

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

Department of the Treasury  
Internal Revenue Service

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

**For calendar year 2016 or tax year beginning , and ending**

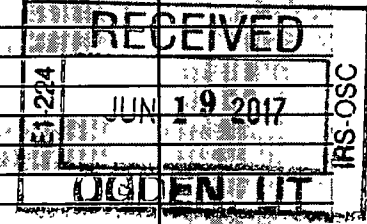
Name of foundation <b>HOLT FOUNDATION I M</b>			<b>A Employer identification number</b>  31-6671181	
Number and street (or P O box number if mail is not delivered to street address) <b>60 MAIN STREET</b>		Room/suite	<b>B Telephone number (see instructions)</b>  (908) 719-3313	
City or town, state or province, country, and ZIP or foreign postal code <b>CLINTON NJ 08809</b>		<b>C If exemption application is pending, check here</b> <input type="checkbox"/>		
Foreign country name Foreign province/state/country Foreign postal code		<b>D 1. Foreign organizations, check here</b> <input type="checkbox"/> <b>2. Foreign organizations meeting the 85% test, check here and attach computation</b> <input type="checkbox"/>		
<b>G Check all that apply</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here</b> <input type="checkbox"/>		
<b>H Check type of organization</b> <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		<b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here</b> <input type="checkbox"/>		
<b>I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$</b> 907,337		<b>J Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>		

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	12,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	21,613	21,175		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	26,906			
	<b>b</b> Gross sales price for all assets on line 6a 98,713				
	<b>7</b> Capital gain net income (from Part IV, line 2)		26,906		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	60,519	48,081	0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc				
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	9,061	9,061		
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	2,023			
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)				
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	11,084	9,061	0	0
	<b>25</b> Contributions, gifts, grants paid	50,000			50,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	61,084	9,061	0	50,000	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-565				
<b>b Net investment income</b> (if negative, enter -0-)		39,020			
<b>c Adjusted net income</b> (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

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SCANNED JUN 20 2017



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only—(See instructions—)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	75,293	70,390	70,455
	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			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	521,538	525,874	836,882
	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)	596,831	596,264	907,337	
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 and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	596,831	596,264	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	<b>Total net assets or fund balances</b> (see instructions)	596,831	596,264		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	596,831	596,264		

**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	596,831
2	Enter amount from Part I, line 27a	2	-565
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	596,266
5	Decreases not included in line 2 (itemize) ▶ <u>Rounding</u>	5	2
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	596,264

**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.)
1a See Attached Statement				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	26,906
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	26,794

**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 (col. (b) divided by col. (c))	
2015	45,400	895,554	0.050695	
2014	41,200	871,985	0.047249	
2013	41,700	773,583	0.053905	
2012	41,700	773,583	0.053905	
2011	40,085	683,479	0.058648	
2	Total of line 1, column (d)		2	0.264402
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0.052880
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5		4	794,544
5	Multiply line 4 by line 3		5	42,015
6	Enter 1% of net investment income (1% of Part I, line 27b)		6	390
7	Add lines 5 and 6		7	42,405
8	Enter qualifying distributions from Part XII, line 4 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.		8	50,000

**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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	390	
<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>	390	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>		
<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>	390	
<b>6</b>	Credits/Payments			
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	1,261	
<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>	1,261	
<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>	0	
<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>	871	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>390</b> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	481	

**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?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the 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>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<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>		X
<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>		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<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>		X
<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?	X	
<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>	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
<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>		X
<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>		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)(13)? If "Yes," attach schedule (see instructions)	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X	
14	The books are in care of ▶ JOHN C HOLT Telephone no ▶ (908) 397-4261 Located at ▶ 60 MAIN ST CLINTON NJ ZIP+4 ▶ 08809		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		<input type="checkbox"/>
16	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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	Yes	No
		16	X

**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
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
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 2016?	1c	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 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 ▶ 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 instructions)	2b	N/A
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____		
3a	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 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)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	X

**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 4945(d)(4)(A)? (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)? **5b** N/A

