

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. 1545-0047 2022 Open to Public Inspection

For calendar year 2022, or tax year beginning 01-01-2022, and ending 12-31-2022

Name of foundation: RALPH A LOVEYS FAMILY CHARITABLE FOUNDATION. A Employer identification number: 26-6244572. B Telephone number: (973) 227-1366. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$4,618. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

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	49,118	4,618	4,618
	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)	49,118	4,618	4,618	
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 FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	49,118	4,618	
29 Total net assets or fund balances (see instructions)	49,118	4,618		
30 Total liabilities and net assets/fund balances (see instructions) .	49,118	4,618		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	49,118
2 Enter amount from Part I, line 27a	2	-44,500
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,618
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 29 .	6	4,618

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)
(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	Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			
b			
c			
d			
e			

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

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and amount of line 10.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political purposes, Form 1120-POL filing, reimbursement, IRS reporting, changes in governing instruments, unrelated business income, liquidation, 508(e) requirements, assets, states reported to, Form 990-PF filing, private operating foundation status, and substantial contributors.

Part VI-A Statements Regarding Activities (continued)

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

Located at 50 ROUTE 46 SUITE 100 PARSIPPANY NJ ZIP+4 07054 Telephone no. (973) 227-1366

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15

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

Part VI-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.

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

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

Part VII 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
RALPH LOVEYS JR 50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054	TRUSTEE 0.50	0	0	0
JAMES LOVEYS 50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054	TRUSTEE 0.50	0	0	0

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

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

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

Part VII 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 VIII-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 VIII-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 IX 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	37,408
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	37,408
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	37,408
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	561
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.. . . .	5	36,847
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	1,842

Part X 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 IX, line 6.	1	1,842
2a	Tax on investment income for 2022 from Part V, line 5.	2a	
b	Income tax for 2022. (This does not include the tax from Part V.).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,842
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,842
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 XII, line 1.	7	1,842

Part XI 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	83,500
b	Program-related investments—total from Part VIII-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 XII, line 4.. . . .	4	83,500

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				1,842
2 Undistributed income, if any, as of the end of the 2022:				
a Enter amount for 2021 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2022:				
a From 2017.	100,961			
b From 2018.	110,482			
c From 2019.	112,214			
d From 2020.	115,653			
e From 2021.	124,603			
f Total of lines 3a through e.	563,913			
4 Qualifying distributions for 2022 from Part XI, line 4: ▶ \$ <u>83,500</u>				
a Applied to 2021, 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 2022 distributable amount.				1,842
e Remaining amount distributed out of corpus	81,658			
5 Excess distributions carryover applied to 2022. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	645,571			
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 2021. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				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 2017 not applied on line 5 or line 7 (see instructions).	100,961			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a.	544,610			
10 Analysis of line 9:				
a Excess from 2018.	110,482			
b Excess from 2019.	112,214			
c Excess from 2020.	115,653			
d Excess from 2021.	124,603			
e Excess from 2022.	81,658			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2022, 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 IX for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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 XIV **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				0

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

Part XVI

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

Table with 3 columns: Question, Yes, No. Rows include 1a(1) Cash, 1a(2) Other assets, 1b(1) Sales of assets, 1b(2) Purchases of assets, 1b(3) Rental of facilities, 1b(4) Reimbursement arrangements, 1b(5) Loans or loan guarantees, 1b(6) Performance of services, and 1c Sharing of facilities.

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

- (1) Cash
(2) Other assets.

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Schedule table with 4 columns: (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) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

Table with 3 columns: (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.

Sign Here

Signature of officer or trustee: ***** Date: 2023-04-28 Title: *****

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only

Table for paid preparer information including name (RUSSELL FAYE), signature, date, firm name (WISS & COMPANY LLP), address (100 CAMPUS DRIVE, FLORHAM PARK, NJ 07932), PTIN (P00393927), EIN (22-1732349), and phone number (973) 994-9400.

