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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. ation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

| Dena | rtment | t of the Treasury | | | l security numbers or | | | | |
|---------------------------------------|---|--|-----------------------------|------------|---------------------------------------|----------------|---------------|--|---|
| | | venue Service | nformation about F | orm 990 | O-PF and its separate | instructions | is at www.irs | gov/form990pf. | Open to Public Inspection |
| For | alen | dar year 2015 or tax year be | ginning | | | , and e | nding | · | |
| Nar | ne of | foundation | | | | | | A Employer identification | number |
| J | EA | N R. D. HECHT | & BETTY | RAE | HECHT | | | | |
| C | HA | RITABLE FOUND | ATION | | | | | 22-2528442 | |
| Nun | nber a | nd street (or P O box number if ma | ul is not delivered to st | reet addre | ss) | | Room/suite | B Telephone number | |
| 2 | 07 | 5 LAKEWOOD RO | AD | | | | | 908-349-19 | 00 |
| | | own, state or province, country | | n postal | code | | 1, | C If exemption application is p | |
| - | | | 08755 | | | | | о похотрион аррисалогу ю р | Silaning, chicar hare |
| | | <u> </u> | tial return | | Initial return of a f | ormer nublic i | charity | D 1 Foreign organizations | check here |
| • | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | nal return | F | Amended return | ornici publici | onany | D T Toroigh organizations | , once nore |
| | | | Idress change | F | Name change | | | 2 Foreign organizations me check here and attach co | eting the 85% test, |
| | 'hoole | | Section 501(c)(3 | \ avemot | | | | | |
| | _ | | · · · · · | _ | | _1 | | E If private foundation star | |
| | | ction 4947(a)(1) nonexempt c | | | taxable private found | | | under section 507(b)(1) | |
| | | rket value of all assets at end | of year J Accou | | | L Acc | ruai | F If the foundation is in a (| |
| | | Part II, col. (c), line 16) | AF C (Part La | Other (s | specify) | haara l | | under section 507(b)(1) | (B), check here |
| _ | \$ | | | oiumn (e | d) must be on cash | Dasis.) | | | |
| Pa | <u>irt l</u> | The total of amounts in columns | (b), (c), and (d) may no | t . | (a) Revenue and | | rvestment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | necessarily equal the amounts in | column (a)) | | expenses per books | IIIC | ome | income | (cash basis only) |
| | 1 | Contributions, gifts, grants, e | | | <u> 26,000.</u> | | | N/A | |
| | 2 | | ot required to attach Sch B | | | | | | |
| | 3 | Interest on savings and temporary cash investments | ′ | | 1,335. | | 1,335. | | STATEMENT 1 |
| | 4 | Dividends and interest from s | securities | | | | | | |
| | 5a | Gross rents | | | | | | | |
| | ь | Net rental income or (loss) | | | | | | | |
| _ | 6a | Net gain or (loss) from sale of asse | ets not on line 10 | | · · · · · · · · · · · · · · · · · · · | | | | |
| Ę | b | Gross sales price for all assets on line 6a | | | | | | | |
| Revenue | 7 | Capital gain net income (from Part | IV line 2) | _ | | | 0. | | |
| æ | 8 | Net short-term capital gain | , | | | | | | |
| | 9 | Income modifications | | | | | | | |
| | 1 | Gross sales less returns | | | | | | | |
| | ١ | | | | | | | | |
| | | Cross profit or (loss) | | - | | | | | |
| | | Gross profit or (loss) | | | 700 | | | | CENTER C |
| | 11 | Other income | | - | 700. | | 0. | <u> </u> | STATEMENT 2 |
| | 12 | Total Add lines 1 through 1 | | - | 28,035. | | 1,335. | | |
| | 13 | Compensation of officers, director | • | | 0. | | 0. | | 0. |
| | 14 | Other employee salaries and | • | | | | | | |
| s | 15 | Pension plans, employee ber | nefits | | | | | N. | |
| Se | 16a | Legal fees | | | · ······· | | 15 | 1100 | |
| De l | b | Accounting fees | | | | | 12 | JUN 1 4 2016 | |
| Щ | C | Other professional fees | | | | ļ. —.—. | | | |
| Operating and Administrative Expenses | 17 | Interest | _ | | | | | OCH | |
| <u>r</u> a | 18 | Taxes | STMT 3 | <u> </u> | 145. | | 0- | 000000 | 0. |
| -is | 19 | Depreciation and depletion | | | | | | 18- | _ |
| Ē | 20 | Оссиралсу | | | | | | | |
| Ą | 21 | Travel, conferences, and mee | etings | | | | | | |
| 2 | 22 | Printing and publications | | | | | | | |
| ğ | 23 | Other expenses | STMT 4 | | 182. | : | 0. | | 0. |
| aţį | 24 | Total operating and adminis | | | | | | | |
|)er | | expenses Add lines 13 thro | | | 327. | | 0. | | 0. |
| ŏ | 25 | Contributions, gifts, grants p | | <u> </u> | 24,010. | | | | 24,010. |
| | | Total expenses and disburs | | | ,0.0. | | | | 22,020 |
| | 20 | Add lines 24 and 25 | omenta. | | 24,337. | | 0. | | 24,010. |
| | 07 | | • | - | 44,33/. | | | | <u> </u> |
| | 27 | Subtract line 26 from line 12: | | | 2 600 | | | | |
| | 1 | Excess of revenue over expenses | | - | 3,698. | | 1 225 | | |
| | | Net investment income (if ne | | | | | 1,335. | 37/3 | |
| | C | Adjusted net income (if negat | ive, enter -0-) | ı | | 1 | | N/A | • |

