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Form **990-PF**

TENDED TO AUGUST 17, 2015 Return of Private Foundation

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.

2014

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number JEAN R. D. HECHT & BETTY RAE HECHT CHARITABLE FOUNDATION 22-2528442 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2075 LAKEWOOD ROAD 908-349-1900 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 08755 TOMS RIVER, NJ G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 627,758. Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 26,000 N/A Contributions, gifts, grants, etc., received 2 Check In the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1,923 1,923 STATEMENT 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) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 1,100 0 STATEMENT 11 Other income 29,023 923 Total Add lines 1 through 1 13 Combensation of officers, directors, trustees, etc. 0. 0. 14 Other employee salaries the wages 15] Rensjon-plans amployee benefits 16a Legal fees Th Accounting fees Cc Other professional fees 17 Interest STMT 3 129 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 147 STMT 4 0 0. 23 Other expenses 24 Total operating and administrative 276 0 0. expenses. Add lines 13 through 23 25,996 25 Contributions, gifts, grants paid 25,996. 26 Total expenses and disbursements Add lines 24 and 25 26,272 25,996. 27 Subtract line 26 from line 12: 2,751 a Excess of revenue over expenses and disbursements 1,923 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2014)

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

CHARITABLE FOUNDATION Form 990-PF (2014)

22-2528442

<u> </u>		Balance Sheets Attached schedules and amounts in the description	beginning of year	Ena o	r year
Pa	ıπ	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
}	2	Savings and temporary cash investments	625,007.	627,758.	627,758.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			444
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
l	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
tt	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۱ ۲	10a	Investments - U.S. and state government obligations		***	
	b	Investments - corporate stock			
-	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment. basis	.		•
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	625,007.	627,758.	627,758.
	17	Accounts payable and accrued expenses			
	18	Grants payable	· -		
တ္က	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
<u> </u>	22	Other liabilities (describe			
		· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
\Box		Foundations that follow SFAS 117, check here			
ĺ		and complete lines 24 through 26 and lines 30 and 31			
Ses	24	Unrestricted			
a	25	Temporarily restricted			
Ba	26	Permanently restricted			
밀		Foundations that do not follow SFAS 117, check here			
ᆲ		and complete lines 27 through 31.			
2	27	Capital stock, trust principal, or current funds	66,000.	66,000.	
se !	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ΰI	29	Retained earnings, accumulated income, endowment, or other funds	559,007.	561,758.	
je	30	Total net assets or fund balances	625,007.	627,758.	
-			-		
	31	Total liabilities and net assets/fund balances	625,007.	627,758.	
	art			<u>, </u>	
					· · · · · · · · · · · · · · · · · · ·
1 7	ota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
(mus	st agree with end-of-year figure reported on prior year's return)		1	625,007.
2 E	nte	r amount from Part I, line 27a		2	2,751.
3 (Othe	r increases not included in line 2 (itemize)		3	0 .
4 /	١dd	lines 1, 2, and 3		4	627,758.
5 E	Decr	eases not included in line 2 (itemize)		5	0.
6 1	Enta	I net assets or fund halances at end of year /line 4 minus line 5) - Part II or	nlumn (h) line 30		627 758

Form **990-PF** (2014)

JEAN R. D. CHT & BETTY RAE HECHT

Form 990-PF (2014)

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22-2528442	•	
		22-2528442

Page 3

(a) List and	describe the ki	nd(s) of property sold (e.g or common stock, 200 shs	., real estate,	HICOHIE	(b) H	low acc - Purch - Donat	quired (ase ion	c) Date ac (mo., day	equired y, yr.)	(d) Date sold (mo., day, yr.)
1a										
b	NONE				<u> </u>					
<u>C</u>					<u> </u>					
<u>d</u>	 -	 -			<u> </u>					
<u>e</u>	(8)	Danisa alla d								
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					n or (loss) (f) minus (
_a										·
<u>b</u>										
<u>C</u>										***********
<u>d</u>				 -						
e Complete only for assets s	חו מוט ממוט וח	column (h) and owned by	the foundation	on 12/31/60			40.4	0 (0-1		
Complete only for assets s		(j) Adjusted basis	1	cess of col. (i)			col. (k), but no	l. (h) gaın ı ıt less than	-0-) or
(i) F.M.V. as of 12/31/69	'	as of 12/31/69		col. (j), if any			`	Losses (f	rom col. (I	1))
		· 			-+	-	*			
b					$-\dagger$					
C										
d										
_e										
Capital gain net income or (i	net capital loss)	If gain, also enter of the loss of the los	r in Part I, line - in Part I, line	7 7	}	2				
3 Net short-term capital gain o	or (loss) as defi	`			7					
If gain, also enter in Part I, I			ia (0).)					
If (loss), enter -0- in Part I, I		ection 4940(e) for				3				
If section 4940(d)(2) applies, le Was the foundation liable for th If "Yes," the foundation does no	e section 4942 t qualify under	tax on the distributable an section 4940(e). Do not co	omplete this pa	rt.						Yes X No
1 Enter the appropriate amou		mn for each year; see the i	nstructions bet	fore making any e	ntries.	•				(4)
(a) Base period years Calendar year (or tax year be	ginning in)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) onchar	ıtable-u	se assets	(c	Distrib	(d) ution ratio ded by col. (c))
2013		3	3,136.			595	5,432.	,		.055650
2012			1,645.				1,277.			.053520
2011		-	3,371.				3,112.			.055331
2010			6,262.				L,359.			.056539
2009		3	5,987.			654	<u>1,461</u> .	\		.054987
2 Total of line 1, column (d)								2		.276027
3 Average distribution ratio fo	r the 5-year ba	se period - divide the total	on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in (existence if less	than 5 years						3		.055205
4 Enter the net value of nonch	arıtable-use as	sets for 2014 from Part X,	line 5					4		616,987
5 Multiply line 4 by line 3								5		34,061.
6 Enter 1% of net investment	ıncome (1% of	Part I, line 27b)						6		
7 Add lines 5 and 6								7		34,080
8 Enter qualifying distribution	s from Part XII,	, line 4						8		25,996
If line 8 is equal to or greate See the Part VI instructions		neck the box in Part VI, line	e 1b, and comp	olete that part usir	ng a 19	% tax ra	ıte.			