Form 990PF Part XIV 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>				
AMERICAN SOCIETY FOR YAD VASHEM 500 FIFTH AVE 42ND FLOOR NEW YORK, NY 10110	NONE	PC	TO PRESERVE THE MEMORY OF THE SHOA AND STAND AS THE INTERNATIONAL COMMUNITY'S PREEMINENT INSTITUTIION OF HOLOCAUST EDUCTION.	1,000
BASKING RIDGE FIRE COMPANY NO1 30 WASHINGTON AVE BASKING RIDGE, NJ 07920	NONE	PC	SUPPORT FIRE EMERGENCY AND FIRST AID.	500
BERKELEY HEIGHTS VOLUNTEER RESCUE 378 SNYDER AVE BERKELEY HEIGHTS, NJ 07922	NONE	PC	SUPPORT RESCUE ORGANIZATIONS TO SAVE MORE PEOPLE.	500
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
BERNARDS TOWNSHIP PBA #357 1 COLLYER LN BASKING RIDGE, NJ 07920	NONE	PC	SUPPORT POLICE DEPARTMENT.	500
BEYOND THE WALLS INC PO BOX 525 MENDHAM, NJ 07945	NONE	PC	TO MAKE SUBSTANTIAL, LONG-TERM IMPACT ON THE LIVES OF THE POOR AND DISADVANTAGED LOCALLY, NATIONALLY, AND GLOBALLY BY ADDRESSING INDIVIDUAL NEEDS, PROVIDING EDUCATION, HOUSING, NUTRITION, HEALTH CARE, MICRO-ENTERPRISE, JOB TRAINING, AND MENTORING.	500
BOY SCOUTS OF AMERICA 1325 W WALNUT HL LN IRVING, TX 75038	NONE	PC	TO PROMOTE THROUGH COMMUNITY ORGANIZATIONS, AND COOPERATION WITH OTHER AGENCIES, THE ABILITY OF BOYS TO DO THINGS FOR THEMSELVES AND OTHERS, TO TRAIN THEM IN SCOUTCRAFT, AND TO TEACH THEM PATRIOTISM, COURAGE, SELF-RELIANCE, AND KINDRED VIRTUES, USING THE METHODS WHICH ARE NOW IN COMMON USE BY BOY SCOUTS.	500
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
BRIDGES OUTREACHING 120 MORRIS AVE SUMMIT, NJ 07902	NONE	PC	PROVIDING FOOD AND NECESSITIES FOR PEOPLE IN NEED.	500
CALVARY PRESBYTERIAN CHURCH 144 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	NONE	PC	TO HELP BREAK THE CYCLES OF POVERTY IN THE CITY AND THE WORLD.	3,000
CENTRAL PRESBYTERIAN CHURCH 70 MAPLE STREET SUMMIT, NJ 07901	NONE	PC	SUPPORT CHURCH.	1,000
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
CHALLENGER MIRACLE FIELD OF ROCHESTER 1000 RIDGE ROAD WEBSTER, NY 14580	NONE	PC	PROVIDES PEOPLE IN NEED TO EXPERIENCE THE HEALTH BENEFITS AND JOY OF PLAY THROUGH BASEBALL, OTHER TEAM SPORTS.	500
COMMUNITY FOUNDATION OF NEW JERSEY (CFNJ) PO BOX 338 MORRISTOWN, NJ 07963	NONE	PC	TO PROVIDE ONGOING LEADERSHIP AND SUPPORT TO ITS PARTNERS AND COMMUNITIES.	1,000
ELEVENTH HOUR RESCUE PO BOX 218 ROCKAWAY, NJ 07866	NONE	PC	TO SUPPORT ANIMALS RESCUED FROM KILL SHELTERS.	500
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
FLEMINGTON VOLUNTEER FIRE DEPARTMENT INC 38 PARK AVENUE FLEMINGTON, NJ 08822	NONE	PC	DONATION TO SUPPORT THE ORGANIZATION'S EXEMPT PURPOSE.	1,000
FLEMINGTON-RARITAN FIRST AID RESCUE SQUAD 26 NJ-12 FLEMINGTON, NJ 08822	NONE	PC	PROVIDING 24 HOUR A DAY 365 DAYS A YEAR EMERGENCY COVERAGE TO INDIVIDUALS AND BUSINESSES.	1,000
FLORHAM PARK FIRE DEPARTMENT 111 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PC	SUPPORT THE EFFORTS OF THE LOCAL FIRE DEPARTMENT.	1,000
Total ▶ 3a				83,500

