




See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation GEORGE AND RUTH HARMS FOUNDATION		A Employer identification number 22-3548916	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 817		Room/suite	B Telephone number (see instructions) (732) 938-4004
City or town, state or province, country, and ZIP or foreign postal code FARMINGDALE, NJ 07727		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 91,977	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 )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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 instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	2,343	2,343		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,150			
	b Gross sales price for all assets on line 6a _____ 164,053				
	7 Capital gain net income (from Part IV, line 2) . . .		2,150		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 Total. Add lines 1 through 11 . . . . .	4,493	4,493		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	 14,563	7,242		7,321
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	14,563	7,242		7,321
	25 Contributions, gifts, grants paid . . . . .	144,777			144,777
	26 Total expenses and disbursements. Add lines 24 and 25	159,340	7,242		152,098
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-154,847			
	b Net investment income (if negative, enter -0-)		0		
	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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	174	6,677	6,677
	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 schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	639	639	639
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	223,462	84,661	84,661
	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) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	224,275	91,977	91,977	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	224,275	91,977	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	224,275	91,977		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	224,275	91,977		

**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	224,275
2	Enter amount from Part I, line 27a . . . . .	2	-154,847
3	Other increases not included in line 2 (itemize) ▶ _____	3	22,549
4	Add lines 1, 2, and 3 . . . . .	4	91,977
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	91,977

**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 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr )	(d) Date sold (mo , day , yr )
<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">           { If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	2,150
<b>3</b> 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	<b>3</b>	

**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 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 (col (b) divided by col (c))
2015	259,480	144,906	1 790678
2014	264,656	265,675	0 996164
2013	242,914	192,652	1 260895
2012	153,498	77,522	1 980057
2011	138,381	24,185	5 721770
<b>2</b> Total of line 1, column (d)			<b>2</b> 11 749564
<b>3</b> 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			<b>3</b> 2 349913
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 137,247
<b>5</b> Multiply line 4 by line 3			<b>5</b> 322,519
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 0
<b>7</b> Add lines 5 and 6			<b>7</b> 322,519
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 152,098

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)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</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 . . . . .	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	0
<b>6</b>	Credits/Payments		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	639
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	639
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . ▶	<b>10</b>	639
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> ▶ 639 <b>Refunded</b> ▶	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 (2) On foundation managers ▶ \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NJ		
<b>b</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? <i>If "No," attach explanation</i> . . . . .	<b>8b</b>	No
<b>9</b> 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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	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)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> GARY ABADRABO Telephone no <b>►</b> (732) 938-4004			

Located at **►** 62 YELLOWBROOK RD HOWELL NJ ZIP+4 **►** 07731

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> 15			
<b>16</b>	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>►</b> <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2016? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</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 <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2016?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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)? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> Organizations relying on a current notice regarding disaster assistance check here. <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>c</b> 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? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<b>5b</b>		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If "Yes" to 6b, file Form 8870	<b>6b</b>		<b>No</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>	<b>7b</b>		

**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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. ▶

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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		<b>0</b>

**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
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**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
<b>1</b>		
<b>2</b>		
All other program-related investments. See instructions.		
<b>3</b>		
<b>Total.</b> Add lines 1 through 3 . . . . .		<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	128,137
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	11,200
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	139,337
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	139,337
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	2,090
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	137,247
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	6,862

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	6,862
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	6,862
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	6,862
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	6,862

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	152,098
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	152,098
<b>5</b>	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).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	152,098

**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 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				6,862
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	137,204			
<b>b</b> From 2012. . . . .	149,622			
<b>c</b> From 2013. . . . .	233,881			
<b>d</b> From 2014. . . . .	252,229			
<b>e</b> From 2015. . . . .	252,476			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,025,412			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 152,098				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				6,862
<b>e</b> Remaining amount distributed out of corpus	145,236			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,170,648			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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) . . . . .	0			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	137,204			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,033,444			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . .	149,622			
<b>b</b> Excess from 2013. . . .	233,881			
<b>c</b> Excess from 2014. . . .	252,229			
<b>d</b> Excess from 2015. . . .	252,476			
<b>e</b> Excess from 2016. . . .	145,236			