CHT & BETTY RAE HECHT JEAN R. D. FOUNDATION Form 990-PF (2014) CHARITABLE 22-2528442 Page 4 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) 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 and enter 1% 38. of Part I, line 27b 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-) Add lines 1 and 2 3 38. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 0. 5 38. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 80. a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a b Exempt foreign organizations - tax withheld at source 6h c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 80. Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 42. 10 42. Refunded 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax 0. 11 Part VII-A Statements Regarding Activities No Yes 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? X 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? X 1b If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 10 X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 . (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities 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? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a N/A 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 X If "Yes," attach the statement required by General Instruction T. 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 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV X 7 8a Enter the states to which the foundation reports or with which it is registered (see instructions) NJ

Form **990-PF** (2014)

8b

10

X

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)

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

of each state as required by General Instruction G? If "No," attach explanation

22-252844

Page

	1 990-PF (2014) CHARITABLE FOUNDATION	<u> </u>	3442		Page 5
Pa	art 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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor	/ privileges?			
	If "Yes," attach statement (see instructions)		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of ► JEAN R.D. HECHT Telephone in	o.▶(908)	349	-19	00
	Located at ► 2075 LAKEWOOD RD, TOMS RIVER, NJ	ZIP+4 ▶0 8	3755		
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	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the na	me of the			
	foreign country				
Pa	art 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
18	a 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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X 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 X 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 X No			
t	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)?	N/A	1b	i	
	Organizations relying on a current notice regarding disaster assistance check here				
(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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	n			
	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) begins	ning			
	before 2014?	Yes X No			
	If "Yes," list the years ▶				ĺ
- 1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorr	ect			ĺ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta	ch			
	statement - see instructions.)	N/A	2b		Ì
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				ĺ
	during the year?	Yes X No			
ı	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)	N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
1	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		X

Form **990-PF** (2014)

JEAN R. D. HECHT & BETTY Orm 990-PF (2014) CHARITABLE UNDATION			<u>22-2</u> 5284	42 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	• • • •			
any voter registration drive?	in to carry on, uncerty or mune		es X No	
	0			
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Y6	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify une	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		_	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		inad	· .	
expenditure responsibility for the grant?				·
If "Yes," attach the statement required by Regulations section 53.494		「/A	es L No	
· · · · · · · · · · · · · · · · · · ·	· ·			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	+
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		_ 6	b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A 7	'b
Part VIII Information About Officers, Directors, Trust		nagers, Highly		
Paid Employees, and Contractors	,		•	
List all officers, directors, trustees, foundation managers and their	compensation.	· · · · · · · · · · · · · · · · · · ·		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
TEAN D D HEGHT	to position	enter -0-)	compensation	allowances
	PRESIDENT	1	}	
2075 LAKEWOOD RD				_
COMS RIVER, NJ 08755	20.00	0.	0.	0.
MICHAEL HECHT	SECRETARY			
2075 LAKEWOOD RD	_			
FOMS RIVER, NJ 08755	15.00	0.	0.	0.
/ICKI_HECHT-BOEHME	TREASURER			
2075 LAKEWOOD RD				
TOMS RIVER, NJ 08755	15.00	0.	0.	0.
	<u>.</u> 		i	
	-	1		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	,		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				
	1			
		1		
		1		
	1			
Fotol number of other employees paid over \$50,000	1	L		

CHARITABLE FOUNDATION

22-2528442

Page 7

3 Five highest-paid independent contractors for professional services. 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	<u>▶</u> 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
ı N/A	
2	
4	
Dod IV D. O. C. D. L.	
Part IX-B Summary of Program-Related Investments	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	****
All other program-related investments. See instructions.	
· ··· · · · · · · · · · · · · · · · ·	
3	
3	
3	

22-2528442

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 626,383.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	626,383.
е	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	626,383.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,396.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	616,987.
6	Minimum investment return. Enter 5% of line 5	6	30,849.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	30,849.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	38.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,811.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	30,811.
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	30,811.
Р	Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	25,996.
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:		
а	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	25,996.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,996.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2014)

CHARITABLE FOUNDATION Part XIII Undistributed Income (see instructions)

JEAN R. D.

2 U-destrobed norm, 4 say, as of the end of 2014 and Enter amount for 2013 only b Total for prior years: 3 Excess distributions carryover, if any, to 2014: a From 2009 1.19. b From 2010 4., 36.0. c From 2011 3, 3.65. d From 2011 3, 3.65. d From 2012 2., 2.35. e From 2013 3, 452. f Total of lines 3 a through e 4. A Job Co. c From 2013 3, 452. f Total of lines 3 a through e 4. A Job Co. c From 2013 3, 452. f Total of lines 3 a through e 4. A Job Co. c From 2013 3, 452. f Total of lines 3 a through e 4. A Job Co. c From 2013 4. A Job Co. c From 2013 5. A Job Co. c From 2013 6. A Job Co. c From 2013 6. A Job Co. c From 2013 7. A Job Co. c From 2014 7. A Job Co. c From 2015 7. A Job Co. c From 2014 7. A Job Co. c F		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
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10 Analysis of line 9:	Subtract lines 7 and 8 from line 6a	8,716.			
	10 Analysis of line 9:				
	a Excess from 2010				
b Excess from 2011 3,029.					
c Excess from 2012 2, 235.					
d Excess from 2013 3, 452.					
e Excess from 2014 423581	e Excess from 2014				

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).)

NONE

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.

NONE

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

JEAN R.D. HECHT, 908-349-1900

2075 LAKEWOOD RD, TOMS RIVER, NJ 08755

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

UNSPECIFIED

c Any submission deadlines:

NONE

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

NONE

423601 11-24-14

Form **990-PF** (2014)

22-2528442 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year SEE ATTACHED LIST NONE PUBLIC TO CARRY OUT SEE ATTACHED LIST CHARITABLE PURPOSE OF TOMS RIVER, NJ 08755 THE FOUNDATION 25,996. ▶ 3a Total 25,996. b Approved for future payment NONE Total

Form **990-PF** (2014)