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? **6b** X

If "Yes" to 6b, file Form 8870

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

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** N/A

**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
JOHN C HOLT 60 MAIN STREET CLINTON, NJ 08809	TRUSTEE			
ANN C HOLT 60 MAIN STREET CLINTON, NJ 08809	TRUSTEE	0		
JOHN M HOLT 17 GEORGES PLACE CLINTON, NJ 8809	TRUSTEE	0		
SARA H RUDE 909 COUNTY HIGHWAY 601 SKILLMAN, NJ 08558	TRUSTEE	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				

**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>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services</b>		▶ 0

**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> NONE		
<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> NONE		
<b>2</b>		
All other program-related investments See instructions		
<b>3</b> NONE		
<b>Total. Add lines 1 through 3</b>		▶ 0

**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>	714,446
<b>b</b>	Average of monthly cash balances	<b>1b</b>	92,198
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	806,644
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	806,644
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	12,100
<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>	794,544
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	39,727

**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>	39,727
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	390
<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>	390
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	39,337
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	39,337
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	39,337

**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>	50,000
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<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>	50,000
<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>	390
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	49,610

**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				39,337
<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____				
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011	6,841			
<b>b</b> From 2012	2,274			
<b>c</b> From 2013	2,573			
<b>d</b> From 2014	1,659			
<b>e</b> From 2015	1,883			
<b>f</b> Total of lines 3a through e	15,230			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 50,000				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2016 distributable amount				39,337
<b>e</b> Remaining amount distributed out of corpus	10,663			
<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) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,893			
<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				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions				
<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)				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	6,841			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	19,052			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012	2,274			
<b>b</b> Excess from 2013	2,573			
<b>c</b> Excess from 2014	1,659			
<b>d</b> Excess from 2015	1,883			
<b>e</b> Excess from 2016	10,663			

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

N/A

**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 foundation 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	
				0
<b>b</b> 85% of line 2a				0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed				0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities				0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				0
<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				0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				0
<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)				0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				0
<b>(3)</b> Largest amount of support from an exempt organization				0
<b>(4)</b> Gross investment income				0

**Part XV Supplementary Information (Complete this part only if the foundation 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) )

ANN HOLT

**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

N/A

**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

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**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
<p><b>a</b> <i>Paid during the year</i> See Attached Statement</p>				
<p><b>Total</b> <span style="float: right;">▶ <b>3a</b></span></p>				<p>50,000</p>
<p><b>b</b> <i>Approved for future payment</i> NONE</p>				
<p><b>Total</b> <span style="float: right;">▶ <b>3b</b></span></p>				<p>0</p>





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No 1545-0047

**2016**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> HOLT FOUNDATION I M	<b>Employer identification number</b> 31-6671181
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**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> HOLT FOUNDATION T M	<b>Employer identification number</b> 31-6671181
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HOLT FOUNDATION CHECKING ACCOUNT 909 COUNTY RT 601 SKILLMAN NJ 08558 Foreign State or Province _____ Foreign Country _____	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization <b>HOLT FOUNDATION TM</b>	Employer identification number <b>31-6671181</b>
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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

<b>Name of organization</b> HOLT FOUNDATION™	<b>Employer identification number</b> 31-6671181
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions ) ▶ \$ ..... 0  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

..... ..... ..... For. Prov                      Country	..... ..... .....
---	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

..... ..... ..... For. Prov                      Country	..... ..... .....
---	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

..... ..... ..... For. Prov                      Country	..... ..... .....
---	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	..... ..... .....	..... ..... .....	..... ..... .....