Form 990PF Part XIV 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 GAZEBO COMMITTEE 111 RIDGEDALE AVE FLORHAM PARK, NJ 07932	NONE	PC	HELP SUPPORT MAINTENANCE OF THE GAZEBO'S OF FLORHAM PARK.	2,500
FLORHAM PARK MEMORIAL FIRST AID SQUAD 60 FELCH ROAD FLORHAM PARK, NJ 07932	NONE	PC	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	PC	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE.	1,000
Total				83,500

Form 990PF Part XIV 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>				
FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	NONE	PC	PROVIDE FOOD FOR COMMUNITY.	500
FOUNDATION FOR MORRISTOWN MEDICAL CENTER 475 SOUTH STREET 1ST FLOOR MORRISTOWN, NJ 07960	NONE	PC	TO ADVANCE EXCEPTIONAL HEALTH CARE FOR PATIENTS AT MORRISTOWN MEDICAL CENTER AND GORYEB CHILDREN'S HOSPITAL.	10,000
FRIENDS OF RANDOLPH ANIMAL POUND 97 IRONIA RD MENDHAM, NJ 07945	NONE	PC	SAVING THE LIVES OF ORPHANED PETS.	500
Total				83,500

Form 990PF Part XIV 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>				
HEARTWORKS 192 ROUTE 202 BASKING RIDGE, NJ 07920	NONE	PC	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	PC	PROVIDING FINANCIAL SUPPORT TO NOT-FOR-PROFIT ORGANIZATIONS.	1,000
IMAGINE A CENTER FOR COPING WITH LOSS 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	PC	TO PROVIDE SUPPORT FOR CHILDREN, PARENTS AND ADULTS COPING WITH THE LOSS OF A FAMILY MEMBER.	500
Total ▶ 3a				83,500

Form 990PF Part XIV 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	PC	TO PROMOTE SOCIABILITY, TO WORK WITH EACH OTHER, TO DO ALL WE CAN FOR THE IRONIA FIREMEN'S ASSOCIATION.	500
JERSEY BATTERED WOMEN'S SERVICE PO BOX 1437 MORRISTOWN, NJ 079621437	NONE	PC	TO PREVENT DOMESTIC VIOLENCE THROUGH THE PROTECTION AND EMPOWERMENT OF THE VICTIM.	3,400
JEWISH EDUCATION CENTER 330 ELMORA AVENUE ELIZABETH, NJ 07208	NONE	PC	TO PROVIDE A FIRM ACADEMIC FOUNDATION.	2,000
Total				83,500

Form 990PF Part XIV 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>				
LOLLYPOP FARM 99 VICTOR RD FAIRPORT, NY 14450	NONE	PC	BUILDING LIFELONG BONDS BETWEEN PEOPLE AND ANIMALS THROUGH EDUCATION, COMMUNITY OUTREACH PROGRAMS AND THE PREVENTION OF CRUELTY.	2,000
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN, NJ 07960	NONE	PC	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
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10131	NONE	PC	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE.	500
Total ▶ 3a				83,500

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Name and address (home or business)				
a <i>Paid during the year</i>				
MERCY FLIGHT CENTRAL 2420 BRICKYARD RD CANANDAIGUA, NY 14424	NONE	PC	TO APPEAR FROM OUT OF THE SKY AND SAVE LIVES. WITH SPEED, SKILL AND COMPASSION.	500
MORRIS HABITAT FOR HUMANITY 274 S SALEM ST 100 RANDOLPH, NJ 07869	NONE	PC	HELP ENHANCES LIVES, AND STRENGTHENS THE COMMUNITY.	1,000
MT PLEASANT ANIMAL SHELTER 194 NJ-10 EAST HANOVER, NJ 07936	NONE	PC	CREATING A COMMUNITY WHERE THERE ARE NO ABUSED, ABANDONED, NEGLECTED, OR HOMELESS ANIMALS.	500
Total ▶ 3a				83,500

