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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.

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation JAMES B LUKE FAMILY CHARITABLE FOUNDATION		A Employer identification number 26-6244583	
Number and street (or P O box number if mail is not delivered to street address) 50 ROUTE 46 SUITE 100		B Telephone number (see instructions) (973) 227-1366	
City or town, state or province, country, and ZIP or foreign postal code PARSIPPANY, NJ 07054		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
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		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶ \$ 3,684	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(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)	108,000			
	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				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)	_____			
	11 Other income (attach schedule)	_____			
	12 Total. Add lines 1 through 11	108,000	0		
	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	119,650			119,650
	26 Total expenses and disbursements. Add lines 24 and 25	119,650	0		119,650
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-11,650			
	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	15,334	3,684	3,684
	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)	15,334	3,684	3,684	
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	15,334	3,684	
	30	Total net assets or fund balances (see instructions)	15,334	3,684	
31	Total liabilities and net assets/fund balances (see instructions) . . .	15,334	3,684		

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 15,334
2	Enter amount from Part I, line 27a	2 -11,650
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 3,684
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 3,684

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

Form **990-PF** (2014)

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ <u>0</u> (2) On foundation managers <input type="checkbox"/> \$ <u>0</u>			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NJ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b		No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> <input type="checkbox"/>	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of FOUNDATION Telephone no (973) 227-1366 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.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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

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
KENNETH EBERLE	TRUSTEE	0	0	0
50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054	0 50			
TIMOTHY MATTHEWS	TRUSTEE	0	0	0
1439 COURSE VIEW DRIVE ORANGE PARK, FL 32003	0 50			
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 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	13,429
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	13,429
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	13,429
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	201
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	13,228
6	Minimum investment return. Enter 5% of line 5.	6	661

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	661
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (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	661
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	661
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	661

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	119,650
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	119,650
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	119,650

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				661
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				98,714
b From 2010.				65,572
c From 2011.				119,186
d From 2012.				77,415
e From 2013.				111,294
f Total of lines 3a through e.	472,181			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 119,650				
a Applied to 2013, 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 2014 distributable amount.				661
e Remaining amount distributed out of corpus	118,989			
5 Excess distributions carryover applied to 2014 (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	591,170			
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				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 2009 not applied on line 5 or line 7 (see instructions) . . .	98,714			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	492,456			
10 Analysis of line 9				
a Excess from 2010. . . .				65,572
b Excess from 2011. . . .				119,186
c Excess from 2012. . . .				77,415
d Excess from 2013. . . .				111,294
e Excess from 2014. . . .				118,989

Part XIV

4942(j)(3) or 4942(j)(5)

3

Part XV

1

2

[illegible]

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 Paid during the year See Additional Data Table				
Total			3a	119,650
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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

[illegible]

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

b If "Yes," complete the following schedule

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

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	*****	2015-05-04	*****	<div>May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>
	Signature of officer or trustee	Date	Title	

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


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AARP FOUNDATION P O BOX 93207 LONG BEACH,CA 90809	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	500
ALZHEIMER'S ASSOCIATION NJ CHAPTER 400 MORRIS AVENUE SSTE 251 DENVER, NJ 078341365	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
ASPCA 424 E 92ND STREET NEW YORK,NY 10128	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,750
ASPEN COMMUNITY FOUNDATION 110 EAST HALLAM ST 126 ASPEN,CO 81611	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	250
AUTISM SPEAKS 1060 STATE ROAD 2ND FL PRINCETON,NJ 085401446	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
BALLENISLES CHARITIES FOUNDATION INC 100 BALLENISLES CIRCLE PALM BEACH GARDENS,FL 33418	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
BOY SCOUTS OF AMERICA-NORTHERN NJ COUNCIL 25 RAMAPO VALLEY ROAD OAKLAND,NJ 07436	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	250
BRADY CENTER TO PREVENT GUN VIOLENCE 1225 EYE STREET NW 1000 WASHINGTON,DC 20005	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,500
BRATTLEBORO AREA HOSPICE 191 CANAL ST BRATTLEBORO,VT 05301	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
CARE GIFT CENTER P O BOX 1870 MERRIFIELD,VA 22116	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
CHAPEL OF THE SNOWS C/O OUR LADY OF MERCY P O BOX 1870 MANCHESTER CENTER,VT 05255	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
CHILTON MEMORIAL HOSPITAL FOUNDATION 97 WEST PARKWAY POMPTON PLAINS,NJ 07444	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	9,000
EVA'S VILLAGE 393 MAIN ST PATERSON,NJ 07501	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
FRIENDS OF WAYNE ANIMALS P O BOX 3701 WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
Total  3a				119,650