JEAN R. D. CHT & BETTY RAE HECHT CHARITABLE FOUNDATION

22-2528442 Page 12

Part XVI-A Analysis of Income-Producing Activities

	Unrelated b		T		
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a	 		+-+		
b	l I		+		
c			 		
d			 		
e			 		
g Fees and contracts from government agencies	 		+		
2 Membership dues and assessments			+	 -	
3 Interest on savings and temporary cash	 		+		
investments			14	1,923.	
4 Dividends and interest from securities			1	1,343.	
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property		, ————————————————————————————————————	+		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal		•	+		<u> </u>
• • •					
property 7 Other investment income			+		······
			+		
8 Gain or (loss) from sales of assets other					
than inventory			+		
9 Net income or (loss) from special events			+		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:	1		+		
					1 100
a MISCELLANEOUS	-				1,100.
b					
<u> </u>	1			<u></u>	
d	-				
6	- - -		++	1 000	1 100
12 Subtotal. Add columns (b), (d), and (e)	L	0.	4	1,923.	
13 Total. Add line 12, columns (b), (d), and (e)				13	3,023.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of Ex	kempi	t Purposes	
Line No Explain below how each activity for which inco	ome is reported in a	volume (a) of Part V/I-A	contrib	utad importantly to the accom	nlichment of
the foundation's exempt purposes (other than	ome is reported in t I by providing funds	s for such ourposes).	COITHE	ated importantly to the accom	pusinnent or
11 PY CHECKS WROTE TO CHA			ימאי	T HAVE NEVER	REEN CACHED
TI CHICKS WHOLE TO CHI	1111 01101	HILLIII I OND	11111	I THAN TARABIC I	JEEN CASHED

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423821 11-24-14					Form 990-PF (2014)
11-24-14					rorm 990-PF (2014)

22-2528442

Page 13

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Г	D -	-	$\overline{\mathbf{v}}$	<i>7</i> 11	Т	

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

1 D	id the org	ganization directly or indir	rectly engage in any o	f the following	g with any other organizatio	on described in secti	on 501(c) of		Yes	No
					7, relating to political organ					
a T	ransfers t	from the reporting founda	ation to a noncharitab	le exempt org	anization of:					
(1) Cash							1a(1)		X
(2	2) Other	assets						1a(2)		X
b 0	ther trans	sactions:								
(1) Sales	of assets to a noncharitat	ble exempt organizati	on				1b(1)		_X_
(3	2) Purch	ases of assets from a nor	ncharitable exempt or	ganization				1b(2)		X
(;	Renta	l of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
(4	4) Reimb	oursement arrangements						1b(4)		X
(!	5) Loans	or loan guarantees						1b(5)		X
(0	6) Perfor	mance of services or me	mbership or fundrais	ıng solicitatio	ns			1b(6)		<u>X</u>
		facilities, equipment, mai						1c		X
					dule. Column (b) should alv		- ·		ets,	
					ed less than fair market valu	ie in any transaction	or sharing arrangement, sh	ow in		
) the value of the goods, o	T			T 418				
a) Line	o no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, and st	aring arr	angeme	nts
		· · · · · · · · · · · · · · · · · · ·		N/A						
			ļ							
	<u> </u>									
		•								
·				-						
										
										
					or more tax-exempt organi	zations described		٦.,	-	٦
		501(c) of the Code (other		(3)) or in sect	ion 5277			_ Yes	X] No
p 1	f 'Yes,' co	omplete the following school			(h) Tunn of organization	T	a) Department of relationsh			
		(a) Name of org	janization		(b) Type of organization		c) Description of relationsh	ip		
		N/A				ļ				
										
						<u> </u>				
	Linde	nenalties of nervina I declare	that I have everyned the	return includes	g accompanying schedules and	statements and to the	hest of my knowledge			
Sig		elief, it is true, correct, and con			n taxpayer) is based on all inform		May	the IRS o	iscuss	this er
Her		year	C/4	4	/ W / d/	DDEGTE	show	<u>rn</u> below	(see ins	tr)?
		Wire of officer or tructee	.	-u	Data Data	PRESID	ENT LX	Yes	l	J No ∣
	Sign	Afure of officer or trustee		Draparer's a	Date	Title Date	Check If PTIN			
		Print/Type preparer's na		Preparer's s	gnature		self- employed			
Paid	н	BENJAMIN A	. PIAZZA,	10)		16/3/15	, - 1	014	210	
	u parer	CPA	TCON COCE	N IID	`	1		014		
	Only	Firm's name ► MOR	LEON COGE	אחח או			Firm's EIN ► 23-14	U 6 4	93	
U 36	Cilly	Firm's address > 1 F	О МОНТИТАТИ	m DD	CIITMR FOO					
		Firm's address > 15			50114 500		Dhann 267 44	0 0	000	
		L BA	LA CYNWYD	<u>, PA l</u>	9004		Phone no. 267-44			
							For	rm 99 0	ノーピト	(2014)

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

JEAN R. D. HECHT & BETTY RAE HECHT CHARITABLE FOUNDATION

Employer identification number

22-2528442

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 X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h. or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

JEAN R. D. HECHT & BETTY RAE HECHT

CHARITABLE FOUNDATION

Employer identification number

22-2528442

Part I	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HECHT TRAILER LLC 2057 LAKEWOOD ROAD TOMS RIVER, NJ 08755	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014 Name of organization

Employer identification number

JEAN R. D. HECHT & BETTY RAE HECHT

Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) Description of noncash property given (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions)

Name of organization

	R. D. HECHT & BETTY RAE	HECHT	
	TABLE FOUNDATION		22-2528442
Part III	the year from any one contributor. Complete co	ibutions to organizations described ii plumns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or le	ess for the year (Enterthis info once)
	Use duplicate copies of Part III if additiona	ıl space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
L			
		(e) Transfer of gift	
<u>_</u>	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	1 100 17 100 10 10 10 10 10 10 10 10 10 10 10 10		
			100
/=\ A\ =			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	.,,		(-,
}		(-) Tunnafan afa (f)	
-		(e) Transfer of gift	
	Taxaafaaaata aaaaa addaaaa aaa		Butter to the second
F	Transferee's name, address, an	Id 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
Ī		(e) Transfer of gift	
		()	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
ļ			
İ			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(2). 2. 6000 01 8111	(5, 550 of gift	(a) bescription of flow gift is field
			1

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

0.

