

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

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) ▶ \$ <u>17,953</u>		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)	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	110,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	110,000		0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0		0	0
	25 Contributions, gifts, grants paid	111,100			111,100
26 Total expenses and disbursements. Add lines 24 and 25	111,100		0	111,100	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-1,100				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	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	19,053	17,953	17,953
	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)			
	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 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	19,053	17,953	17,953	
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 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	19,053	17,953		
30 Total net assets or fund balances (see instructions)	19,053	17,953		
31 Total liabilities and net assets/fund balances (see instructions) .	19,053	17,953		

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	19,053
2 Enter amount from Part I, line 27a	2	-1,100
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	17,953
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	17,953

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			

(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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

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

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

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

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

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

1 Enter the appropriate amount in each column for each year, see instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	101,535	11,487	8 839122
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
2 Total of line 1, column (d)			2 53 861252
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			3 10 772250
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 12,357
5 Multiply line 4 by line 3			5 133,113
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 133,113
8 Enter qualifying distributions from Part XII, line 4			8 111,100
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, tax under section 511, subtitle A tax, and credits/payments. Total amount due is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

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

Located at 50 ROUTE 46 SUITE 100 PARSIPPANY NJ ZIP+4 07054

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 foreign accounts.

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)

5a During the year did the foundation pay or incur any amount to... (1) Carry on propaganda... (2) Influence the outcome of any specific public election... (3) Provide a grant to an individual for travel... (4) Provide a grant to an organization other than a charitable... (5) Provide for any purpose other than religious... b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify... c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax... 6a Did the foundation, during the year, receive any funds... b Did the foundation, during the year, pay premiums... 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds... 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?

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

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		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
1	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	12,545
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	12,545
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	12,545
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	188
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,357
6	Minimum investment return. Enter 5% of line 5.	6	618

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

1	Minimum investment return from Part X, line 6.	1	618
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	618
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	618
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	618

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	111,100
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	111,100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	111,100

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				618
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	101,236			
b From 2014.	82,164			
c From 2015.	89,909			
d From 2016.	86,051			
e From 2017.	100,961			
f Total of lines 3a through e.	460,321			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>111,100</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				618
e Remaining amount distributed out of corpus	110,482			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	570,803			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 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		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	101,236			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	469,567			
10 Analysis of line 9				
a Excess from 2014.	82,164			
b Excess from 2015.	89,909			
c Excess from 2016.	86,051			
d Excess from 2017.	100,961			
e Excess from 2018.	110,482			

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 2018, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

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

a "Assets" alternative test—enter

(1) Value of all assets

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

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

c "Support" alternative test—enter

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

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

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email 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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a
b <i>Approved for future payment</i>				
Total				▶ 3b

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 400 MORRIS AVENUE 251 DENVER, NJ 07834	NONE	PUBLIC CHARITY	TO HELP ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH	1,000
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	1,000
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	1,000
Total				111,100

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	3,000
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
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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	1,500
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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 PALSYP, CORTICOBASAL DEGENERATION, AND OTHER ATYPICAL (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	2,000
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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	1,500
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	4,000
FRIENDS OF RANDLPHY ANIMAL POUND 97 IRONIA RD MENDHAM, NJ 07945	NONE	PUBLIC CHARITY	SAVING THE LIVES OF ORPHANED PETS	750
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	6,000
HUNTERDON PREPARATORY SCHOOL 11 SPENCER LANE ANNANDALE, NJ 08801	NONE	PUBLIC CHARITY	TO HELP CREATE A SUPPORTIVE ENVIRONMENT BASED ON MUTUAL RESPECT AND A HEALTHY AND SAFE LEARNING COMMUNITY	1,000
IBIS CHARITABLE FOUNDATION 8225 IBIS BLVD WEST PALM BEACH, FL 33412	NONE	PUBLIC CHARITY	PROVIDING FINANCIAL SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	2,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	1,750
LAKE BOMOSEEN ASSOCIATION PO BOX 655 CASTELTON, VT 05735	NONE	PUBLIC CHARITY	SEEK TO PRESERVE THE HISTORIC AND NATURAL BEAUTY OF LAKE BOMOSEEN (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	2,500
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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	3,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	1,000
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	1,500
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10131	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	250
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	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	2,500
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	1,000
Total				111,100



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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	4,500
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	1,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	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	4,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	7,500
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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	3,500
SETON HALL PREP 120 NORTHFIELD AVE ORANGE, NJ 07052	NONE	PUBLIC CHARITY	TO FOSTER THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL GROWTH OF STUDENTS	2,500
Total ▶ 3a				111,100

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
SHEPHERDS OF YOUTH 90 BROOKLAKE ROAD FLORHAM PARK, NJ 07932	NONE	PUBLIC CHARITY	PROVIDE FINANCIAL ASSISTANCE FOR STUDENTS PURSUING EDUCATION AS FUTURE NUNS AND PRIESTS	1,000
SOFT BONES INC SITTIG 130 MELROSE ROAD MOUNTAIN LAKES, NJ 07046	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	4,000
Total ▶ 3a				111,100