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** 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) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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) )  
See Additional Data Table

**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

**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 or e-mail address of the person to whom applications should be addressed  
GARY ABADRABO CO THE GEORGE AND RUT  
PO BOX 817  
FARMINGDALE, NJ 07727  
(732) 938-4004

**b** The form in which applications should be submitted and information and materials they should include  
TYPEWRITTEN LETTER WITH COPY OF IRS DETERMINATION LETTER

**c** Any submission deadlines  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
NONE

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	144,777
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	2,343	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	2,150	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .		0		4,493	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		4,493

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]

## Part XVII

- 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.

[illegible]

- 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 |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |

**Sign  
Here**

Title

May the IRS discuss this return with the preparer shown below (see instr )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  LYNN CONOVER	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN  P00007544
Firm's name ► THE CURCHIN GROUP LLC				Firm's EIN ► 61-1416081
Firm's address ► 200 SCHULZ DR STE 400  RED BANK, NJ 077016745				Phone no (732) 747-0500

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
COMCAST CORP CLASS A		2015-01-28	2016-01-05
COMCAST CORP CLASS A		2015-04-22	2016-01-05
COMCAST CORP CLASS A		2015-07-22	2016-01-05
COMCAST CORP CLASS A		2015-10-28	2016-01-05
ON ASSIGNMENT INC		2015-12-15	2016-01-05
ON ASSIGNMENT INC		2015-12-15	2016-02-29
ON ASSIGNMENT INC		2015-12-15	2016-03-02
ON ASSIGNMENT INC		2016-12-15	2016-03-28
ON ASSIGNMENT INC		2015-12-15	2016-05-04
ON ASSIGNMENT INC		2015-12-15	2016-05-23

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
113		113	0
65		68	-3
52		59	-7
52		57	-5
4,095		4,267	-172
1,692		2,375	-683
273		396	-123
200		264	-64
311		396	-85
771		924	-153

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			0
			-3
			-7
			-5
			-172
			-683
			-123
			-64
			-85
			-153

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
ON ASSIGNMENT INC		2015-12-15	2016-06-23
ON ASSIGNMENT INC		2015-12-15	2016-07-15
ON ASSIGNMENT INC		2015-12-15	2016-08-24
ON ASSIGNMENT INC		2015-12-15	2016-10-28
SANDISK CORP		2015-05-26	2016-05-13
SANDISK CORP		2015-05-26	2016-05-13
SANDISK CORP		2015-08-25	2016-05-13
SANDISK CORP		2015-08-25	2016-05-13
WESTERN DIGITAL		2016-05-13	2016-05-13
WESTERN DIGITAL		2016-05-13	2016-05-23

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
572		660	-88
183		220	-37
523		616	-93
810		1,100	-290
57		50	7
7		6	1
9		7	2
68		44	24
3		3	0
319		294	25

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-88
			-37
			-93
			-290
			7
			1
			2
			24
			0
			25

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
COMCAST CORP CLASS A		2015-12-16	2016-01-05
COMCAST CORP CLASS A		2015-12-16	2016-02-29
COMCAST CORP CLASS A		2015-12-16	2016-02-29
COMCAST CORP CLASS A		2015-12-16	2016-03-02
COMCAST CORP CLASS A		2015-12-16	2016-03-28
COMCAST CORP CLASS A		2015-12-16	2016-03-28
COMCAST CORP CLASS A		2015-12-16	2016-05-04
COMCAST CORP CLASS A		2015-12-16	2016-05-23
COMCAST CORP CLASS A		2015-12-16	2016-06-23
COMCAST CORP CLASS A		2015-12-16	2016-07-15

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
8,433		8,864	-431
1,088		1,115	-27
6,930		7,103	-173
1,192		1,291	-99
118		117	1
828		822	6
1,341		1,292	49
3,470		3,287	183
2,381		2,231	150
861		763	98

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-431
			-27
			-173
			-99
			1
			6
			49
			183
			150
			98