FORM 990-PF	INTEREST	ON SAVII	NGS AND	remporary	CASH	INVESTMENTS	STATEMENT	1
SOURCE				(A) EVENUE R BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
BANK OF AMER OCEANFIRST SANDTANDER WELLS FARGO	ICA			309. 506. 1,080. 28.		309. 506. 1,080. 28.		
TOTAL TO PAR'	r I, LINE	3		1,923.		1,923.		
FORM 990-PF			OTHE	R INCOME			STATEMENT	2
DESCRIPTION				(A) REVEN PER BO		(B) NET INVEST- MENT INCOME		
MISCELLANEOU	S				1,100.	0	•	
TOTAL TO FOR	M 990-PF,	PART I,	LINE 11		1,100.	0	•	
FORM 990-PF				TAXES			STATEMENT	3
DESCRIPTION			(A) EXPENSE PER BOO	S NET I	B) NVEST- INCOME			
NJ ANNUAL FE FEDERAL 2014		 s		85. 44.).		0.
			·- ·-					

129.

0.

TO FORM 990-PF, PG 1, LN 18

FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES OFFICE SUPPLIES	33. 114.	0.		0.
TO FORM 990-PF, PG 1, LN 23	147.	0.		0.

Jean R. D. Hecht	echt & Betty	RAE Hecht	Jean R. D. Hecht & Betty RAE Hecht Charitable Foundation				,
Tax Year: 2014 Attachment for part XV of 990-PF	744 14 or part XV of	990-PF		Register Report 1/1/14 Through 12/31/14			Page 1
Date	Account	Num	Description	Мето	Category	ory Clr	Amount
			AARP				
4/5/14 9/8/14	03710329 03710329	3001 3049	AARP AARP	P O BOX 93207 LONG P O BOX 93162 LONG	Charity Charity	ແ ແ	-30.00 -15.00
			TOTALAARP				-45.00
			A T O LOYALTY FUND				
12/6/14	03710329	3091	A T O LOYALTY FUND	32 E WASHINGTON S	Charity	œ	-50.00
			TOTAL A T O LOYALTY FU	U			-50.00
•			AACA MUSEUM		•		
3/8/14 10/4/14	03710329 03710329	2986 3063	AACA MUSEUM AACA MUSEUM	501 WEST GOVERNO 501 WEST GOVERNO	Charity Charity	ແ ແ	-35.00 -200.00
			TOTAL AACA MUSEUM				-235.00
			ALPHA TAU OMEGA FND				
5/17/14	03710329	3010	ALPHA TAU OMEGA FND	32 E WASINGTON ST	Charity	œ	-100.00
- ,			TOTAL ALPHA TAU OMEG	ტ.:.			-100.00
			ALZHEIMER DISEASE ASS	.:. S::.			
4/12/14 11/15/14 10/10/14	03710329 03710329 03710329	3005 3079 3069	ALZHEIMER DISEASE ASS ALZHEIMER DISEASE ASS ALZHEIMER DISEASE ASS	SS N J CHAPTER PO BO SS N J CHAPTER PO BO SS N J CHAPTER PO BO	Charity Charity Charity	X X X	-25.00 -25.00 -25.00
			TOTAL ALZHEIMER DISEA	A			-75.00
			AMBASSADOR CHRISTIAN	IN			
6/23/14	03710329	3026	AMBASSADOR CHRISTIAN	700 MAIN ST TOMS RI	Charity	ĸ	-125.00

Page 2	Amount -125 00	- 123.00	-250.00		-45.00 -100.00	-145.00		-100.00	-100.00		-100.00 -25.00	-125.00		-100.00	-100.00		-200.00	-400.00	
	그 a	£			ፎፎ						ፎፎ	1		œ	ļ		ፎፎ	1	
	Category																		
	4	Charity			Charity Charity			Charity			Charity Charity			Charity			Charity Charity		
1/1/14 Inrougn 12/31/14	Memo	700 MAIN ST LOMS KI			P O BOX 901611 KAN P O BOX 901611 KAN			410 FIRST ST S E WA			P O BOX 43, FORKED P O BOX 43, FORKED			P O BOX 782 FARMIN			ANGEL CANYON, KNO ANGEL CANYON, KNO		
41/1/1	Description	AMBASSADOR CHRISTIAN	TOTAL AMBASSADOR CH	AMERICAN TRUCK HISTO	AMERICAN TRUCK HISTO AMERICAN TRUCK HISTO	TOTAL AMERICAN TRUCK	AMERICAN TRUCKING AS	AMERICAN TRUCKING AS	TOTAL AMERICAN TRUCKI	ASSOC HUMANE SOCIETI	ASSOC HUMANE SOCIETI ASSOC HUMANE SOCIETI	TOTAL ASSOC HUMANE S	BERLIN AIRLIFT HISTORIC	BERLIN AIRLIFT HISTORIC	TOTAL BERLIN AIRLIFT HI	BEST FRIENDS ANIMAL SA	BEST FRIENDS ANIMAL SA BEST FRIENDS ANIMAL SA	TOTAL BEST FRIENDS ANI	BIG BROTHERS, BIG SIST
	Num	3064			2976 3080			3011			3027 3070			3033			2989 2997		
	1	03710329			03710329 03710329			03710329			03710329 03710329			03710329			03710329 03710329		
3/28/15		10/4/14			1/24/14 11/15/14			5/17/14			6/23/14 11/1/14			7/12/14			3/8/14 4/5/14		

3/28/15			1/1/14	1/1/14 Through 12/31/14			Page 3
Date	Account	Num	Description	Memo	Category	능	Amount
4/12/14	03710329 03710329	3006 3062	BIG BROTHERS, BIG SIST BIG BROTHERS, BIG SIST	85 WILLIAM ST., LAKE 20 HADLEY AVE STE	Charity Charity	K K	-200.00
			TOTAL BIG BROTHERS, BI			1	-400.00
			CAMP NO WORRIES				
5/17/14	03710329	3009	CAMP NO WORRIES	YMCA 59 CENTERTO	CHARITY MICHAEL	ĸ	-1,000.00
			TOTAL CAMP NO WORRIES			1	-1,000.00
			CHICAMACOMICO HISTOR				
6/23/14	03710329	3028	CHICAMACOMICO HISTOR PO BOX 5 RODAWTH	PO BOX 5 RODAWTH	Charity	œ	-50.00
			TOTAL CHICAMACOMICO)	-50.00
			CHILD FUND INTERNATIO				
9/8/14	03710329.	3050	CHILD FUND INTERNATIO	PO BOX 26511 RICHM	Charity	œ	-100.00
			TOTAL CHILD FUND INTER			I	-100.00
			COLLEGE AMERICA				
11/15/14	11/15/14 03710329	3089	COLLEGE AMERICA	1540 HWY 138 STE 30	CHARITY MICHAEL DO Y	œ	-1,000.00
			TOTAL COLLEGE AMERICA			ı	-1,000.00
			COMMUNITY MED CENTE				
11/1/14	03710329.	3071	COMMUNITY MED CENTE	675 RT 37 , TOMS RIV	Charity	œ	-100.00
			TOTAL COMMUNITY MED			ı	-100.00
			CRAZY HORSE MEMORIAL				

