

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0052

**2017**

**Open to Public Inspection**

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 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

Name of foundation RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION		A Employer identification number 26-6244572	
Number and street (or P O box number if mail is not delivered to street address) 50 ROUTE 46 SUITE 100		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code PARSIPPANY, NJ 07054		B Telephone number (see instructions) (973) 227-1366	
G Check all that apply <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		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 19,053		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)	

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule)	90,000			
	<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				
	<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				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)			0	
	<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	90,000		0		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0		0	0
	<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)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<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	0		0	0
	<b>25</b> Contributions, gifts, grants paid	101,535			101,535
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	101,535		0	101,535	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-11,535				
<b>b Net investment income</b> (if negative, enter -0-)			0		
<b>c Adjusted net income</b> (if negative, enter -0-)					

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	11,938	19,053	19,053
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	11,938	19,053	19,053	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	11,938	19,053		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	11,938	19,053		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	11,938	19,053		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	11,938
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-11,535
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	18,650
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	19,053
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	19,053

**Part IV Capital Gains and Losses for Tax on Investment Income**

	<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 )
<b>(a)</b> 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>1a</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<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			<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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	
<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	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2016	86,800	14,989	5 790913
2015	90,300	7,815	11 554702
2014	82,500	6,728	12 262188
2013	101,565	6,589	15 414327
2012	95,429	11,999	7 953079

<b>2</b> Total of line 1, column (d)	2	52 975209
<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	3	10 595042
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	11,487
<b>5</b> Multiply line 4 by line 3	5	121,705
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	0
<b>7</b> Add lines 5 and 6	7	121,705
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	101,535

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)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount due and overpayment are also indicated.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, liquidation, and state reporting requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	<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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶			<b>5b</b>
<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? . . . . . <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870</i>			<b>6b</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			<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).**

Table with 5 columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. Includes entries for RALPH LOVEYS JR and JAMES LOVEYS.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. All entries are NONE.

Total number of other employees paid over \$50,000. . . . . 0

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. All entries are NONE.

Total number of others receiving over \$50,000 for professional services. . . . . 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

Table with 2 columns: Description of activities (lines 1-4) and Expenses.

**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

Table with 2 columns: Description of investments (lines 1-3) and Amount.

Total. Add lines 1 through 3 . . . . . 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>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	11,662
<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>	11,662
<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>	11,662
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	175
<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>	11,487
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	574

**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>	574
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (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>	574
<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>	574
<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>	574

**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>	101,535
<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>	101,535
<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>	101,535

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				574
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	94,829			
<b>b</b> From 2013. . . . .	101,236			
<b>c</b> From 2014. . . . .	82,164			
<b>d</b> From 2015. . . . .	89,909			
<b>e</b> From 2016. . . . .	86,051			
<b>f</b> Total of lines 3a through e. . . . .	454,189			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>101,535</u>				
<b>a</b> Applied to 2016, 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 2017 distributable amount. . . . .				574
<b>e</b> Remaining amount distributed out of corpus	100,961			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<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	555,150			
<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 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				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 2012 not applied on line 5 or line 7 (see instructions). . . . .	94,829			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	460,321			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	101,236			
<b>b</b> Excess from 2014. . . . .	82,164			
<b>c</b> Excess from 2015. . . . .	89,909			
<b>d</b> Excess from 2016. . . . .	86,051			
<b>e</b> Excess from 2017. . . . .	100,961			

**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 2017, 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			<b>(e) Total</b>
	<b>(a) 2017</b>	<b>(b) 2016</b>	<b>(c) 2015</b>	<b>(d) 2014</b>	
<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 . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

**(1)** Value of all assets . . . . .

**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**c** "Support" alternative test—enter

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

**(3)** Largest amount of support from an exempt organization

**(4)** Gross investment income

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

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**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

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**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 email address of the person to whom applications should be addressed

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

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**c** Any submission deadlines

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**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	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>				101,535
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0



**Part XVII**

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.			<b>No</b>
(2) Other assets.			<b>No</b>
<b>b</b> Other transactions			
(1) Sales of assets to a noncharitable exempt organization.			<b>No</b>
(2) Purchases of assets from a noncharitable exempt organization.			<b>No</b>
(3) Rental of facilities, equipment, or other assets.			<b>No</b>
(4) Reimbursement arrangements.			<b>No</b>
(5) Loans or loan guarantees.			<b>No</b>
(6) Performance of services or membership or fundraising solicitations.			<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.			<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.			