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

..... ..... ..... For. Prov                      Country	..... ..... .....
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**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

CLINTON FIRE DEPARTMENT

**Street**

1 NEW ST

**City**

CLINTON

**State**

NJ

**Zip Code**

08809

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,500

**Name**

CLINTON FIRST AID &amp; RESCUE SQUAD

**Street**

48 OLD HWY 22

**City**

ANNANDALE

**State**

NJ

**Zip Code**

08801

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,500

**Name**

RARITAN TOWNSHIP FIRE DEPARTMENT

**Street**

303 S MAIN ST

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Name**

FLEMINGTON-RARITAN EMERGENCY SQUAD

**Street**

26 NJ-12

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Name**

NORWESCAP

**Street**

201 BROAD ST

**City**

PHILLIPSBURG

**State**

NJ

**Zip Code**

08865

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,500

**Name**

CLINTON SUNRISE TODAY

**Street**

1 NEW ST PO BOX 5435

**City**

CLINTON

**State**

NJ

**Zip Code**

08809

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

3,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

CRAWFORD HOUSE

**Street**

362 SUNSET RD

**City**

SKILLMAN

**State**

NJ

**Zip Code**

08558

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

FAMILY PROMISE OF HUNTERDON COUNTY

**Street**

10 E MAIN ST

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

HUNTERDON FAMILY SUCCESS CENTER

**Street**

87 PARK AVE

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,500

**Name**

HUNTERDON COUNTY YMCA

**Street**

144 W WOODSCHURCH RD

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

VOLUNTEER GUARDIANSHIP ONE-ON-ONE

**Street**

188 ROUTE 21

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

HUNTERDON PREVENTION RESOURCES

**Street**

4 WALTER E FORAN BLVD

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

3,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

MEALS ON WHEELS IN HUNTERDON

**Street**

5 WALTER E FORAN BLVD

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

3,000

**Name**

OPEN CUPBOARD

**Street**

37 OLD HWY 22

**City**

CLINTON

**State**

NJ

**Zip Code**

08809

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

4,000

**Name**

THE RAPTOR TRUST

**Street**

0390 WHITE BRIDGE RD

**City**

MILLINGTON

**State**

NJ

**Zip Code**

07946

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,500

**Name**

SHANNON DALEY MEMORIAL FUND

**Street**

PO BOX 1271

**City**

WHITEHOUSE STATION

**State**

NJ

**Zip Code**

08889

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

3,000

**Name**

SOMERSET CHAPLAINCY TO THE ELDERLY

**Street**

PO BOX 841

**City**

SOMERVILLE

**State**

NJ

**Zip Code**

08876

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

3,000

**Name**

YMCA OF THE GREATER TWIN CITIES

**Street**

2125 E HENNEPIN AVE

**City**

MINNEAPOLIS

**State**

MN

**Zip Code**

55413

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

WOODLAND WILDLIFE REFUGE

**Street**

676 COUNTY RD 5

**City**

PITTSWOWN

**State**

NJ

**Zip Code**

08867

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

CRIMESTOPPERS

**Street**

56 WASHINGTON ST

**City**

MORRISTOWN

**State**

NJ

**Zip Code**

07960

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Name**

NEW JERSEY ANIMALS

**Street**

1119 LINGSTON AVE

**City**

NEW BRUNSWICK

**State**

NJ

**Zip Code**

08901

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

MID-ATLANTIC GREAT DANE RESCUE

**Street**

PO BOX 534

**City**

BOONTON

**State**

NJ

**Zip Code**

07005

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Name**

HUNTERDON LAND TRUST

**Street**

111 MINE ST

**City**

FLEMINGTON

**State**

NJ

**Zip Code**

08822

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Name**

FREEDOM HOUSE

**Street**

3 PAVILLION RD