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3/28/15						Page 4
Account 03710329	3000 3065	Description CRAZY HORSE MEMORIAL	Memo AVE OF THE CHIEFS,	Category Charity Charity	으로 또	Amount -251.00 -100.00
		TOTAL CRAZY HORSE ME				-351.00
		DEVEREUX PA CIDDS				
03710329	3105	DEVEREUX PA CIDDS	C/O ERIN KYLE 390 E	CHARITY MICHAEL		-500.00
		TOTAL DEVEREUX PA CID			ļ	-500.00
		DVNF				
03710329	3034	DVNF	PO BOX 96648 WASH	Charity	œ	-15.00
		TOTAL DVNF			ļ	-15.00
		EAA AVIATION FOUNDATI				
03710329	2978	EAA AVIATION FOUNDATI	P O BOX 3065 MILWU	Charity	œ	-40.00
		TOTAL EAA AVIATION FOU			ł	-40.00
		EASTER SEALS				
03710329	2990	EASTER SEALS	P O BOX0 2013 TOMS Charity	Charity	œ	-15.00
		TOTAL EASTER SEALS				-15.00
		ELKHART COUNTY HUMA				
03710329	3060	ELKHART COUNTY HUMA	54687 CR 19 BRISTOL	CHARITY MICHAEL	œ	-250.00
		TOTAL ELKHART COUNTY			1	-250.00
		FAMILY PLANNING OF OC				
03710329	3014	FAMILY PLANNING OF OC	290 RIVER AVE, LAK	Charity	œ	-150.00

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Page 5	Amount -150.00	-300.00		-100.00	-200.00		-200.00	-300.00		-50.00	-50.00		-50.00	-50.00		-30.00	-30.00	
	호 	l		c c	1		~ ~	1		œ	I		œ	I		ĸ		
	Category																	
	Charity	•		Charity Charity			Charity Charity			Charity			Charity			Charity		
1/1/14 Through 12/31/14	Memo 290 RIVER AVE. LAK	-		702 MAIN ST, TOMS 702 MAIN ST, TOMS			4175 MUDULLA RD LA 4175 MUDULLA RD LA			COLLEGE DR TOMS R			GEORGIA TECH ALU			PO BOX 1483 WALL N Charity		
1/1/14	Description FAMILY PLANNING OF OC	TOTAL FAMILY PLANNING	FIRST BAPTIST CHURCH	FIRST BAPTIST CHURCH FIRST BAPTIST CHURCH	TOTAL FIRST BAPTIST CH	FLORIDA AIR MUSEUM @	FLORIDA AIR MUSEUM @ FLORIDA AIR MUSEUM @	TOTAL FLORIDA AIR MUS	GARDEN STATE PHILHAR	GARDEN STATE PHILHAR	TOTAL GARDEN STATE P	GEORGIA TECH FOUNDAT	GEORGIA TECH FOUNDAT	TOTAL GEORGIA TECH FO	GIFT OF WARMTH/NJ NAT'	GIFT OF WARMTH/NJ NAT'	TOTAL GIFT OF WARMTH/	GIRL SCOUTS OF THE JE
	Num 3072			3029 3073			3030 3074			3092			3054			3075		
	Account			03710329 03710329			03710329 03710329			03710329			03710329			03710329		
3/28/15	Date 11/1/14			6/23/14			6/23/14 11/1/14			12/6/14			9/20/14			11/1/14		

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Page 6	Amount	-150.00	-150.00		-500.00	-500.00		-300.00	-300.00		-150.00	-150.00		-50.00	-50.00		-200.00	-200.00		-100.00
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1/1/14 Through 12/31/14	Memo	1405 OLD FREEHOLD			10 BLEEKER ST NEW			1615 GLENDOLA RD			31 SKYLINE DR LAKE			1201 LAKEWOOD RD			PO BOX 100 GARDEN			253 CHESTNUT ST T 253 CHESTNUT ST T
1/1/14	Description	GIRL SCOUTS OF THE JE	TOTAL GIRL SCOUTS OF T	GLASSROOTS	GLASSROOTS	TOTAL GLASSROOTS	GLENDOLA BIBLE CHURCH	GLENDOLA BIBLE CHURCH	TOTAL GLENDOLA BIBLE	GOOD LIFE 45	G00D LIFE 45	TOTAL GOOD LIFE 45	HABITAT FOR HUMANITY I	HABITAT FOR HUMANITY I	TOTAL HABITAT FOR HUM	HOUR OF POWER	HOUR OF POWER	TOTAL HOUR OF POWER	INTERFAITH HOSPITALITY	INTERFAITH HOSPITALITY
	N	3012			3013			3093			3094			3066			3081			3035 3076
	Account	03710329			03710329			03710329			12/6/14 03710329 3094			03710329			11/15/14 03710329			03710329 03710329
3/28/15	Date	5/17/14			5/17/14			12/6/14			12/6/14			10/4/14			11/15/14			7/12/14

Register Report

3/28/15	_		1/1/14	Kegister Keport 1/1/14 Through 12/31/14			Page 7
Date	Account	Num	Description	Memo	Category	ਹ	Amount
			TOTAL INTERFAITH HOSPI			,	-200.00
			IRON INDUSTRY MUSEUM				
7/12/14	03710329	3036	IRON INDUSTRY MUSEUM	P O BOX 30740 LANDI	Charity	œ	-100.00
			TOTAL IRON INDUSTRY M			'	-100.00
			ISLAND HGTS CULTURAL				
3/8/14	03710329	2991	ISLAND HGTS CULTURAL	P O BOX 670, ISLAND	Charity	~	-500.00
			TOTAL ISLAND HGTS CUL			1	-500.00
			JERSEY SHORE ANIMAL C				
3/8/14 7/26/14 11/15/14	03710329 03710329 4 03710329	2992 3042 3088	JERSEY SHORE ANIMAL C JERSEY SHORE ANIMAL C JERSEY SHORE ANIMAL C	185 BRICK BLVD, BRI 185 BRICK BLVD, BRI 185 BRICK BLVD BRIC	Charity Charity Charity	¤ ¤ ¤	-200.00 -250.00 -170.00
			TOTAL JERSEY SHORE A			ľ	-620.00
			JEWISH FOUNDATION OF				
4/5/14	03710329	3002	JEWISH FOUNDATION OF	301 MADISON AVE, LA Charity	Charity	œ	-400.00
			TOTAL JEWISH FOUNDATI			ı	-400.00
			JEWISH VOICE MINISTRY I				
11/1/14	03710329	3077	JEWISH VOICE MINISTRY I	PO BOX 31998 PHOE	Charity	œ	-60.00
			TOTAL JEWISH VOICE MIN			ť	-60.00
			KID CARE INTERNATIONAL				
9/29/14	03710329	3061	KID CARE INTERNATIONAL	55919 RIVERDALE DR	CHARITY MICHAEL	œ	-250.00