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GOODWILL RESCUE MISSION P O BOX 7026 ROSEVILLE STATION NEWARK,NJ 07107	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
GRACE COTTAGE FOUNDATION P O BOX 1 TOWNSHEND,VT 05353	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS,GA 31707	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
MARKET STREET MISSION 9 MARKET STREET MORRISTOWN,NJ 07960	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
MATT TALBOT RETREAT GROUP NO 8 OF MAHWAH 32 WATKINS DRIVE SANDY HOOK,CT 06482	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	400
MIDDLEBURY COLLEGE 14 OLD CHAPEL ROAD MIDDLEBURY,VT 05753	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	25,000
MONTVILLE PET PARENTS P O BOX 231 PINE BROOK,NJ 07058	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH STREET NW WASHINGTON,DC 20036	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
NATIONAL HEADACHE FOUNDATION 820 N ORLEANS SUITE 217 CHICAGO,IL 60610	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
NATIONAL MUSEUMS OF SCOTLAND 275 MADISON AVENUE STE 401 NEWYORK,NY 10016	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	500
PASSAIC VALLEY HOSPICE 783 RIVERVIEW DR TOTOWA,NJ 07511	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
PEGGY ADAMS ANIMAL RESCUE LEAGUE 3200 N MILITARY TRAIL WEST PALM BEACH,FL 33405	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
PLANNED PARENTHOOD 153 WASHINGTON STREET NEWARK,NJ 07102	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
POMPTON FALLS VOLUNTEER FIRE DEPT #3 130 JACKSON AVENUE P O BOX 2011 WAYNE,NJ 07474	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
PREAKNESS BIBLE CHURCH 1108 PREAKNESS AVE WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
Total  3a				119,650

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
RILEY RINK AT HUNTER PARK P O BOX 835 HUNTER PARK ROAD MANCHESTER CENTER,VT 05255	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	500
SALVATION ARMY-PATERSON P O BOX 2006 PATERSON,NJ 07509	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY,AL 36104	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
ST JOSEPH'S HOSPITAL FOUNDATION 224 HAMBURG TPKE WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
ST MARY'S FOOD PANTRY 17 POMPTON AVE POMPTON LAKES,NJ 07422	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,250
STRAIGHT AND NARROW 508 STRAIGHT STREET PATERSON,NJ 07509	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
STRATTON MOUNTAIN FOUNDATION P O BOX 523 STRATTON MOUNTAIN,VT 05155	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	500
THE BILLFISH FOUNDATION 2161 E COMMERCIAL BLVD 2ND FL FORT LAUDERDALE,FL 33308	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
THE CARTER CENTER ONE COPENHILL AVE P O BOX 47339 ATLANTA,GA 30362	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
THE YORK STREET PROJECT 89 YORK STREET JERSEY CITY,NJ 07302	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
UNICEF P O BOX 27780 NEWARK,NJ 07101	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
VISITING HEALTH OF NEW JERSEY 783 RIVERVIEW DR P O BOX 1007 TOTOWA,NJ 07511	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	4,000
WAYNE INTERFAITH NETWORK 1 PIKE DRIVE WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
WAYNE TOWNSHIP FIRST AID SQUAD P O BOX 291 WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
WAYNE TOWNSHIP PAL 1 PAL DRIVE WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
Total  3a				119,650

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>				
WAYNE TOWNSHIP PBA P O BOX 3597 WAYNE,NJ 07470	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
WEST RIVER HABITAT FOR HUMANITY P O BOX 40 JACKSONVILLE,VT 05342	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	500
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON,DC 20037	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,000
WXEL P O BOX 6607 WEST PALM BEACH,FL 33405	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	250
BIG DOG RANCH RESCUE 10948 ACME ROAD WELLINGTON,FL 33414	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	2,000
BUSCH WILDLIFE SANCTUARY 2500 JUPITER PARK DRIVE JUPITER,FL 33458	NONE	PUBLIC CHARITY	RELIGIOUS, MEDICAL, EDUCATIONAL OR OTHER CHARITABLE	1,500
Total  3a				119,650

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div>
		<div>2014</div>

<div>Name of the organization</div> <div>JAMES B LUKE FAMILY CHARITABLE FOUNDATION</div>	<div>Employer identification number</div> <div>26-6244583</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div>
<div>Form 990-PF</div>	<div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization JAMES B LUKE FAMILY CHARITABLE FOUNDATION	Employer identification number 26-6244583
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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
<u>1</u>	LUKE FAMILY CHARITABLE LEAD ANNUITY TRUST 50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054 	\$ 108,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
 	 	\$ 	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization JAMES B LUKE FAMILY CHARITABLE FOUNDATION	Employer identification number 26-6244583
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization	Employer identification number
JAMES B LUKE FAMILY CHARITABLE FOUNDATION	26-6244583

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	
_____		_____	
_____		_____	
_____		_____	

TY 2014 Explanation of Non-Filing with Attorney General Statement

Name: JAMES B LUKE FAMILY CHARITABLE FOUNDATION

EIN: 26-6244583

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 2014 Substantial Contributors Schedule

Name: JAMES B LUKE FAMILY CHARITABLE FOUNDATION

EIN: 26-6244583

Name	Address
LUKE FAMILY CHARITABLE LEAD ANNUITY TRUST	50 ROUTE 46 SUITE 100 PARSIPPANY, NJ 07054