from 2006	12,330.			
d Excess from 2007	12,230.			
e Excess from 2008	12,445.			

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 2008, enter the date of the ruling					▶
b Check box to indicate whether the foundation 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) 2008	(b) 2007	(c) 2006	(d) 2005	
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 – see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- None
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- None
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a** The name, address, and telephone number of the person to whom applications should be addressed:
- Todd L Campbell
 47 Old 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
<i>a Paid during the year</i>				
FIRST PRESBYTERIAN CHURCH OF WADDINGTON P.O. BOX 485 WADDINGTON, NY 13694	N/A	NONE	TO SUPPORT OPERATIONS	3,000.
ITHACA COLLEGE 953 DANBY RD ITHACA, NY 14850	N/A	NONE	TO SUPPORT OPERATIONS	500.
CHESHIRE ACADEMY 10 MAIN ST CHESHIRE CT 06410	N/A	NONE	TO SUPPORT OPERATIONS	500.
SHREWSBURY YOUTH & FAMILY, 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	500.
FIRST FEDERATED CHURCH 3601 N SHERIDAN ROAD PEORIA, IL 61604	N/A	NONE	TO SUPPORT OPERATIONS	1,500.
AMERICAN RED CROSS - WORCESTER 61 HARVARD ST, WORCESTER, MA 01609	N/A	NONE	TO SUPPORT OPERATIONS	500.
SALVATION ARMY - Worcester 640 NMAIN STREET WORCESTER MA 01608	N/A	NONE	TO SUPPORT OPERATIONS	500.
Total				10,500.
<i>b Approved for future payment</i>				
FIRST PRESBYTERIAN CHURCH OF WADDINGTON P.O. BOX 485 WADDINGTON, NY 13694	N/A	NONE	TO SUPPORT OPERATIONS	3,000.
ITHACA COLLEGE 953 DARBY RD ITACA, NY 14850	N/A	NONE	TO SUPPORT OPERATIONS	500.
See Line 3b statement				7,000.
Total				10,500.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue (a-f), Fees and contracts from government agencies, Membership dues and assessments, Interest on savings, Dividends and interest from securities (14, 3,320), Net rental income from real estate (a-b), Net rental income from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory (18, -1,492), Net income from special events, Gross profit from sales of inventory, Other revenue (a-e), Subtotal (1,828), and Total (13, 1,828).

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

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

	Yes	No

(1) Cash

1 a (1)		X
---------	--	---

(2) Other assets

1 a (2)		X
---------	--	---

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization

1 b (1)		X
---------	--	---

(2) Purchases of assets from a noncharitable exempt organization

1 b (2)		X
---------	--	---

(3) Rental of facilities, equipment, or other assets

1 b (3)		X
---------	--	---

(4) Reimbursement arrangements

1 b (4)		X
---------	--	---

(5) Loans or loan guarantees

1 b (5)		X
---------	--	---

(6) Performance of services or membership or fundraising solicitations

1 b (6)		X
---------	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

1 c		X
-----	--	---

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

S I G N	▶ _____ Signature of officer or trustee	_____ Date	▶ _____ Title
H E R E	Paid Preparer's Use Only	Preparer's signature ▶ Anthony L. Olson, CPA	Date 09/17/09
	Firm's name (or yours if self-employed), address, and ZIP code ▶ ANTHONY L. OLSON, CPA 35 TROWBRIDGE RD KEENE	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying number (See Signature in the instrs) EIN ▶ _____ Phone no. ▶ (603) 358-6411

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

HOWARD FAMILY FOUNDATION, INC.

Employer identification number

16-1589334

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

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

General Rule –

For 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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 they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization HOWARD FAMILY FOUNDATION, INC.	Employer identification number 16-1589334
---------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AAAAO~^ \~sAAFAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA22,334.		Person <input checked="checked" type="checkbox"/> X 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.)
---	----- ----- -----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name: HOWARD FAMILY FOUNDATION, INC. Employer Identification Number: 16-1589334

Asset Information:

Description of Property: Capital Gains/Losses from pass-through entity
Date Acquired: 01/01/00 How Acquired: Donated
Date Sold: 12/31/08 Name of Buyer:
Sales Price: -1,492. Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: Valuation Method: . . .
Total Gain (Loss): -1,492. Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

Description of Property: . . .
Date Acquired: . . . How Acquired: . . .
Date Sold: . . . Name of Buyer: . . .
Sales Price: . . . Cost or other basis (do not reduce by depreciation) . . .
Sales Expense: . . . Valuation Method: . . .
Total Gain (Loss): . . . Accumulation Depreciation: . . .

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

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Management & Investment fees	1,202.	1,202.		
Filing fees	50.			
Web Site	650.			650.
Postage	5.			
Taxes	400.			
Total	<u>2,307.</u>	<u>1,202.</u>		<u>650.</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	Person or Business Checkbox Amount
b <i>Approved for future payment</i> CHESHIRE ACADEMY 10MAIN ST CHESHIRE CT 06410	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
SHREWSBURY YOUTH & FAMILY, INC 512 W. MAIN ST #202 SHREWSBURY, MA 01545	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
PEORIA SYMPHONY ORCHESTRA 203 HARRISON ST PEORIA IL 61602	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,500.
AMERICAN RED CROSS - CENTRAL IL 311 JOHN GWYNN JR AVE PEORIA IL 61605	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,500.
NATIONAL PUBLIC RADIO - WCBU 1501 BRADLEY AVE PEORIA IL 61625	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
FIRST FEDERATED CHURCH 3601 N SHERIDAN ROAD PEORIA, IL 61604	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,500.
AMERICAN RED CROSS - WORCESTER 61 HARVARD ST WORCESTER MA 01609	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
SALVATION ARMY - WORCESTER 640 MAIN STREET WORCESTER MA 01608	N/A	NONE	TO SUPPORT OPERATIONS	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.

Total

7,000.

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

L-13 Stmt

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
HOWARD FAMILY LIMITED PARTNERSHIP	74,962.	45,027.
CITIGROUP INVESTMENT ACCOUNT	54,503.	36,980.
Total	<u>129,465.</u>	<u>82,007.</u>

Supporting Statement of:

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

Description	Amount
Howard Family Limited Partnership	1,731.
Citi Smith Barney	1,589.
Total	<u>3,320.</u>

Supporting Statement of:

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
Howard Family Limited Partnership	1,731.
Citi Smith Barney	1,589.
Total	<u>3,320.</u>