3/28/15							Page 8
Date	Account	Num	Description	Memo	Category	ਹ <u>ੋ</u>	Amount
			TOTAL KID CARE INTERN			I	-250.00
			LITERACY VOL OCEAN CO				
7/12/14 11/15/14	7/12/14 03710329 11/15/14 03710329	3037 3082	LITERACY VOL OCEAN CO LITERACY VOL OCEAN CO	PO BOX 2001 COLLE PO BOX 2001 COLLE	Charity Charity	c c	-100.00
			TOTAL LITERACY VOL OC			ı	-300.00
			LUMBERTON TOWNSHIP				
6/14/14	03710329	3025	LUMBERTON TOWNSHIP	LUMBERTON POLICE	CHARITY MICHAEL	œ	-500.00
			TOTAL LUMBERTON TOW			i	-500:00
			MAMMOTH SITE OF HOT S				
2/22/14 10/4/14	03710329 03710329	2985 3068	MAMMOTH SITE OF HOT S MAMMOTH SITE OF HOT S	P O BOX 606 HOT SP P O BOX 692 HOT SP	Charity Charity	cc cc	-200.00
			TOTAL MAMMOTH SITE O			•	-400.00
			METRO MINISTRIES INTER				
4/5/14	03710329	3003	METRO MINISTRIES INTER	PO BOX 695, BROOKL	Charity	œ	-50.00
			TOTAL METRO MINISTRIE			ı	-50:00
			NATIONAL PARKS CONSE				
2/8/14 11/15/14	03710329 1 03710329	2979 3083	NATIONAL PARKS CONSE NATIONAL PARKS CONSE	PO BOX 97202 WASHI PO BOX 97202 WASHI	Charity Charity	CC CC	-100.00
			TOTAL NATIONAL PARKS			ŀ	-200.00
			NATIONAL WILDLIFE FED				

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Page 9	Amount '	-100.00	-100.00		-500.00	-500.00		-250.00	-250.00		-250.00 -250.00	-500.00		-225.00	-225.00		-450.00	-450.00		-100.00
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	Category	Charity			CHARITY VICKI & FRED			Charity			CHARITY MICHAEL CHARITY MICHAEL			CHARITY CHEFS NIGHT			Charity			Charity
1/1/14 Inrough 12/31/14	Мето	PO BOX 1637 MERRIF						COLLEGE DR TOMS R			COLLEGE DR TOMS R COLLEGE DR TOMS R			137 BEY LEA RD TOM			26 HADLEY AVE TOM			917 N MAIN ST TOMS
17,7,1	Description	NATIONAL WILDLIFE FED	TOTAL NATIONAL WILDLIF	NORTH CAROLINA COMM	NORTH CAROLINA COMM	TOTAL NORTH CAROLINA	OCEAN COUNTY COLLEGE	OCEAN COUNTY COLLEGE	TOTAL OCEAN COUNTY C	OCEAN COUNTY COLLEG	OCEAN COUNTY COLLEG OCEAN COUNTY COLLEG	TOTAL OCEAN COUNTY C	OCEAN COUNTY FOUNDA	OCEAN COUNTY FOUNDA	TOTAL OCEAN COUNTY F	OCEAN COUNTY HISTORI	OCEAN COUNTY HISTORI	TOTAL OCEAN COUNTY HI	OCEAN COUNTY HUNGER	OCEAN COUNTY HUNGER
	N N	2988			3110			3016			2998 3032			2980			2987			3038
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3/28/15	Date	3/8/14			12/30/14			6/7/14			4/5/14 7/12/14			2/20/14			3/8/14			7/12/14

Page 10	Amount -100.00	-200.00		-200.00	-400.00		-100.00	-100.00		-250.00 -500.00	-750.00		-500.00 -125.00 -200.00	-825.00		-300.00	-300.00
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	Memo 917 N MAIN ST TOMS			101 WASHINGTON ST 101 WASHINGTON ST			709 ALMEDA DR TOM			WHITTY RD TOMS RI WHITTY RD TOMS RI			2445 WINDSOR AVE T 2445 WINDSOR AVE T 2445 WINDSOR AVE T			1709 HWY 37E TOMS	
	Description OCEAN COUNTY HUNGER	TOTAL OCEAN COUNTY H	OCEAN COUNTY LIBRARY	OCEAN COUNTY LIBRARY OCEAN COUNTY LIBRARY	TOTAL OCEAN COUNTY LI	OCEAN COUNTY PUPPY P	OCEAN COUNTY PUPPY P	TOTAL OCEAN COUNTY P	OCEAN COUNTY YMCA	OCEAN COUNTY YMCA OCEAN COUNTY YMCA	TOTAL OCEAN COUNTY Y	OCEAN HARBOR HOUSE	OCEAN HARBOR HOUSE OCEAN HARBOR HOUSE OCEAN HARBOR HOUSE	TOTAL OCEAN HARBOR H	OCEAN OF LOVE FOR CHI	OCEAN OF LOVE FOR CHI	TOTAL OCEAN OF LOVE F
	Num 3078			3043 3097			3084			2994 3053			2996 3017 3085			3098	
	Account 03710329			03710329 03710329			11/15/14 03710329			03710329 03710329			03710329 03710329 03710329			03710329	
3/28/15	Date 11/1/14			7/26/14			11/15/14			3/11/14 9/10/14			4/5/14 6/7/14 11/15/14			12/6/14	