**City**

GLEN GARDNER

**State**

NJ

**Zip Code**

08826

**Foreign Country****Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

**Name**

DREAMS COME TRUE THERAPEUTIC RIDERS

**Street**

639 COUNTY RD

**City**

PITTSTOWN

**State**

NJ

**Zip Code**

08867

**Foreign Country**

**Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

1,500

**Name**

CANCER SUPPORT COMMUNITY OF NJ

**Street**

3 CROSSROADS DR

**City**

BEDMINSTER TOWNSHIP

**State**

NJ

**Zip Code**

07921

**Foreign Country**

**Relationship**

NONE

**Foundation Status**

PC

**Purpose of grant/contribution**

GENERAL SUPPORT GRANT

**Amount**

2,000

**Name**

**Street**

**City**

**State**

**Zip Code**

**Foreign Country**

**Relationship**

**Foundation Status**

**Purpose of grant/contribution**

**Amount**

**Name**

**Street**

**City**

**State**

**Zip Code**

**Foreign Country**

**Relationship**

**Foundation Status**

**Purpose of grant/contribution**

**Amount**

**Name**

**Street**

**City**

**State**

**Zip Code**

**Foreign Country**

**Relationship**

**Foundation Status**

**Purpose of grant/contribution**

**Amount**

**Name**

**Street**

**City**

**State**

**Zip Code**

**Foreign Country**

**Relationship**

**Foundation Status**

**Purpose of grant/contribution**

**Amount**



**Asset Detail**

**Statement of Value and Activity**

December 1, 2016 - December 31, 2016

**Asset Detail**

Description	Shares/Par Value	Current Price	Market Value	Tax Cost	Unrealized G/L	Est. Ann. Income
<b>Cash &amp; Equivalents</b>						
Money Market Funds						
Peapack-Gladstone Money Market	45,389.69	1.00	\$45,389.69	\$45,389.69	\$0.00	\$90.78
			\$45,389.69	\$45,389.69	\$0.00	\$90.78
<b>Certificates of Deposit</b>						
GE Capital Bank CD 1.250% 8/01/17	25,000.00	100.26	\$25,065.50	\$25,000.00	\$65.50	\$312.50
			\$25,065.50	\$25,000.00	\$65.50	\$312.50
<b>Total Cash &amp; Equivalents</b>			\$70,455.19	\$70,389.69	\$65.50	\$403.28
<b>Equity</b>						
<b>Consumer Discretionary</b>						
Lowe's Cos Inc	300.00	71.12	\$21,336.00	\$6,277.49	\$15,058.51	\$420.00
TICKER: LOW						
Disney Walt CO New	200.00	104.22	\$20,844.00	\$3,241.60	\$17,602.40	\$312.00
TICKER: DIS						
McDonalds Corp	200.00	121.72	\$24,344.00	\$14,976.46	\$9,367.54	\$752.00
TICKER: MCD						
			\$66,524.00	\$24,495.55	\$42,028.45	\$1,484.00
<b>Consumer Staples</b>						
Pepsico Inc	160.00	104.63	\$16,740.80	\$8,153.60	\$8,587.20	\$481.60
TICKER: PEP						
General/MLS Inc	150.00	61.77	\$9,265.50	\$7,227.99	\$2,037.51	\$288.00
TICKER: GIS						
Procter & Gamble CO	190.00	84.08	\$15,975.20	\$10,364.58	\$5,610.62	\$508.82
TICKER: PG						

**Asset Detail (continued)**

**Statement of Value and Activity**

December 1, 2016 - December 31, 2016

<b>Description</b>	<b>Shares/Par Value</b>	<b>Current Price</b>	<b>Market Value</b>	<b>Tax Cost</b>	<b>Unrealized G/L</b>	<b>Est. Ann. Income</b>
Costco Wholesale Corp New TICKER: COST	125.00	160.11	\$20,013.75	\$6,181.96	\$13,831.79	\$225.00
<b>Energy</b>			\$61,995.25	\$31,928.13	\$30,067.12	\$1,503.42
Schlumberger LTD TICKER: SLB	150.00	83.95	\$12,592.50	\$5,809.49	\$6,783.01	\$300.00
Chevron Corporation TICKER: CVX	125.00	117.70	\$14,712.50	\$8,514.99	\$6,197.51	\$540.00
<b>Financials</b>			\$27,305.00	\$14,324.48	\$12,980.52	\$840.00
BB&T Corporation TICKER: BBT	250.00	47.02	\$11,755.00	\$9,334.73	\$2,420.27	\$300.00
JP Morgan Chase & CO TICKER: JPM	300.00	86.29	\$25,887.00	\$5,525.97	\$20,361.03	\$576.00
PNC Financial Services Group TICKER: PNC	100.00	116.96	\$11,696.00	\$8,010.99	\$3,685.01	\$220.00
BlackRock Inc CL A TICKER: BLK	75.00	380.54	\$28,540.50	\$13,796.50	\$14,744.00	\$687.00
<b>Health Care</b>			\$77,878.50	\$36,668.19	\$41,210.31	\$1,783.00
AbbVie Inc TICKER: ABBV	250.00	62.62	\$15,655.00	\$6,597.70	\$9,057.30	\$640.00
Merck & CO Inc TICKER: MRK	200.00	58.87	\$11,774.00	\$10,718.98	\$1,055.02	\$376.00
Johnson & Johnson TICKER: JNJ	200.00	115.21	\$23,042.00	\$12,895.46	\$10,146.54	\$640.00