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
COMCAST CORP CLASS A		2015-12-16	2016-08-24
COMCAST CORP CLASS A		2015-12-16	2016-10-28
UNITEDHEALTH GP INC		2015-12-16	2016-01-05
UNITEDHEALTH GP INC		2015-12-16	2016-01-12
UNITEDHEALTH GP INC		2015-12-16	2016-02-29
UNITEDHEALTH GP INC		2015-12-16	2016-03-02
UNITEDHEALTH GP INC		2015-12-16	2016-03-28
UNITEDHEALTH GP INC		2015-12-16	2016-05-04
UNITEDHEALTH GP INC		2015-12-16	2016-05-23
UNITEDHEALTH GP INC		2015-12-16	2016-06-23

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
2,426		2,172	254
4,052		3,816	236
21,581		21,984	-403
324		356	-32
12,258		12,239	19
1,828		1,901	-73
1,536		1,426	110
2,104		1,901	203
5,359		4,872	487
4,016		3,446	570

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			254
			236
			-403
			-32
			19
			-73
			110
			203
			487
			570

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
UNITEDHEALTH GP INC		2015-12-16	2016-07-15
UNITEDHEALTH GP INC		2015-12-16	2016-08-24
UNITEDHEALTH GP INC		2015-12-16	2016-10-28
CAESARSTONE SDOT-YAM LTD ORD		2014-12-18	2016-01-05
CAESARSTONE SDOT-YAM LTD ORD		2014-12-18	2016-02-29
CAESARSTONE SDOT-YAM LTD ORD		2014-12-18	2016-03-02
CAESARSTONE SDOT-YAM LTD ORD		2014-12-18	2016-03-11
COMCAST CORP CLASS A		2014-01-23	2016-01-05
COMCAST CORP CLASS A		2014-04-23	2016-01-05
COMCAST CORP CLASS A		2014-07-23	2016-01-05

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
1,407		1,189	218
3,801		3,209	592
6,664		5,585	1,079
482		732	-250
229		427	-198
28		61	-33
1,310		2,377	-1,067
307		284	23
268		242	26
185		180	5

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			218
			592
			1,079
			-250
			-198
			-33
			-1,067
			23
			26
			5

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
COMCAST CORP CLASS A		2014-10-22	2016-01-05
IONIS PHARMACEUTICALS INC		2013-12-05	2016-01-05
IONIS PHARMACEUTICALS INC		2013-12-05	2016-02-29
IONIS PHARMACEUTICALS INC		2013-12-05	2016-03-02
IONIS PHARMACEUTICALS INC		2013-12-05	2016-03-11
ON ASSIGNMENT INC		2015-12-15	2016-12-22
SANDISK CORP		2015-03-23	2016-05-13
SANDISK CORP		2015-03-23	2016-05-13
SPECTRUM BRANDS HLDGS INC		2014-12-18	2016-01-05
SPECTRUM BRANDS HLDGS INC		2014-12-18	2016-02-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
188		177	11
424		275	149
118		157	-39
26		39	-13
734		864	-130
2,736		2,772	-36
6		6	0
44		50	-6
704		670	34
339		383	-44

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			11
			149
			-39
			-13
			-130
			-36
			0
			-6
			34
			-44

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
SPECTRUM BRANDS HLDGS INC		2014-12-18	2016-03-02
SPECTRUM BRANDS HLDGS INC		2014-12-18	2016-04-13
STARZ SERIES A		2013-12-05	2016-01-05
STARZ SERIES A		2013-12-05	2016-02-29
STARZ SERIES A		2013-12-05	2016-03-11
AMC NETWORKS INC CL A		2012-11-29	2016-01-05
AMC NETWORKS INC CL A		2012-11-29	2016-02-29
AMC NETWORKS INC CL A		2012-11-29	2016-03-11
APPLE INC		2012-11-29	2016-01-05
APPLE INC		2012-11-29	2016-02-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
82		96	-14
2,412		2,105	307
92		83	9
38		56	-18
273		306	-33
69		51	18
53		51	2
229		206	23
200		168	32
81		84	-3