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

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

**b** If "Yes," complete the following schedule

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

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

<b>Sign Here</b> ▶	*****	2018-11-07	*****	May the IRS discuss this return with the preparer shown below (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00393927	
	Firm's name ▶	WISS & COMPANY LLP				Firm's EIN ▶ 22-1732349
	Firm's address ▶	354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039				Phone no (973) 994-9400

**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>				
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	NONE	PUBLIC CHARITY	TO HELP FUND RESEARCH TO PREVENT, CURE AND MANAGE DIABETES	1,000
AMERICAN LUNG ASSOCIATION OF NJ P O BOX 7000 ALBERT LEA, MN 56007	NONE	PUBLIC CHARITY	TO HELP SAVE LIVES BY IMPROVING LUNG HEALTH AND PREVENTING LUNG DISEASE	200
AMERICAN SOCIETY FOR YAD VASHEM 500 FIFTH AVE 42ND FLOOR NEW YORK, NY 10110	NONE	PUBLIC CHARITY	TO PRESERVE THE MEMORY OF THE SHOAH AND STAND AS THE INTERNATIONAL COMMUNITY'S PREEMINENT INSTITUTION OF HOLOCAUST EDUCATION	500
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ATLANTIC HOME CARE AND HOSPICE 465 SOUTH STREET MORRISTOWN, NJ 07960	NONE	PUBLIC CHARITY	TO HELP PROVIDE COMPASSIONATE END OF LIFE CARE TO PEOPLE AND THEIR FAMILIES	1,200
CALVARY PRESBYTERIAN CHURCH 144 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	TO HELP BREAK THE CYCLES OF POVERTY IN THE CITY AND THE WORLD	30,035
COMMUNITY FOOD BANK OF NJ 31 EVAN TERMINAL HILLSIDE, NJ 07205	NONE	PUBLIC CHARITY	TO FIGHT HUNGER AND POVERTY IN NEW JERSEY BY ASSISTING THOSE IN NEED AND SEEKING LONG-TERM SOLUTIONS	500
<b>Total . . . . . ▶</b> <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COUNTY COLLEGE OF MORRIS FOUNDATION 214 CENTER GROVE RD RANDOLPH, NJ 07869	NONE	PUBLIC CHARITY	TO HELP DELIVER DYNAMIC, CHALLENGING, HIGH-QUALITY, AND ACCESSIBLE ACADEMIC PROGRAMS	500
CURBING HUNGER 140 SOUTH FINLEY AVE BASKING RIDGE, NJ 07920	NONE	PUBLIC CHARITY	TO ALLEVIATE HUNGER DURING THE MOST CRITICAL PERIODS, WHEN FOOD SUPPLIES ARE LOW	100
CURE PSP30 E PADONIA RD SUITE 201 TIMONIUM, MD 21093	NONE	PUBLIC CHARITY	INCREASE AWARENESS OF PROGRESSIVE SUPRANUCLEAR PALSY, CORTICOBASAL DEGENERATION, AND OTHER ATYPICAL	4,000
<b>Total</b> . . . . . <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FLEMINGTON-RARITAN FIRST AID RESCUE SQUAD 26 NJ-12 FLEMINGTON, NJ 08822	NONE	PUBLIC CHARITY	PROVIDING 24 HOUR A DAY 365 DAYS A YEAR EMERGENCY COVERAGE TO INDIVIDUALS AND BUSINESSES	500
FLORHAM PARK FIRE DEPARTMENT 111 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	SUPPORT THE EFFORTS OF THE LOCAL FIRE DEPARTMENT	1,000
FLORHAM PARK GAZEBO COMMITTEE 111 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	HELP SUPPORT MAINTENANCE OF THE GAZEBO'S OF FLORHAM PARK	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FLORHAM PARK MEMORIAL FIRST AID SQUAD 60 FELCH ROAD FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	PROVIDING EMERGENCY MEDICAL SERVICES FOR THE BOROUGH OF FLORHAM PARK FOR ABSOLUTELY NO CHARGE	1,000
FLORHAM PARK PBA LOCAL #78 111 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
FRIENDS OF RANDLPHY ANIMAL POUND 97 IRONIA RD MENDHAM, NJ 07945	NONE	PUBLIC CHARITY	SAVING THE LIVES OF ORPHANED PETS	250
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HEARTWORKS192 ROUTE 202 BASKING RIDGE, NJ 07920	NONE	PUBLIC CHARITY	SUSTAINING THE PALPABLE KINDNESS WITNESSED IN THE WAKE AFTER SEPTEMBER 11, 2001	2,000
IBIS CHARITABLE FOUNDATION 8225 IBIS BLVD WEST PALM BEACH, FL 33412	NONE	PUBLIC CHARITY	PROVIDING FINANCIAL SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS	1,000
IRONIA FIREMEN'S ASSOCIATION 331 DOVER CHESTER ROAD RANDOLPH, NJ 07945	NONE	PUBLIC CHARITY	TO PROMOTE SOCIABILITY, TO WORK WITH EACH OTHER, TO DO ALL WE CAN FOR THE IRONIA FIREMEN'S ASSOCIATION	750