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
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
THE HUGS FOUNDATION 973 EAST AVENUE ROCHESTER, NY 14607	NONE	PUBLIC CHARITY	TO ASSIST CHILDREN AFFECTED BY MICROTTIA, CLEFT LIP AND CLEFT PALATE, AND OTHER FACIAL DEFORMITIES	1,000
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	2,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	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 (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	2,000
WEBSTER COMFORT CARE 700 HOLT RD WEBSTER, NY 14580	NONE	PUBLIC CHARITY	PROVIDING COMPREHENSIVE AND COMPASSIONATE CARE TO THE TERMINALLY ILL AND THEIR FAMILIES	1,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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	1,000
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	1,000
BASKING RIDGE FIRE COMPANY NO1 30 WASHINGTON AVE BASKING RIDGE, NJ 07920	NONE	PUBLIC CHARITY	SUPPORT FIRE EMERGENCY AND FIRST AID	500
Total ▶ 3a				111,100

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
BERNARDS TOWNSHIP PBA #357 1 COLLYER LN BASKING RIDGE, NJ 07920	NONE	PUBLIC CHARITY	SUPPORT POLICE DEPARTMENT	500
BERKELEY HEIGHTS VOLUNTEER RESCUE 378 SNYDER AVE BERKELEY HEIGHTS, NJ 07922	NONE	PUBLIC CHARITY	SUPPORT RESCUE ORGANIZATIONS TO SAVE MORE PEOPLE	1,000
BRIDGES OUTREACHINC 120 MORRIS AVE SUMMIT, NJ 07902	NONE	PUBLIC CHARITY	PROVIDING FOOD AND NECESITIES FOR PEOPLE IN NEED	1,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	NONE	PUBLIC CHARITY	SUPPORT CHURCH	1,500
CHALLENGER MIRACLE FIELD OF ROCHESTER 1000 RIDGE ROAD WEBSTER, NY 14580	NONE	PUBLIC CHARITY	PROVIDES PEOPLE IN NEED TO EXPERIENCE THE HEALTH BENEFITS AND JOY OF PLAY THROUGH BASEBALL, OTHER TEAM SPORTS	500
DAYTOP NEW JERSEY2 6 GAUNTT PL FLEMINGTON, NJ 08822	NONE	PUBLIC CHARITY	SUPPORT SUBSTANCE & MENTAL HEALTH TREATMENT FOR ADOLESCENTS, ADULTS & FAMILIES	4,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOODLINK1999 MT READ BLVD ROCHESTER, NY 14615	NONE	PUBLIC CHARITY	PROVIDE FOOD FOR COMMUNITY	500
LIBERTY CORNER FIRST AID SQUAD 740 MARTINSVILLE RD LIBERTY CORNER, NJ 07938	NONE	PUBLIC CHARITY	SUPPORT FIRST AID	500
LUSTGARTEN FOUNDATION 415 CROSSWAYS PARK DR D WOODBURY, NY 11797	NONE	PUBLIC CHARITY	SUPPORT THE LARGEST PRIVATE FUNDER OF PANCREATIC CANCER RESEARCH, RELENTLESSLY FOCUSED ON IMPROVING PATIENT OUTCOMES AND MAKING PROGRESS EVERY DAY	1,500
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MD ANDERSON CANCER CENTER 400 HADDON AVE CAMDEN, NJ 08103	NONE	PUBLIC CHARITY	PREVENT CANCER	250
MORRIS HABITAT FOR HUMANITY 274 S SALEM ST 100 RANDOLPH, NJ 07869	NONE	PUBLIC CHARITY	HELP ENHANCES LIVES, AND STRENGTHENS THE COMMUNITY	500
ORTHOPAEDIC FOOT AND ANKLE FOUNDATION 9400 W HIGGINS ROAD SUITE 220 ROSEMONT, IL 60018	NONE	PUBLIC CHARITY	PROMOTING ESSENTIAL EDUCATION, RESEARCH, AND HUMANITARIAN ENDEAVORS	1,000
Total ▶ 3a				111,100

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARK EAST SYNAGOGUE 163 E 67TH ST NEW YORK, NY 10021	NONE	PUBLIC CHARITY	CONTRIBUTE TO CHURCH	1,000
PETSMART CHARITIES 19601 N 27TH AVE PHOENIX, AZ 85027	NONE	PUBLIC CHARITY	SUPPORT ADOPTED ANIMALS	500
PROJECT PURPLE 115 MAIN STREET SUITE 1 SEYMOUR, CT 06483	NONE	PUBLIC CHARITY	SUPPORT PANCREATIC CANCER PATIENTS	500
Total				111,100

▶ 3a

TY 2018 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 2018 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
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

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 33¹ 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 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)

Name of organization RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION	Employer identification number 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 STE 100 PARSIPPANY, NJ 07054	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION	Employer identification number 26-6244572
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions) Use duplicate copies of Part II if additional space is needed			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION	Employer identification number 26-6244572
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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.) ▶ \$ _____
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
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<hr/> <hr/>	<hr/> <hr/>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<hr/> <hr/>	<hr/> <hr/>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<hr/> <hr/>	<hr/> <hr/>	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<hr/> <hr/>	<hr/> <hr/>	