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Name and address (home or business)				
a <i>Paid during the year</i>				
NEW BEGINNINGS FOR TOMORROW 28 DWIGHT PLACE FAIRFIELD, NJ 07004	NONE	PC	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	PC	PROVIDE EMERGENCY CARE AROUND THE CLOCK IN MULTIPLE WAYS TO SERVE THE EVER INCREASING POPULATION IN WHICH THEY SERVE.	2,000
OPEN DOOR MISSION 156 N PLYMOUTH AVE ROCHESTER, NY 14608	NONE	PC	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
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
OVERLOOK HOSPITAL FOUNDATION 36 UPPER OVERLOOK ROAD PO BOX 220 SUMMIT, NJ 07902	NONE	PC	TO DEVELOP, MANAGE, AND DISTRIBUTE RESOURCES TO ADVANCE THE DELIVERY OF HIGH-QUALITY HEALTH CARE.	2,500
PG CHAMBERS SCHOOL 15 HALKO DRIVE CEDAR KNOLLS, NJ 07927	NONE	PC	FOR EDUCATION AND DEVELOPMENT OF CHILDREN WITH DISABILITIES INCREASING THE CHILDREN'S CONFIDENCE IN THEIR INDIVIDUAL ABILITIES, PREPARING THEM TO ENGAGE IN THE COMMUNITY, AND EXPANDING THEIR CAPACITY TO LEAD FULL, PRODUCTIVE LIVES.	2,500
PUPPIES BEHIND BARS 263 W 38TH STREET NEW YORK, NY 10018	NONE	PC	TRAIN PRISON INMATES TO RAISE SERVICE DOGS FOR WOUNDED WAR VETERANS AND EXPLOSIVE-DETECTION CANINES FOR LAW ENFORCEMENT.	1,500
Total ▶ 3a				83,500

Form 990PF Part XIV 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 SQUAD 780 NJ-10 RANDOLPH, NJ 07869	NONE	PC	PROVIDE 911 SERVICES TO RANDOLPH WITH THE CONTINUED SUPPORT OF THE COMMUNITY. (AMOUNT INCLUDING LAST YEAR OUTSTANDING THAT CLEARED THIS YEAR)	1,000
RUTGERS CANCER INSTITUTE OF NEW JERSEY 335 GEORGE STREET SUITE 400 NEW BRUNSWICK, NJ 08901	NONE	PC	TO HELP INDIVIDUALS FIGHT CANCER.	2,000
SANDY ROLLMAN OVARIAN CANCER 2010 WEST CHESTER PIKE 410 HAVERTOWN, PA 19083	NONE	PC	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
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
SAY HI FOUNDATION INC 63 NORTHWOOD RD LAKE HOPATCONG, NJ 07849	NONE	PC	FOR CHARITABLE PURPOSES.	500
SETON HALL PREP 120 NORTHFIELD AVE ORANGE, NJ 07052	NONE	PC	TO FOSTER THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL GROWTH OF STUDENTS.	2,500
SHEPHERDS OF YOUTH 90 BROOKLAKE ROAD FLORHAM PARK, NJ 07932	NONE	PC	PROVIDE FINANCIAL ASSISTANCE FOR STUDENTS PURSING EDUCATION AS FUTURE NUNS AND PRIESTS.	1,000
Total ▶ 3a				83,500