**Asset Detail (continued)**

**Statement of Value and Activity**

December 1, 2016 - December 31, 2016

Description	Shares/Par Value	Current Price	Market Value	Tax Cost	Unrealized G/L	Est. Ann. Income
Thermo Fisher Scientific Inc TICKER: TMO	100.00	141.10	\$14,110.00	\$8,092.99	\$6,017.01	\$60.00
<hr/>						
<b>Industrials</b>			\$64,581.00	\$38,305.13	\$26,275.87	\$1,716.00
Fortive Corp TICKER: FTV	125.00	53.63	\$6,703.75	\$1,692.51	\$5,011.24	\$35.00
Boeing CO TICKER: BA	100.00	155.68	\$15,568.00	\$13,471.23	\$2,096.77	\$568.00
United Technologies Corp TICKER: UTX	200.00	109.62	\$21,924.00	\$8,482.00	\$13,442.00	\$528.00
General Electric Corp TICKER: GE	1,050.00	31.60	\$33,180.00	\$16,443.00	\$16,737.00	\$1,008.00
Danaher Corp TICKER: DHR	250.00	77.84	\$19,460.00	\$5,197.39	\$14,262.61	\$125.00
Illinois Tool Wks Inc TICKER: ITW	200.00	122.46	\$24,492.00	\$10,582.56	\$13,909.44	\$520.00
Union Pac Corp TICKER: UNP	100.00	103.68	\$10,368.00	\$8,814.00	\$1,554.00	\$242.00
<hr/>						
			\$131,695.75	\$64,682.69	\$67,013.06	\$3,026.00
<hr/>						
<b>Technology</b>			\$8,299.50	\$4,062.50	\$4,237.00	\$280.00
Intl. Business Machines Corp TICKER: IBM	50.00	165.99	\$8,299.50	\$4,062.50	\$4,237.00	\$280.00
<hr/>						
			\$8,299.50	\$4,062.50	\$4,237.00	\$280.00

**Asset Detail (continued)**

**Statement of Value and Activity**

December 31, 2016 - December 31, 2016

<b>Description</b>	<b>Shares/Par Value</b>	<b>Current Price</b>	<b>Market Value</b>	<b>Tax Cost</b>	<b>Unrealized G/L</b>	<b>Est. Ann. Income</b>
<b>Basic Materials</b>						
Air Products & Chemicals Inc TICKER: APD	150.00	143.82	\$21,573.00	\$6,638.63	\$14,934.37	\$516.00
			\$21,573.00	\$6,638.63	\$14,934.37	\$516.00
<b>Telecommunication Services</b>						
Venzon Communications TICKER: VZ	250.00	53.38	\$13,345.00	\$12,182.70	\$1,162.30	\$577.50
			\$13,345.00	\$12,182.70	\$1,162.30	\$577.50
<b>Equity Mutual Funds</b>						
iShares NASDAQ Biotech ETF TICKER: IBB	100.00	265.38	\$26,538.00	\$6,738.06	\$19,799.94	\$49.30
Vanguard Small Cap Growth ETF TICKER: VBK	200.00	133.14	\$26,628.00	\$7,639.98	\$18,988.02	\$287.80
Vanguard Small Cap Value ETF TICKER: VBR	250.00	121.00	\$30,250.00	\$8,682.50	\$21,567.50	\$534.50
Powershares Qqq Trust TICKER: QQQ	200.00	118.48	\$23,696.00	\$14,007.98	\$9,688.02	\$250.60
Vanguard Ind Fd Mid-Cap TICKER: VO	50.00	131.63	\$6,581.50	\$5,458.50	\$1,123.00	\$95.35
			\$113,693.50	\$42,527.02	\$71,166.48	\$1,217.55
<b>Total Equity</b>			\$586,890.50	\$275,815.02	\$311,075.48	\$12,943.47