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
KOREAN WAR NATIONAL MUSEUM 9 W OLD STATE CAPITOL PLAZA SPRINGFIELD, IL 62701	NONE	PUBLIC CHARITY	TO HONOR THE VETERANS AND EDUCATE CITIZENS AND FUTURE GENERATIONS	500
LAKE BOMOSEEN ASSOCIATION PO BOX 655 CASTELTON, VT 05735	NONE	PUBLIC CHARITY	SEEK TO PRESERVE THE HISTORIC AND NATURAL BEAUTY OF LAKE BOMOSEEN	1,000
LANDMARK COLLEGE RIVER ROAD SOUTH P O BOX 820 PUTNEY, VT 05346	NONE	PUBLIC CHARITY	HELP TRANSFORM THE WAY STUDENTS LEARN, EDUCATORS TEACH AND THE PUBLIC THINKS ABOUT EDUCATION	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LEUKEMIA AND LYMPHOMA SOCIETY 1311 MAMARONECK AVE WHITE PLAINS, NY 10605	NONE	PUBLIC CHARITY	TO HELP CURE LEUKEMIA, LYMPHOMA, HODGKIN'S DISEASE AND MYELOMA	300
LOLLYPOP FARM99 VICTOR RD FAIRPORT, NY 14450	NONE	PUBLIC CHARITY	BUILDING LIFELONG BONDS BETWEEN PEOPLE AND ANIMALS THROUGH EDUCATION, COMMUNITY OUTREACH PROGRAMS AND THE PREVENTION OF CRUELTY	500
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871	NONE	PUBLIC CHARITY	HELP FUND THE WORK FOR THE PREVENTION, TREATMENT, AND CURE OF MACULAR DEGENERATION	1,000
<b>Total</b> . . . . . <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
MARINE CORPS HERITAGE FUND 3800 FETTLER PARK DRIVE SUITE 104 DUMFRIES, VA 22025	NONE	PUBLIC CHARITY	TO PRESERVE AND PROMULGATE THE HISTORY, TRADITIONS AND CULTURE OF THE MARINE CORPS AND EDUCATE ALL AMERICANS IN ITS VIRTUES	500
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	NONE	PUBLIC CHARITY	THE MARKET STREET MISSION MINISTERS TO THE HOMELESS, HELPLESS, AND HOPELESS IN NORTHERN NJ BY MEETING THEIR PHYSICAL, EMOTIONAL, AND SPIRITUAL NEEDS THROUGH A STRUCTURED PROGRAM WHICH ENABLES THEM TO LEAD RESPONSIBLE, PRODUCTIVE LIVES	500
MENTAL HEALTH ASSOCIATION OF MORRIS COUNTY 100 US 46 MOUNTAIN LAKES, NJ 07046	NONE	PUBLIC CHARITY	TO HELP PROMOTE MENTAL HEALTH AND TO SUPPORT AND EMPOWER PEOPLE IN RECOVERY FROM MENTAL ILLNESS	200
<b>Total</b> . . . . . <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
MERCY FLIGHT CENTRAL 2420 BRICKYARD RD CANANDAIGUA, NY 14424	NONE	PUBLIC CHARITY	TO APPEAR FROM OUT OF THE SKY AND SAVE LIVES WITH SPEED, SKILL AND COMPASSION	500
MONTVILLE PET PARENTSP O BOX 231 PINE BROOK, NJ 07058	NONE	PUBLIC CHARITY	TO HELP BUILD A KINDER WORLD FOR HOMLESS PETS	500
MORRISTOWN MEMORIAL HEALTH FOUNDATION P O BOX 1956 MORRISTOWN, NJ 07962	NONE	PUBLIC CHARITY	TO HELP PROVIDE THE BEST QUALITY CARE FOR PATIENTS WHILE KEEPING COSTS DOWN	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
MT PLEASANT ANIMAL SHELTER 194 NJ-10 EAST HANOVER, NJ 07936	NONE	PUBLIC CHARITY	CREATING A COMMUNITY WHERE THERE ARE NO ABUSED, ABANDONED, NEGLECTED, OR HOMELESS ANIMALS	1,000
MTI IBDPO BOX 174 LYONS, NJ 07939	NONE	PUBLIC CHARITY	HELPING VETERANS BREAK THIS CYCLE OF HOMELESSNESS REQUIRES THE COMMUNITY TO RAISE RESOURCES AND PROMOTE AWARENESS OF THE MULTIPLICITY OF PROBLEMS THAT THEY FACE	1,500
NATIONAL BREAST CANCER RESEARCH CENTER P O BOX 8924 TOPEKA, KS 66608	NONE	PUBLIC CHARITY	TO PROVIDE HELP AND INSPIRE HOPE TO THOSE AFFECTED BY BREAST CANCER THROUGH EARLY DETECTION AND EDUCATION	200
<b>Total . . . . . ▶</b> <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 900 S BROADWAY SUITE 200 DENVER, CO 80209	NONE	PUBLIC CHARITY	TO HELP PEOPLE AFFECTED BY MS LIVE THEIR BEST LIVES AND STOP MS IN ITS TRACKS	1,000
NEW BEGINNINGS FOR TOMORROW 28 DWIGHT PLACE FAIRFIELD, NJ 07004	NONE	PUBLIC CHARITY	TO HELP CREATE THE BRIDGE BETWEEN THE END OF EDUCATIONAL SERVICES AND THE BEGINNING OF ADULT LIFE	2,000
NORTH EAST QUADRANT ADVANCED LIFE SUPPORT 780 RIDGE RD WEBSTER, NY 14580	NONE	PUBLIC CHARITY	PROVIDE EMERGENCY CARE AROUND THE CLOCK IN MULTIPLE WAYS TO SERVE THE EVER INCREASING POPULATION IN WHICH THEY SERVE	500
<b>Total</b> . . . . . <b>3a</b>			▶	101,535