LHA For Paperwork Reduction Act Notice, see instructions.

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

22-2528442

Page 2

| Г | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|------------------|------|--|--------------------|--|-----------------------|
| | art | 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 | 627,758. | 631,456. | 631,456. |
| | 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 | · | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 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 | | | |
| | | ınstructions. Also, see page 1, item l) | 627,758. | 631,456. | 631,456. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | - ·· · · · · · · · · · · · · · · · · · | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iab | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | | | |
| | 23 | <u> </u> | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| co. | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ĕ | 24 | Unrestricted | | | |
| or Fund Balances | 25 | Temporarily restricted | | | |
| Ä | 26 | · | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| 7. | | and complete lines 27 through 31. | | | |
| ţ | 27 | | 66,000. | 66,000. | |
| Net Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Į, | 29 | Retained earnings, accumulated income, endowment, or other funds | 561,758. | 565,456. | |
| ž | 30 | Total net assets or fund balances | 627,758. | 631,456. | |
| | l | | 607 750 | 621 456 | |
| _ | 31 | Total liabilities and net assets/fund balances | 627,758. | 631,456. | <u>_</u> |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | • | st agree with end-of-year figure reported on prior year's return) | | 1 | 627,758. |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 3,698. |
| | | er increases not included in line 2 (itemize) | <u> </u> | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 631,456. |
| | | reases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 631,456. |

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22-2528442 Form 990-PF (2015) CHARITABLE DUNDATION Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) D - Donation 1a b NONE C đ е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) b ď Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any b C If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 25,996 616,987 2014 .042134 33,136 595,432. 2013 .055650 31,645 591,277. .053520 2012 33,371 603,112. .055331 2011 36,262 641,359. 2010 .056539 2 Total of line 1, column (d) 2 .263174 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .052635 3 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 620,163. Multiply line 4 by line 3 32,642. 5 13. Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 32,655. Enter qualifying distributions from Part XII, line 4 8 24,010. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

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See the Part VI instructions.