**Asset Detail (continued)**

**Statement of Value and Activity**

December 1, 2016 - December 31, 2016

<b>Description</b>	<b>Shares/Par Value</b>	<b>Current Price</b>	<b>Market Value</b>	<b>Tax Cost</b>	<b>Unrealized G/L</b>	<b>Est. Ann. Income</b>
<b>Fixed Income</b>						
<b>Municipal Obligations</b>						
Stafford Twp New Jersey	15,000.00	100.41	\$15,062.10	\$14,860.20	\$201.90	\$375.00
General Obligation						
DTD 03/27/2014 2.500% 04/01/2019						
Non Callable			\$15,062.10	\$14,860.20	\$201.90	\$375.00
<b>Corporate Bonds</b>						
Becton Dickinson and CO	25,000.00	100.23	\$25,056.75	\$25,000.00	\$56.75	\$450.00
DTD 12/15/2014 1.800% 12/15/2017						
Non Callable			\$25,056.75	\$25,000.00	\$56.75	\$450.00
Express Scripts Holdings	25,000.00	99.63	\$24,907.00	\$24,994.00	-\$87.00	\$312.50
DTD 06/05/2014 1.250% 06/02/2017						
Non Callable			\$24,907.00	\$24,994.00	-\$87.00	\$312.50
Intel Corp	25,000.00	101.41	\$25,352.50	\$24,976.50	\$376.00	\$612.50
DTD 07/29/2015 2.450% 07/29/2020						
Non Callable			\$25,352.50	\$24,976.50	\$376.00	\$612.50
Pepsico Inc	25,000.00	99.87	\$24,968.50	\$25,000.00	-\$31.50	\$312.50
DTD 04/30/2015 1.250% 04/30/2018						
Non Callable			\$24,968.50	\$25,000.00	-\$31.50	\$312.50
Southern Power CO	25,000.00	99.55	\$24,886.50	\$24,949.00	-\$62.50	\$375.00
DTD 05/20/2015 1.500% 06/01/2018						
Non Callable			\$24,886.50	\$24,949.00	-\$62.50	\$375.00
			\$125,171.25	\$124,919.50	\$251.75	\$2,062.50

**Asset Detail (continued)****Statement of Value and Activity**

December 1, 2016 - December 31, 2016

<b>Description</b>	<b>Shares/Par Value</b>	<b>Current Price</b>	<b>Market Value</b>	<b>Tax Cost</b>	<b>Unrealized G/L</b>	<b>Est. Ann. Income</b>
<i>Preferred Stocks Nonconvertible</i>						
Charles Schwab Corp 5.950% Preferred Series D Callable	1,000.00	24.99	\$24,990.00	\$25,000.00	-\$10.00	\$1,487.00
Goldman Sachs Group Inc 6.200% Preferred Series B Callable	1,000.00	25.43	\$25,430.00	\$24,478.78	\$951.22	\$1,550.00
Merrill Lynch Cap Trust I 6.450% Preferred Series K Due 12/15/2066 Callable	1,000.00	25.12	\$25,123.30	\$23,355.50	\$1,767.80	\$1,612.00
Public Storage 5.375% Preferred Real Estate Inv Trust Callable	500.00	22.60	\$11,300.00	\$12,482.50	-\$1,182.50	\$672.00
State Street Corp 5.250% Preferred Series C Callable	500.00	23.38	\$11,690.00	\$12,500.00	-\$810.00	\$656.00