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<b>a</b> <i>Paid during the year</i>				
OPEN DOOR MISSION 156 N PLYMOUTH AVE ROCHESTER, NY 14608	NONE	PUBLIC CHARITY	CHRISTIAN RESCUE MISSION FOUNDED ON THE BELIEF THAT WITH PROPER RESOURCES HOPE CAN BE RESTORED AND LIVES OF IMPOVERISHED MEN, WOMEN AND CHILDREN OF ROCHESTER, NY COULD BE FOREVER CHANGED	500
OVERLOOK HOSPITAL FOUNDATION 36 UPPER OVERLOOK ROAD P O BOX 220 SUMMIT, NJ 07902	NONE	PUBLIC CHARITY	TO DEVELOP, MANAGE, AND DISTRIBUTE RESOURCES TO ADVANCE THE DELIVERY OF HIGH-QUALITY HEALTH CARE	5,000
PARALYZED VETERANS OF AMERICA PO BOX 758532 TOPEKA, KS 666758532	NONE	PUBLIC CHARITY	TO HELP ADDRESS THE SPECIAL NEEDS OF PARALYZED VETERANS	300
<b>Total . . . . . ▶</b>				101,535
<b>3a</b>				

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<b>a</b> <i>Paid during the year</i>				
PARKINSONS RESEARCH FOUNDATION P O BOX 20256 SARASOTA, FL 34276	NONE	PUBLIC CHARITY	TO HELP FIND A CURE FOR PARKINSON'S DISEASE THROUGH FUNDING RESEARCH, WHILE PROVIDING EDUCATION AND SERVICES THAT IMPROVE THE QUALITY OF LIFE TODAY FOR PARKINSON PATIENTS AND THEIR CAREGIVERS	1,000
PAWS FOR PURPLE HEARTS 5860 LABATH AVENUE SUITE A ROHNERT PARK, CA 90401	NONE	PUBLIC CHARITY	IMPROVING THE LIVES OF AMERICA'S WARRIORS FACING MOBILITY CHALLENGES AND TRAUMA RELATED CONDITIONS SUCH AS PTSD	500
PUPPIES BEHIND BARS 263 W 38TH STREET NEW YORK, NY 10018	NONE	PUBLIC CHARITY	TRAIN PRISON INMATES TO RAISE SERVICE DOGS FOR WOUNDED WAR VETERANS AND EXPLOSIVE-DETECTION CANINES FOR LAW ENFORCEMENT	500
<b>Total</b> . . . . . <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
RANDOLPH RESCUE SQUAD780 NJ-10 RANDOLPH, NJ 07869	NONE	PUBLIC CHARITY	PROVIDE 911 SERVICES TO RANDOLPH WITH THE CONTINUED SUPPORT OF THE COMMUNITY	500
RANDOLPH YMCA CAPITAL CAMPAIGN 14 DOVER CHESTER ROAD RANDOLPH, NJ 07869	NONE	PUBLIC CHARITY	PROVIDE PHYSICAL, EDUCATIONAL AND SOCIAL PROGRAMS AND SERVICES WHICH MEET THE NEEDS OF OUR COMMUNITY IN A MANNER WHICH IS BOTH FISCALLY AND SOCIALLY RESPONSIBLE	2,000
ROCHESTER REGIONAL HEALTH 100 KINGS HIGHWAY SOUTH ROCHESTER, NY 14617	NONE	PUBLIC CHARITY	TO ENHANCE LIVES AND PRESERVE HEALTH BY ENABLING ACCESS TO A COMPREHENSIVE, FULLY INTEGRATED NETWORK OF THE HIGHEST QUALITY AND MOST AFFORDABLE CARE, DELIVERED WITH KINDNESS, INTEGRITY AND RESPECT	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