| | JEAN R. D. CHT & BETTY RAE H | IECH | 1'1' | | | | _ | |
|--------|---|--------------|----------------|-----------------------|----------|---------------|-------|-----------------|
| | 990-PF (2015) CHARITABLE JUNDATION | \ | 4040/61 | 4040(-) | | <u>52844</u> | | Page 4 |
| - | rt VI Excise Tax Based on Investment Income (Section 4940 | | | | 1948 - 9 | see insti | uctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and en | | | l l | | | | |
| | Date of ruling or determination letter: (attach copy of letter if nec | | 1 | 1 | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | • [| and enter | 1% | 1 | | | <u>27.</u> |
| | of Part I, line 27b | | | . " | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | | | col. (b).) | | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth | ners ei | nter -u-) | | 2 | | | 0. |
| - | Add lines 1 and 2 Subtille A (recent) to:: (demosts section 4047(s)/4) trusts and trustle foundations only. Other | | stor 0 \ | | 3 | | | 27. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | แษเรษ | 11161 -0-) | | 5 | | | 27. |
| 5 6 | Credits/Payments: | | | | 3 | - | | <u> </u> |
| | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | 1 | 42. | 1 1 | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | - | 74. | 4 | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c | <u> </u> | | 1 | | | |
| | Backup withholding erroneously withheld | 6d | | | 1 | | | |
| | Total credits and payments. Add lines 6a through 6d | <u> </u> | .l | | 7 | | | 42. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack | ched | | | 8 | | | 1 2. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | Jiiou | | • | 9 | | | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | 10 | | | 15. |
| | Enter the amount of line 10 to be: Credited to 2016 estimated tax | | 15 | Refunded | 11 | | | 0. |
| | rt VII-A Statements Regarding Activities | | | -, | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legisl | lation c | or did it part | icipate or intervene | e in | | Yes | No |
| | any political campaign? | | | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purpos | es (se | e instructio | ns for the definition | 1)? | 1b | | X |
| | If the answer is "Yes" to $\mathbf{1a}$ or $\mathbf{1b}$, attach a detailed description of the activities and | d copi | es of any i | materials publish | ed or | | | |
| | distributed by the foundation in connection with the activities. | | | | | | İ | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the $\frac{1}{2}$ | year: | | | | | | |
| | (1) On the foundation. > \$ (2) On foundation managers. | . > \$ | | 0. | _ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expendit | ture tax | x imposed (| n foundation | | | | |
| | managers. ► \$O. | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IR | RS? | | | | 2 | 4 | <u>X</u> |
| | 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 in | | ent, articles | of incorporation, | or | | | |
| 4 - | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | | | | | 3 | + | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year | ry | | | NT / | 4 <u>a</u> | +- | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? West has a liquidation, termination, dissolution, as substantial contraction during the year? | | | | N/ | | +- | - |
| o | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | | | | 5 | + | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit | ther- | | | | | | |
| ٠ | By language in the governing instrument, or | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory | / direct | tions that co | onflict with the stat | e law | | | |
| | remain in the governing instrument? | , | | | | 6 | x | 1 |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com | plete | Part II, co | l. (c), and Part X\ | / | 7 | X | |
| | | | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instruction | ns) 🕨 | · | | | | | |
| | NJ | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At | ttorney | General (o | r designate) | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | | 8b | X. | <u> </u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section ${\bf r}$ | | | | endar | | | |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co | | | / | | 9 | 4 | X |
| 10 | Did any persons become substantial contributors during the tay year? If the tay year? | | . | | | 10 | I | l Y |

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Form **990-PF** (2015)