3/28/15			1/1/1	1/1/14 Through 12/31/14			Page 11
Date	Account	Num	Description	Memo	Category	<u>ප්</u>	Amount .
			OPEN ARMS INC				
9/20/14	03710329	3055	OPEN ARMS INC	35 MAGNOLIA LA TOM Charity	>	œ	-200.00
			TOTAL OPEN ARMS INC			1	-200.00
			OPEN DOOR PREGNANCY				
7/26/14 12/6/14	03710329 03710329	3044 3099	OPEN DOOR PREGNANCY OPEN DOOR PREGNANCY	533 LAKEHURST RD T Charity 533 LAKEHURST RD T Charity	> >	α α	-250.00 -250.00
			TOTAL OPEN DOOR PREG				-500.00
			OPERATION SMILE				
12/20/14	12/20/14 03710329	3106	OPERATION SMILE	VIRGINIA BEACH, VA Charity	>	œ	-240.00
			TOTAL OPERATION SMILE			!	-240.00
			ORCHID FOUNDATION	,			
7/26/14 12/6/14	03710329 03710329	3045 3100	ORCHID FOUNDATION ORCHID FOUNDATION	254 SOUTH 38TH ST Charity 254 SOUTH 38TH ST Charity	>>	cc cc	-300.00
			TOTAL ORCHID FOUNDATI				-450.00
			PAWLET SCHOLARSHIP F				
12/6/14	03710329	3101	PAWLET SCHOLARSHIP F	P O BOX 206 PAWLET Charity	>	œ	-200.00
			TOTAL PAWLET SCHOLAR				-200.00
			PEDALS FOR PROGRESS				
9/8/14	03710329	3052	PEDALS FOR PROGRESS	PO BOX 312 HIGH BRI Charity	>	ď	-50.00
			TOTAL PEDALS FOR PRO				-50.00

3/28/15			1/1/14	1/1/14 Through 12/31/14			Page 12
Date	Account	Num	Description	Memo	Category	능	Amount .
			PHELPS SCHOOL				
9/20/14	03710329	3056	PHELPS SCHOOL	SUGARTWN RD & PA	Charity	œ	-200.00
			TOTAL PHELPS SCHOOL				-200.00
			PLEASANT PLAINS FIRST				
6/7/14	03710329	3021	PLEASANT PLAINS FIRST	44 CLAYTON AVE TO	CHARITY MICHAEL	œ	-300.00
			TOTAL PLEASANT PLAINS				-300.00
			PLEASANT PLAINS VOL FI				
6/7/14	03710329	3022	PLEASANT PLAINS VOL FI	40 CLAYTON AVE TO	CHARITY MICHAEL	œ	-250.00
			TOTAL PLEASANT PLAINS			1	-250.00
			PURPLE MARTIN CONSER				
9/8/14	03710329	3051	PURPLE MARTIN CONSER	301 PENINSULA DR S	Charity	œ	-100.00
			TOTAL PURPLE MARTIN C			1	-100.00
			REGAN RANCH				
9/20/14	03710329	3057	REGAN RANCH	YOUNG AMERICA PO	Charity	œ	-25.00
			TOTAL REGAN RANCH			I	-25.00
			ROTARY CLUB OF T R CH				
1/13/14 2/22/14	03710329 03710329	2977 2981	ROTARY CLUB OF T R CH ROTARY CLUB OF T R CH	39 LEXINGTON AVE T 39 LEXINGTON AVE T	Charity CHARITY MICHAEL	X X	-100.00 -100.00
			TOTAL ROTARY CLUB OF			I	-200.00
			ROTARY FOUNDATION PA				

3/28/15	*		1/1/14	1/1/14 Through 12/31/14			Page 13
Date	Account	Num	Description	Мето	Category	<u>ට්</u>	Amount
12/29/14	12/29/14 03710329	3109	ROTARY FOUNDATION PA		Charity		-1,000.00
			TOTAL ROTARY FOUNDAT				-1,000.00
			SALVATION ARMY				
6/7/14 12/6/14	03710329 03710329	3018 3102	SALVATION ARMY SALVATION ARMY	PO BOX 5413 TOMS R PO BOX 5413 TOMS R	Charity Charity	מב	-100.00
			TOTAL SALVATION ARMY			ì	-300.00
			SAVE THE MANATEE				
6/7/14	03710329	3019	SAVE THE MANATEE	500 N MAITLAND AVE	Charity	œ	-25.00
			TOTAL SAVE THE MANATEE			1	-25.00
			SEASIDE CHAPTER OF DE				
9/20/14	03710329	3058	SEASIDE CHAPTER OF DE	P O BOX 462, LAVALL	Charity	œ	-200.00
			TOTAL SEASIDE CHAPTE				-200.00
			SILVERTON FIRE CO				
5/13/14	03710329	3008	SILVERTON FIRE CO	15 KETTLE CREEK RD CHARITY MICHAEL	CHARITY MICHAEL	œ	-250.00
			TOTAL SILVERTON FIRE CO				-250.00
			SILVERTON FIRST AID SQ				
4/5/14	03710329	2999	SILVERTON FIRST AID SQ	TOMS RIVER N J 08755 CHARITY MICHAEL	CHARITY MICHAEL	œ	-500.00
			TOTAL SILVERTON FIRST			ı	-500.00
			SLOAN KETTERING				

Page 14	Amount	-100.00 -150.00	-250.00		-200.00	-200:00		-100.00	-100.00		-100.00	-300.00		-150.00 -100.00	-250.00		-250.00	-250.00	
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	Category																CHARITY MICHAEL		
		Charity Charity			Charity			Charity			Charity Charity			Charity Charity			CHARI		
1/1/14 Through 12/31/14	Memo	P O BOX 5028 HAGER P O BOX 5028 HAGER			PO BOX 86 GALLUP,			P O BOX 3589 PRINCE			6 PENNYFIELD AVE B 6 PENNYFIELD AVE B	•		PO BOX 214 HUNTING PO BOX 214 HUNTING			26 ROBBINS ST TOMS		
1/1/14	Description	SLOAN KETTERING SLOAN KETTERING	TOTAL SLOAN KETTERING	SOUTH WEST INDIAN FOU	SOUTH WEST INDIAN FOU	TOTAL SOUTH WEST INDI	SPECIAL OLYMPICS	SPECIAL OLYMPICS	TOTAL SPECIAL OLYMPICS	SUNY MARITIME MUSEUM	SUNY MARITIME MUSEUM SUNY MARITIME MUSEUM	TOTAL SUNY MARITIME M	SWIGART AUTOMOBILE M	SWIGART AUTOMOBILE M SWIGART AUTOMOBILE M	TOTAL SWIGART AUTOM	TOMS RIVER FIRE CO	TOMS RIVER FIRE CO	TOTAL TOMS RIVER FIRE	TOMS RIVER FIRST AID
	Nca	3059 3086			3039			3020			2982 3095			3007 3087			3023		
	Account	03710329 03710329			03710329			03710329			03710329 03710329			03710329 03710329			03710329.		
3/28/15	Date	9/20/14			7/12/14			6/7/14			2/22/14 12/6/14			4/12/14			6/7/14		