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-14
			307
			9
			-18
			-33
			18
			2
			23
			32
			-3

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
APPLE INC		2012-11-29	2016-03-11
BIOGEN INC COM		2012-11-29	2016-01-05
BIOGEN INC COM		2012-11-29	2016-02-29
BIOGEN INC COM		2012-11-29	2016-04-13
COMCAST CORP CLASS A		2013-12-18	2016-01-05
COMCAST CORP CLASS A		2015-12-16	2016-12-22
IAC INTERACTIVECORP COM		2012-11-29	2016-01-05
IAC INTERACTIVECORP COM		2012-11-29	2016-02-29
IAC INTERACTIVECORP COM		2012-11-29	2016-03-11
SANDISK CORP		2014-12-18	2016-01-05

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
452		421	31
587		301	286
229		150	79
1,878		1,052	826
4,299		3,719	580
11,656		9,686	1,970
53		46	7
34		46	-12
201		229	-28
831		1,094	-263

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			31
			286
			79
			826
			580
			1,970
			7
			-12
			-28
			-263

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
SANDISK CORP		2014-12-18	2016-02-29
SANDISK CORP		2014-12-18	2016-03-02
SANDISK CORP		2014-12-18	2016-03-28
SANDISK CORP		2014-12-18	2016-05-04
SANDISK CORP		2014-12-18	2016-05-13
SANDISK CORP		2016-12-18	2016-05-13
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-01-05
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-02-29
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-03-02
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-03-28

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
386		597	-211
61		99	-38
69		99	-30
68		99	-31
275		359	-84
2,119		2,764	-645
1,516		2,840	-1,324
679		1,623	-944
116		270	-154
94		203	-109

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-211
			-38
			-30
			-31
			-84
			-645
			-1,324
			-944
			-154
			-109

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, 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 )
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-05-04
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-05-23
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-06-23
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-07-15
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-08-24
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-10-28
SEAGATE TECHNOLOGY PLC		2014-12-18	2016-12-22
UNITEDHEALTH GP INC		2015-12-16	2016-12-22
VERTEX PHARMACEUTICALS		2014-12-18	2016-01-05
VERTEX PHARMACEUTICALS		2014-12-18	2016-02-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
73		270	-197
182		608	-426
164		473	-309
51		135	-84
216		473	-257
408		811	-403
1,121		1,961	-840
19,499		14,378	5,121
240		235	5
70		118	-48

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-197
			-426
			-309
			-84
			-257
			-403
			-840
			5,121
			5
			-48

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
VERTEX PHARMACEUTICALS		2014-12-18	2016-03-11
VERTEX PHARMACEUTICALS		2014-12-18	2016-03-11

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis <b>(g)</b> plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
447		706	-259
149		236	-87

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
			-259
			-87

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
GEORGE HARMS 812 ASHLEY AVE BRIELLE, NJ 08730	PRESIDENT / TRUSTEE 0 00	0	0	0
RUTH HARMS 812 ASHLEY AVE BRIELLE, NJ 08730				
GARY ABADRABO 10 SEQUIOA COURT BRIELLE, NJ 08730	VICE PRESIDENT / TRUSTEE 0 00	0	0	0
KATHY DUFFE 520 HARRIS AVE BRIELLE, NJ 08730				
ROBERT HARMS 2519 RIVER RD MANASQUAN, NJ 08736	TREASURER 0 00	0	0	0
KEVIN HARMS 932 COLE DRIVE BRIELLE, NJ 08730				