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|----|---|----------------|------------|-----|
| | | | Yes | No |
| 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 advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 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 no. ► (908) | | <u>-19</u> | 00 |
| | Located at ► 2075 LAKEWOOD RD, TOMS RIVER, NJ ZIP+4 ►08 | <u> 3755</u> | | |
| 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 | N | /A | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | - |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| Pá | foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | .1 | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | T | Yes | No |
| 12 | a During the year did the foundation (either directly or indirectly): | | 103 | 110 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1 | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? | | | |
| | (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.) | | | |
| b | 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)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | 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 | | | 77 |
| 9 | before the first day of the tax year beginning in 2015? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 10 | | X |
| 2 | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| a | a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| _ | before 2015?Yes X No | | | |
| | If "Yes," list the years \ | | | |
| 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.) N/A | 2b | | |
| C | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| 3a | | | | |
| | during the year? | | | |
| b | b If Yes, did it have excess business holdings in 2015 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 2015) N/A | | | |
| 4. | | 3b | | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 4a | | _X_ |
| U | had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | X |
| _ | | rm 99 (|)-PF | |
| | | | 1 | / |

| JEAN R. D. HECHT & BETTY | Y RAE HECHT | | 22 25204 | 40 - | | |
|--|---|---|--|---|--|--|
| Form 990-PF (2015) CHARITABLE UNDATION Part VII-B Statements Regarding Advities for Which | Form 4720 May Be I | | 22-25284 ued) | <u>42 Page 6</u> | | |
| 5a During the year did the foundation pay or incur any amount to: | TOTAL TIES WAY DE I | icquired (contain | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | nn 4945(e)\? | □ v _e | s X No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); | , ,, | | 3 (22) 110 | | | |
| any voter registration drive? | or to carry on, an eatry or man | | s X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purpose | 97 | | s X No | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section | | | | | |
| 4945(d)(4)(A)? (see instructions) | on described in section | □ v _e | s X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | v or aducational nurnaces or | | 3 22 140 | | | |
| the prevention of cruelty to children or animals? | y, or educational purposes, or | | s X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ui | nder the eventions described | | 5 LA 110 | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instr | | in negulations | N/A | 5b | | |
| | | | | 30 | | |
| Organizations relying on a current notice regarding disaster assistance check | | unned | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | . — | | | | |
| expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.494 | | I/A | s L No | | | |
| · · · · · · · · · · · · · · · · · · · | • • | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | □ | | | |
| a personal benefit contract? | | Ye | s X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | <u> </u> | Sb X | | |
| If "Yes" to 6b, file Form 8870 | | , | [1] | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | | Ye | s X No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrit Part VIII Information About Officers, Directors, Trus | | | | 7b | | |
| Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors | tees, roundation Mia | inagers, nigniy | / | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | T | | | | |
| (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 | | |
| JEAN R.D. HECHT | PRESIDENT | | | <u> </u> | | |
| 2075 LAKEWOOD RD | | | i | | | |
| TOMS RIVER, NJ 08755 | 20.00 | 0. | 0. | 0. | | |
| MICHAEL HECHT | SECRETARY | | | | | |
| 2075 LAKEWOOD RD | 7 | | | | | |
| TOMS RIVER, NJ 08755 | 15.00 | 0. | 0. | 0. | | |
| VICKI HECHT-BOEHME | TREASURER | | | | | |
| 2075 LAKEWOOD RD | | | | | | |
| TOMS RIVER, NJ 08755 | 15.00 | 0. | 0. | 0. | | |
| TOTAL VERT / NIO VO / CO | 23100 | | - 00 | | | |
| | 1 | | | | | |
| | | | | | | |
| 2 Compensation of five highest-paid employees (other than those in | cluded on line 1). 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 deterred compensation | (e) Expense account, other allowances | | |
| NONE | advoted to position | | compensation | unotrarious_ | | |
| 110112 | 1 | | | | | |
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| | - | | | | | |
| Total number of other ampleuses and over \$50,000 | _l | <u> </u> | | 0 | | |
| Total number of other employees paid over \$50,000 | | | | 990-PF (2015) | | |
| | | | FORM | 330-FF (2015) | | |

Form **990-PF** (2015)

0.