SALVATION ARMY - MORRISTOWN PO BOX 1408 MORRISTOWN, NJ 07962	NONE	PUBLIC CHARITY	SERVING THE WHOLE PERSON, BODY, SOUL AND SPIRIT, WITH INTEGRITY AND RESPECT	500
SANDY ROLLMAN OVARIAN CANCER 2010 WEST CHESTER PIKE 410 HAVERTOWN, PA 19083	NONE	PUBLIC CHARITY	TO FIGHT FOR THOSE WHO ARE FIGHTING, SPEAK FOR THOSE WHO HAVE FALLEN SILENT AND PROVIDE FOR THOSE WHO ARE WORKING TOWARDS THE END OF OVARIAN CANCER	2,500
SAVE A LIMB FUND 2401 WEST BELVEDERE AVE BALTIMORE, MD 21215	NONE	PUBLIC CHARITY	SUPPORT CHILDREN BOTH DOMESTICALLY AND ABROAD AND TO SAVE THEIR LIMBS FROM AMPUTATION, GIVING THEM THE CHANCE TO ENJOY THE ACTIVITIES THAT BRING THEM CONFIDENCE AND JOY	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				101,535

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SETON HALL PREP120 NORTHFIELD AVE ORANGE, NJ 07052	NONE	PUBLIC CHARITY	TO FOSTER THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL GROWTH OF STUDENTS	1,000
ST HUBERTS ANIMAL WELFARE CENTER 575 WOODLAND AVENUE PO BOX 159 MADISON, NJ 07940	NONE	PUBLIC CHARITY	DEDICATED TO THE HUMANE TREATMENT OF ANIMALS THE ORGANIZATION BELIEVES IN AND PROVIDES SERVICES THAT SUPPORT THE HUMAN-ANIMAL BOND AND SEEKS TO FOSTER AN ENVIRONMENT IN WHICH PEOPLE RESPECT ALL LIVING CREATURES	2,000
ST MATTHEW THE APOSTLE PARISH 335 DOVER CHESTER RD RANDOLPH, NJ 07869	NONE	PUBLIC CHARITY	A CATHOLIC COMMUNITY SEEKING OUT AND WELCOMING ALL IN A SPIRIT OF HOSPITALITY, AND EMPOWERING PEOPLE TO GROW IN DISCIPLESHIP IN JESUS CHRIST	1,500
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
SUMMIT SPEECH SCHOOL 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	PUBLIC CHARITY	TO ENABLE CHILDREN WHO ARE DEAF OR HARD OF HEARING TO TAKE THEIR PLACE IN A HEARING WORLD	500
THE HUGS FOUNDATION 973 EAST AVENUE ROCHESTER, NY 14607	NONE	PUBLIC CHARITY	TO ASSIST CHILDREN AFFECTED BY MICROTIA, CLEFT LIP AND CLEFT PALATE, AND OTHER FACIAL DEFORMITIES	500
THE RAPTOR TRUST 1390 WHITE BRIDGE RD MILLINGTON, NJ 07946	NONE	PUBLIC CHARITY	TO PROVIDE FREE CARE AND ASSISTANCE TO INJURED, SICK, OR ORPHANED WILD BIRDS, EDUCATE PEOPLE ABOUT WILD BIRDS, ESPECIALLY BIRDS OF PREY AND PROVIDE A HUMANE EXAMPLE FOR OTHERS	500
<b>Total . . . . . ▶</b> <b>3a</b>				101,535