**Asset Detail (continued)**

**Statement of Value and Activity**

December 1, 2016 - December 31, 2016

Description	Shares/Par Value	Current Price	Market Value	Tax Cost	Unrealized G/L	Est. Ann. Income
Vornado Realty Trust 5.400% Preferred Real Estate Inv Trust Callable	500.00	22.45	\$11,225.00	\$12,462.50	-\$1,237.50	\$675.00
<hr/>						
Total Fixed Income			\$109,758.30	\$110,279.28	-\$520.98	\$6,652.00
<hr/>						
Total All Assets			\$907,337.34	\$596,263.69	\$311,073.65	\$22,436.25

**Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory**

Description	CUSIP #	Check "X" to include in Part IV	Purchaser	Check "X" if Purchaser is a Business	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Adjustments	Net Gain or Loss	Totals	
														Capital Gains/Losses	Other sales
Long Term CG Distributions	112													98,713	26,906
Short Term CG Distributions	0													0	0
1 DU PONT E L D E NEMOURS &	263534109	X			8/8/2011	1/12/2016	23,277	17,397					0		
2 EXXONMOBIL CORP	30231G102	X			8/8/2011	1/12/2016	11,225	10,904					0		5,880
3 FORD MOTOR CO DEL	345370860	X			2/11/2014	12/27/2016	9,240	10,936					0		321
4 FORD MOTOR CO DEL	345370860	X			3/30/2016	12/27/2016	3,080	3,645					0		1,696
5 SCHLUMBERGER LTD	806857108	X			3/10/2009	3/14/2016	7,312	3,873					0		3,439
6 STAFFORD TWP NJ	852529PP5	X			3/6/2014	4/1/2016	5,000	4,953					0		47
7 VANGUARD FTSE EMERGING	922042858	X			3/23/2009	3/3/2016	16,235	12,215					0		4,020
8 VANGUARD SMALL CAP GRC	922806595	X			3/23/2009	3/14/2016	11,564	3,820					0		7,744
9 VANGUARD SMALL CAP VAL	922806611	X			3/23/2009	3/14/2016	9,889	3,473					0		6,416
10 VERSUM MATERIALS INC.	95532W103	X			3/10/2009	11/21/2016	1,779	591					0		1,188

**Part I, Line 16c (990-PF) - Other Professional Fees**

		9,061	9,061	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	OTHER PROFESSIONAL FEES	9,061	9,061		0

**Part I, Line 18 (990-PF) - Taxes**

		2,023	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	PY Excise Tax Due	762			
2	Estimated Excise Payments	1,261			

**Part II, Line 10b (990-PF) - Investments - Corporate Stock**

		521,538	525,874	836,882
		Book Value	Book Value	FMV
		Beg. of Year	End of Year	Beg. of Year
		End of Year	Beg. of Year	End of Year
1	SEE ATTACHED		525,874	836,882



Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	JOHN C HOLT		60 MAIN STREET	CLINTON	NJ	08809		TRUSTEE				
2	ANN C HOLT		60 MAIN STREET	CLINTON <sup>NY</sup>	NJ	08809		TRUSTEE		0		
3	JOHN M HOLT		17 GEORGES PLACE	CLINTON	NJ	8809		TRUSTEE		0		
4	SARA H RUDE		909 COUNTY HIGHWAY 601	SKILLMAN	NJ	08558		TRUSTEE		0		

**Part VI, Line 6a (990-PF) - Estimated Tax Payments**

	<u>Date</u>	<u>1</u>	<u>Amount</u>
1 Credit from prior year return		1	0
2 First quarter estimated tax payment	5/16/2016	2	1,261
3 Second quarter estimated tax payment		3	
4 Third quarter estimated tax payment		4	
5 Fourth quarter estimated tax payment		5	
6 Other payments		6	
7 Total		7	1,261