Total. Add lines 1 through 3

Form 990-PF (2015)

| ${f HT}$ | & | BETTY | RAE | HECHT | |
|----------|---|-------|-----|-------|---|
| NDA | T | ION | | | ' |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 629,607 b Average of monthly cash balances 1b c Fair market value of all other assets 1c 629,607. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 629,607. Subtract line 2 from line 1d 3 9,444. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 620,163. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 31,008. Minimum investment return. Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain and do not complete this part.) foreign organizations check here 31,008. Minimum investment return from Part X, line 6 27. 2a Tax on investment income for 2015 from Part VI, line 5 2b Income tax for 2015. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c 30,981 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 30,981 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 30,981 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 24,010. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 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) 3ь 24,010. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 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 6 Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

CHARITABLE WUNDATION

Part XIII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|---|--|---------------|----------------------------|-------------|----------------------|
| 1 Distributable amount for 20 line 7 | 15 from Part XI, | | | | 30,981. |
| 2 Undistributed income, if any, as | of the end of 2015 | | | | |
| a Enter amount for 2014 only | , | | | 0. | |
| b Total for prior years: | | | 0. | | |
| 3 Excess distributions carryo | ver, if any, to 2015; | | | | |
| a From 2010 | , , , | | | | |
| b From 2011 | 3,029. | | | | |
| c From 2012 | 2,235. | | | | |
| d From 2013 | 3,452. | | | | |
| e From 2014 | | | | | |
| f Total of lines 3a through e | | 8,716. | | | |
| 4 Qualifying distributions for | 2015 from | • | | | |
| Part XII, line 4: ► \$ | | | | | |
| a Applied to 2014, but not m | ore than line 2a | | | 0. | |
| b Applied to undistributed inc | come of prior | | | | |
| years (Election required - s | ee instructions) | | 0. | | |
| c Treated as distributions ou | t of corpus | | | | |
| (Election required - see ins | tructions) | 0. | | | |
| d Applied to 2015 distributab | le amount | | | | 24,010. |
| e Remaining amount distribu | ted out of corpus | 0. | | | |
| Excess distributions carryover a (If an amount appears in column must be shown in column (a)) | pplied to 2015 (d), the same amount | 6,971. | | | 6,971. |
| 6 Enter the net total of each indicated below: | column as | | | | |
| a Corpus Add lines 3f, 4c, and 4e | Subtract line 5 | 1,745. | | | |
| b Prior years' undistributed in | | | | | |
| line 4b from line 2b | | | 0. | | |
| c Enter the amount of prior y | ears' | | | | |
| undistributed income for w deficiency has been issued the section 4942(a) tax has assessed | , or on which | | 0. | | |
| d Subtract line 6c from line 6 | h. Taxable | | | | |
| amount - see instructions | D. T. EXCEPTO | | 0. | | |
| e Undistributed income for 2 | 014. Subtract line | | | | |
| 4a from line 2a. Taxable an | | | | 0. | |
| f Undistributed income for 2 | 015. Subtract | | | | |
| lines 4d and 5 from line 1. | This amount must | | | | |
| be distributed in 2016 | | | | | 0. |
| 7 Amounts treated as distrib | utions out of | | | | |
| corpus to satisfy requireme | ents imposed by | | | | |
| section 170(b)(1)(F) or 49 | 42(g)(3) (Election | | | | |
| may be required - see instr | uctions) | 0. | | | |
| 8 Excess distributions carryo | | _ | | | |
| not applied on line 5 or line | 7 | 0. | | | |
| 9 Excess distributions carry | | | | | |
| Subtract lines 7 and 8 from | 1 line 6a | 1,745. | | | |
| 10 Analysis of line 9: | | | | | |
| a Excess from 2011 | | | | | |
| b Excess from 2012 | 1 7/5 | | | | |
| c Excess from 2013 | 1,745. | | | | |
| d Excess from 2014 | | | | | |
| e Excess from 2015 | | | | | F 000 PE (0045) |

523581 11-24-15

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JEAN'R. D.