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE SCHOLARSHIP FUND FOR INNER-CITY CHILDREN 171 CLIFTON AVE NEWARK, NJ 07104	NONE	PUBLIC CHARITY	PROVIDE CHILDREN IN NEED WITH THE OPPORTUNITY TO RECEIVE A HIGH QUALITY, VALUES-BASED EDUCATION IN A NURTURING AND SAFE ENVIRONMENT	2,500
THE SEEING EYE INC 10 WASHINGTON VALLEY RD MORRISTOWN, NJ 07960	NONE	PUBLIC CHARITY	BREEDS AND RAISES PUPPIES TO BECOME SEEING EYE DOGS, TRAINS SEEING EYE DOGS TO GUIDE BLIND PEOPLE, INSTRUCTS BLIND PEOPLE IN THE PROPER USE, HANDLING, AND CARE OF THE DOGS, CONDUCTS AND SUPPORTS RESEARCH ON CANINE HEALTH AND DEVELOPMENT	1,000
WEBSTER COMFORT CARE 700 HOLT RD WEBSTER, NY 14580	NONE	PUBLIC CHARITY	PROVIDING COMPREHENSIVE AND COMPASSIONATE CARE TO THE TERMINALLY ILL AND THEIR FAMILIES	500
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

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<b>a</b> <i>Paid during the year</i>				
WEBSTER COMMUNITY CHEST 1000 RIDGE RD WEBSTER, NY 14580	NONE	PUBLIC CHARITY	UTILIZING THE ENERGY AND GOODWILL OF MANY WEBSTER RESIDENTS AND BUSINESSES TO SERVE OUR NEIGHBORS WHO NEED A HELPING HAND	500
WEBSTER VOLUNTEER FIRE DEPARTMENT 35 SOUTH AVE WEBSTER, NY 14580	NONE	PUBLIC CHARITY	PROVIDING CONSOLIDATED EMERGENCY AND FIRE SERVICE TO THE NORTHEASTERN PORTION OF PENFIELD AND THE EASTERN PORTION OF WEBSTER	500
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA, KS 666758541	NONE	PUBLIC CHARITY	TO HONOR AND EMPOWER WOUNDED WARRIORS	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				101,535

**TY 2017 Explanation of Non-Filing with Attorney General Statement**

**Name:** RALPH A LOVEYS FAMILY CHARITABLE  
FOUNDATION

**EIN:** 26-6244572

**Statement:**

THE STATE OF NEW JERSEY HAS NO REGISTRATION REQUIREMENT FOR ORGANIZATIONS THAT DO NOT EXCEED \$10,000 IN GROSS PUBLIC CONTRIBUTIONS FOR THE CURRENT FISCAL YEAR.

**TY 2017 Other Increases Schedule**

**Name:** RALPH A LOVEYS FAMILY CHARITABLE  
FOUNDATION

**EIN:** 26-6244572

<b>Description</b>	<b>Amount</b>
PRIOR PERIOD ADJUSTMENT	18,650

**TY 2017 Substantial Contributors  
Schedule**

**Name:** RALPH A LOVEYS FAMILY CHARITABLE  
FOUNDATION

**EIN:** 26-6244572

**Name****Address**

LOVEYS FAMILY CHARITABLE ANNUITY TRUST

50 ROUTE 46 SUITE 100  
PARSIPPANY, NJ 07054

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 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)

OMB No 1545-0047  
**2017**

**Name of the organization**  
RALPH A LOVEYS FAMILY CHARITABLE  
FOUNDATION

**Employer identification number**  
26-6244572

**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 other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, 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> RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION	<b>Employer identification number</b> 26-6244572
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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	LOVEYS FAMILY CHARITABLE ANNUITY TRUST  50 ROUTE 46 SUITE 100  PARSIPPANY, NJ 07054	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION	<b>Employer identification number</b> 26-6244572
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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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

**Name of organization**  
 RALPH A LOVEYS FAMILY CHARITABLE  
 FOUNDATION

**Employer identification number**  
 26-6244572

**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.)* ▶ \$ \_\_\_\_\_  
 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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	