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Name and address (home or business)				
a <i>Paid during the year</i>				
SOFT BONES INC 130 MELROSE ROAD MOUNTAIN LAKES, NJ 07046	NONE	PC	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE.	2,600
ST HUBERTS ANIMAL WELFARE CENTER 575 WOODLAND AVENUE PO BOX 159 MADISON, NJ 07940	NONE	PC	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.	500
ST MATTHEW THE APOSTLE PARISH 335 DOVER CHESTER RD RANDOLPH, NJ 07869	NONE	PC	A CATHOLIC COMMUNITY SEEKING OUT AND WELCOMING ALL IN A SPIRIT OF HOSPITALITY, AND EMPOWERING PEOPLE TO GROW IN DISCIPLESHIP IN JESUS CHRIST.	3,000
Total ▶ 3a				83,500

Form 990PF Part XIV 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 PATRICKS DAY PARADE OF MORRIS COUNTY PO BOX 400 BROOKSIDE, NJ 07926	NONE	PC	TO PROVIDE CHARITABLE CONTRIBUTIONS TO PROGRAMS, MOST OF THEM LOCAL THAT BENEFIT CHILDREN WITH SPECIAL NEEDS, OTHER SPECIAL NEED ORGANIZATIONS AS WELL AS PROGRAMS THAT FOSTER AND ENHANCE IRISH CULTURE.	2,500
STEFAN STRONG FOUNDATION 7 CHAMPLAIN CT RANDOLPH, NJ 07869	NONE	PC	TO RESEACH AND ASSIST IN THE PREVENTION, DETECTION AND TREATMENT OF CANCER.	500
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	NONE	PC	TO SUPPORT AND HONOR FIRST RESPONDERS, MILITARY PERSONAL AND THEIR FAMILIES WHO SACRIFICE THEIR LIFE OR LIMBS FOR OUR COUNTRY.	2,000
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
THE HUGS FOUNDATION 973 EAST AVENUE ROCHESTER, NY 14607	NONE	PC	TO ASSIST CHILDREN AFFECTED BY MICROTIA, CLEFT LIP AND CLEFT PALATE, AND OTHER FACIAL DEFORMITIES.	1,000
THE RAPTOR TRUST 1390 WHITE BRIDGE RD MILLINGTON, NJ 07946	NONE	PC	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.	1,000
THE SEEING EYE INC 10 WASHINGTON VALLEY RD MORRISTOWN, NJ 07960	NONE	PC	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.	1,500
Total ▶ 3a				83,500

Form 990PF Part XIV 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>				
WEBSTER COMFORT CARE 700 HOLT RD WEBSTER, NY 14580	NONE	PC	PROVIDING COMPREHENSIVE AND COMPASSIONATE CARE TO THE TERMINALLY ILL AND THEIR FAMILIES.	1,000
WEBSTER COMMUNITY CHEST 1000 RIDGE RD WEBSTER, NY 14580	NONE	PC	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	PC	PROVIDING CONSOLIDATED EMERGENCY AND FIRE SERVICE TO THE NORTHEASTERN PORTION OF PENFIELD AND THE EASTERN PORTION OF WEBSTER.	1,000
Total ▶ 3a				83,500

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

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Name and address (home or business)				
<i>a Paid during the year</i>				
WOUNDED WARRIOR PROJECT PO BOX 758541 TOPEKA, KS 666758541	NONE	PC	TO HONOR AND EMPOWER WOUNDED WARRIORS.	2,500
Total ▶ 3a				83,500

TY 2022 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 REGISTRAITON REQUIREMENT FOR ORGANIZATIONS THAT DO NOT EXCEED \$10,000 IN GROSS PUBLIC CONTRIBUTIONS FOR THE CURRENT FISCAL YEAR.

**TY 2022 Substantial Contributors
Schedule**

Name: RALPH A LOVEYS FAMILY CHARITABLE
FOUNDATION

EIN: 26-6244572

Substantial Contributors Schedule

Name	Address
LOVEYS FAMILY CHARITABLE ANNUTITY TRUST	50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054

Schedule B
(Form 990)
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
2022

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

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	\$ 39,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 RALPH A LOVEYS FAMILY CHARITABLE
 FOUNDATION

Employer identification number
 26-6244572

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(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	
_____ _____		_____ _____	