**Form 990PF Part XV Line 1a - 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).**

GEORGE HARMS
RUTH HARMS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
ALGONQUIN ARTS 173 MAIN ST MANASQUAN, NJ 08736	NONE	PUBLIC	2016 GALA	2,000
ALZHEIMERS ASSOCIATION NEW JERSEY  321 NEWMAN SPRINGS RD BLDG 1 STE 143 RED BANK, NJ 07701	NONE	PUBLIC	2016 DONATION	2,500
AMERICAN HEART ASSOCIATION 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	PUBLIC	2017 SPONSORSHIP - HEART BALL	1,000
BIG BROTHERS BIG SISTERS OF MONMOUTH & MIDDLESEX CNTY 305 BOND STREET 2ND FLOOR ASBURY PARK, NJ 07712	NONE	PUBLIC	2016 GALA	500
COASTAL HABITAT FOR HUMANITY 200 HWY 71 SUITE 3 SPRING LAKE HEIGHTS, NJ 07762	NONE	PUBLIC	2016 DONATION	500
CONSERVATION FORCE 3240 S I-10 W SERVICE ROAD METAIRIE, LA 70001	NONE	PUBLIC	2016 DONATION	5,000
FELLOWSHIP FOR CHRISTIAN ATHLETES 6 DRUMMOND PLACE RED BANK, NJ 07701	NONE	PUBLIC	2016 DONATION	1,000
FIRST PRESBYTERIAN CHURCH OF MANASQUAN 16 VIRGINIA AVE MANASQUAN, NJ 08736	NONE	PUBLIC	2016 CHURCH CONTRIBUTIONS, PASTOR DISCRETIONARY & FOOD PANTRY	39,600
FIRST PRESBYTERIAN CHURCH OF MANASQUAN 16 VIRGINIA AVE MANASQUAN, NJ 08736	NONE	PUBLIC	2016 PANAMA MISSION TRIP CONTRIBUTION	2,000
FIRST PRESBYTERIAN CHURCH OF MANASQUAN 16 VIRGINIA AVE MANASQUAN, NJ 08736	NONE	PUBLIC	2016 DONATION - MENS MINISTRY GOLF EVENT	3,000
FIRST PRESBYTERIAN CHURCH OF MANASQUAN 16 VIRGINIA AVE MANASQUAN, NJ 08736	NONE	PUBLIC	RIO MISSION - BRIDGES TO PROSPERITY	2,500
FIRST PRESBYTERIAN CHURCH OF MANASQUAN 16 VIRGINIA AVE MANASQUAN, NJ 08736	NONE	PUBLIC	2016 CHURCH CONTRIBUTION	1,410
FOOD BANK OF MONMOUTH AND OCEAN COUNTY 3300 ROUTE 66 NEPTUNE, NJ 07753	NONE	PUBLIC	2017 ANNUAL DINNER DANCE	10,000
FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE 226 EAST 54TH STREET SUITE 306 NEW YORK, NY 10022	NONE	PUBLIC	2016 ANNUAL FOCOS GALA	5,000
GRAND SLAM CLUB PO BOX 310727 BIRMINGHAM, AL 35231	NONE	PUBLIC	2016 DONATION	1,000
Total . . . . . ► 3a				144,777