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Page 15	Amount .	-500.00	-500.00		-150.00	-150.00		-500.00 -500.00 -25.00		-1,025.00		-500.00	-500.00		-250.00 -500.00	-750.00		-75.00	-75.00
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1/1/14 Through 12/31/14	Memo	11 SNYDER AVE TOM						78 WATER ST TOMS 78 WATER ST TOMS 78 WATER ST TOMS				504 HORIZON DR TO			PO BOX 52 TUCKERT PO BOX 52 TUCKERT			252 WASHINGTON ST	
1/1/14	Description	TOMS RIVER FIRST AID	TOTAL TOMS RIVER FIRS	TOMS RIVER OCEAN COU	TOMS RIVER OCEAN COU	TOTAL TOMS RIVER OCEA	TOMS RIVER SEAPORT S	TOMS RIVER SEAPORT S TOMS RIVER SEAPORT S TOMS RIVER SEAPORT S		TOTAL TOMS RIVER SEAP	TOMS RIVER TORNADOES	TOMS RIVER TORNADOES	TOTAL TOMS RIVER TORN	TUCKERTON SEAPORT S	TUCKERTON SEAPORT S TUCKERTON SEAPORT S	TOTAL TUCKERTON SEAP	TWENTY- ONE PLUS, WIN	TWENTY- ONE PLUS, WIN	TOTAL TWENTY- ONE PLU
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	Account	03710329			03710329			03710329 03710329				03710329			03710329 03710329			03710329	
3/28/15	Date	6/7/14			5/13/14			2/22/14 7/26/14 10/4/14	r F			3/13/14			2/22/14 12/6/14			7/26/14	

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	Category													
			Charity Charity			Charity			Charity			Charity		
1/1/14 Through 12/31/14	Мето		PO BOX 96860 WASHI PO BOX 96860 WASHI			PO BOX 55040 BOST			C/O COMM MED CTR			10550 SPRINGBORO		
1/1/14	Description	U S O WORLD HDQT	U S O WORLD HDQT U S O WORLD HDQT	TOTAL USO WORLD HDQT	UNITED NEGRO COLLEGE	UNITED NEGRO COLLEGE	TOTAL UNITED NEGRO C	WHITE PINE TWIG	WHITE PINE TWIG	TOTAL WHITE PINE TWIG	WRIGHT B FLYER	WRIGHT B FLYER	TOTAL WRIGHT B FLYER	OVERALL TOTAL
	Num		3040 3103			2993			3104			3107		
	Account		03710329 03710329			03710329			12/20/14 03710329 3104			12/20/14 03710329		
3/28/15	Date		7/12/14 12/6/14			3/8/14			12/20/14			12/20/14		

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		. •	▶ LX.	
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form).			
Do not co	mplete Part II unless you have already been granted a	in automa	tic 3-month extension on a previous	sly filed For	m 8868		
Electroni	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6	months for a corp	poration	
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically f	ile Form 88	68 to request an	extension	
	file any of the forms listed in Part I or Part II with the exc		_		· ·		
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details	on the elec	tronic filing of this	form,	
	irs gov/efile and click on e-file for Chanties & Nonprofits		,				
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies ne	eded).			
	tion required to file Form 990-T and requesting an auton						
Part I only	· · · · · · · · · · · · · · · · · · ·				1	▶ □	
	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reque:	st an exten	sion of time		
	ome tax returns.		·		r's identifying nu	ımber	
Type or	Name of exempt organization or other filer, see instru			identification nun			
print	JEAN R. D. HECHT & BETTY RAE HECHT						
print	CHARITABLE FOUNDATION				22-2528442		
File by the	Alumbar street and man accusts to 15 a D.O. have one materialism			Social ser	ocial security number (SSN)		
due date for filing your				000.0.	nai occurry hamber (corry		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	TOMS RIVER, NJ 08755	noigh add	roos, see manastions				
	10110 11111111 110 00700						
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 4	
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Application		Return	Application			Return	
		Code	Is For			Code	
Is For Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
romi 99 <u>0</u>	JEAN R.D. HECH		1 01111 887 0			12	
● The br	ooks are in the care of > 2075 LAKEWOOD I		POME DIVER N.T 087	55			
	one No ► (908) 349-1900		Fax No	<u> </u>		·	
•	organization does not have an office or place of business	e in the Lie					
	s for a Group Return, enter the organization's four digit			lf this is for	the whole are	shook this	
г	. If it is for part of the group, check this box	3					
box ▶ L	quest an automatic 3-month (6 months for a corporation				ers the extension	15 101	
1 116	`	·=	tion return for the organization nam		The extension		
		Corganiza	tion return for the organization harm	eu above	THE EXTENSION		
	or the organization's return for						
-	or the organization's return for						
-	X calendar year 2014 or	20	d anduna				
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▶ [2 If th	tax year beginning tax year entered in line 1 is for less than 12 months, collaboration. Change in accounting period	heck reas	on Initial return	Final retur	n		
2 If th	calendar year 2014 or tax year beginning ne tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-BL, 990-PF, 990-T, 4720	heck reas	on Initial return			0	
2 If th 3a If th	calendar year 2014 or tax year beginning ne tax year entered in line 1 is for less than 12 months, c Change in accounting period nis application is for Forms 990-BL, 990-PF, 990-T, 4720 herefundable credits. See instructions	heck reas , or 6069,	on Initial return enter the tentative tax, less any	Final retur	n S	0.	
2 If th 3a If th nor b If th	calendar year 2014 or tax year beginning ne tax year entered in line 1 is for less than 12 months, complete the complete control of the complete control of the complete control of the complete control of the control	heck reas , or 6069, , enter an	on Initial return enter the tentative tax, less any y refundable credits and	3a	\$		
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2014)