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
JERSEY SHORE UNIVERSITY MEDICAL CENTER 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 SUPERHERO SOIREE	2,060
JOAN DANCY AND PALS P O BOX 8157 RED BANK, NJ 07701	NONE	PUBLIC	2016 DONATION	1,000
JOAN DANCY AND PALS P O BOX 8157 RED BANK, NJ 07701	NONE	PUBLIC	2015 CONTRIBUTION IN HONOR OF JOHN NEARY	3,500
THE LEUKEMIA & LYMPHOMA SOCIETY 2 INTERNATIONAL PLAZA SUITE 105 PHILADELPHIA, PA 19113	NONE	PUBLIC	2016 DONATION	2,000
MARCH OF DIMES 959 US HIGHWAY 46 EAST PARSIPPANY, NJ 07054	NONE	PUBLIC	2016 DONATION	2,000
MERIDIAN HEALTH AFFILIATED FOUNDATIONS 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 GALA	8,000
MERIDIAN HEALTH AFFILIATED FOUNDATIONS 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 WOMENS HEART FUND	4,550
MERIDIAN HEALTH AFFILIATED FOUNDATIONS 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 WOMENS HEART FUND	160
MERIDIAN HEALTH AFFILIATED FOUNDATIONS 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 BUILDING HOPE BENEFIT	1,992
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVE LONG BRANCH, NJ 07740	NONE	PUBLIC	2016 ANNUAL LUNCHEON	1,965
MONMOUTH WRITE ON SPORTS P O BOX 633 SOUTH ORANGE, NJ 07079	NONE	PUBLIC	2016 DONATION	1,500
MUSCULAR DYSTROPHY 600 REED ROAD STE 104 BROOMALL, PA 190083505	NONE	PUBLIC	2016 DONATION	2,000
NRA FOUNDATION 11250 WAPLES MILL RD 1 FAIRFAX, VA 22030	NONE	PUBLIC	2016 DONATION	2,500
OCEAN MEDICAL CENTER FOUNDATION 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 GOLF CLASSIC	14,780
OCEAN MEDICAL CENTER FOUNDATION 1345 CAMPUS PARKWAY SUITE A2 NEPTUNE, NJ 07753	NONE	PUBLIC	2016 GOLF CLASSIC	1,760
Total . . . . . ►				144,777
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE PARKER FAMILY CLINIC 211 SHREWSBURY AVE RED BANK, NJ 07701	NONE	PUBLIC	2016 GALA	2,000
PARKINSONS DISEASE 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	PUBLIC	2016 DONATION	2,500
RONALD MCDONALD HOUSE PO BOX 3237 LONG BRANCH, NJ 07740	NONE	PUBLIC	2016 DONATION	1,000
SAMARITAN CENTER OF THE JERSEY SHORE 36 SOUTH STREET MANASQUAN, NJ 08736	NONE	PUBLIC	2016 LUNCH SPONSOR	3,000
TIGGER HOUSE INC P O BOX 276 RED BANK, NJ 07701	NONE	PUBLIC	2016 DONATION	1,000
TISCH MS RESEARCH CENTER OF NEW YORK 521 W 57TH STREET 4TH FLOOR NEW YORK, NY 10019	NONE	PUBLIC	2016 CONTRIBUTION IN HONOR OF NOEL FOLEY	2,500
UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF ROAD FARMINGDALE, NJ 07727	NONE	PUBLIC	2016 DONATION	1,000
WESLEY COLLEGE 120 NORTH STATE STREET DOVER, DE 199013875	NONE	PUBLIC	TURF REPLACEMENT - FINAL PAYMENT OF 2 YR COMMITMENT	5,000
<b>Total . . . . .</b> ► <b>3a</b>				144,777

**TY 2016 Explanation of Non-Filing with Attorney General Statement**

**Name:** GEORGE AND RUTH HARMS FOUNDATION

**EIN:** 22-3548916

**Statement:**

THE STATE OF NEW JERSEY REQUIRES PRIVATE FOUNDATIONS TO FILE WITH THE STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY, DIVISION OF CONSUMER AFFAIRS, CHARITIES REGISTRATION IN NEWARK NJ. PRIVATE FOUNDATIONS ARE NOT REQUIRED TO MAKE AN ADDITIONAL FILING WITH THE ATTORNEY GENERAL.

## TY 2016 Investments Corporate Stock Schedule

**Name:** GEORGE AND RUTH HARMS FOUNDATION

**EIN:** 22-3548916

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS	84,661	84,661

**TY 2016 Other Expenses Schedule****Name:** GEORGE AND RUTH HARMS FOUNDATION**EIN:** 22-3548916**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NJ CRI	30	0		30
ANNUAL FEES	50	0		50
ADVERTISING AND PROMOTION	14,483	7,242		7,241

**TY 2016 Other Increases Schedule**

**Name:** GEORGE AND RUTH HARMS FOUNDATION  
**EIN:** 22-3548916

Description	Amount
UNREALIZED (GAIN)/LOSS ON INVESTMENTS	22,549

**TY 2016 Substantial Contributors  
Schedule****Name:** GEORGE AND RUTH HARMS FOUNDATION**EIN:** 22-3548916**Name****Address**

GEORGE AND RUTH HARMS

812 ASHLEY AVENUE  
BRIELLE, NJ 08730