| Part XV Supplementary Information | | | 22-2528 | 3442 Page 11 |
|--|--|--------------------------------------|--------------------------------------|--------------|
| 3 Grants and Contributions Paid During the | | Parment | | |
| Recipient | If recipient is an individual | rayment | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| SEE ATTACHED LIST | NONE | PUBLIC | TO CARRY OUT | |
| SEE ATTACHED LIST FOMS RIVER, NJ 08755 | | | CHARITABLE PURPOSE OF THE FOUNDATION | 24,010. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 1 | ▶ 3a | 24 010 |
| b Approved for future payment | | | | 24,010. |
| | 1 | 1 | 1 | |

| h Approved for future payment | | | |
|-------------------------------|--|--|--|
| | | | |
| NONE | | | |

NONE

▶ 3b Form **990-PF** (2015)

Total

CHARITABLE TOUNDATION

Part XVI-A Analysis of Income-Producing Activities

| | Unrelated h | usiness income | Eveluded by | | |
|---|---------------------|------------------------|-----------------------|--------------------------|---------------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- sion | (d) | (e) Related or exempt |
| 1 Program service revenue: | code | | code | Amount | function income |
| a | | | | | |
| b | | ·· | | | |
| C | | * *** | | | |
| d | | | <u> </u> | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 1,335. | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | . |
| 6 Net rental income or (loss) from personal | | | | | |
| | | | | | |
| 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: | | | | | |
| a MISCELLANEOUS | ļ | | | | 700. |
| b | | | | | · · |
| C | | · | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 1,335. | 700. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 2,035. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities t | o the Accom | nlishment of F | vemnt Pu | rnoses | |
| - Total Control of Activities | | | -xompt i u | | |
| Line No Explain below how each activity for which inco | me is reported in c | olumn (e) of Part XVI- | -A contributed i | mportantly to the accomp | dishment of |
| the foundation's exempt purposes (other than | | | | | |
| 11 PY CHECKS WROTE TO CHA | RITY ORGA | NIZATIONS | THAT H | LAVE NEVER E | BEEN CASHED |
| | | | | | |
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| 500004 44 04 45 | | | | | Form QQ0_PF (2015) |

JEAN'R. D. CHT & BETTY RAE HECHT

| 4 | |
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| orm 990-PF (20 | O15) CHARITABLE | UNDATION | | 22-2528442 | Page 13 |
|----------------|-----------------------|------------------|---------------------------------------|--------------------|---------|
| Part XVII | Information Regarding | Transfers To and | Transactions and Relationships | With Noncharitable | |
| | Evennt Organizations | | • | | |

| 1 | Did th | ne organization directly or indir | rectly engage in any of the followin | ng with any other organization | n described in section 501(c) of | | Yes | No |
|----------|---|---|---|--|---|---------------------------------------|------------|-------|
| | the C | ode (other than section 501(c) |)(3) organizations) or in section 52 | 27, relating to political organi | zations? | | | ĺ |
| а | Trans | sfers from the reporting founda | ation to a noncharitable exempt or | ganization of: | | | | |
| | (1) | Cash | | | | 1a(1) | | X |
| | (2) | Other assets | | | | 1a(2) | | _X_ |
| b | Other | transactions: | | | | | | |
| | (1) 5 | Sales of assets to a noncharitat | ble exempt organization | | | 1b(1) | | X |
| | (2) F | Purchases of assets from a nor | ncharitable exempt organization | | | 1b(2) | | X |
| | (3) F | Rental of facilities, equipment, o | or other assets | | | 1b(3) | | X |
| | (4) F | Reimbursement arrangements | | | | 1b(4) | | X |
| | (5) L | oans or loan guarantees | | | | 1b(5) | | X |
| | (6) F | Performance of services or mea | mbership or fundraising solicitation | ons | | 1b(6) | | X |
| | | | ılıng lısts, other assets, or paıd em | | | 1c | | X |
| d | | | | | ays show the fair market value of the go | | ets, | |
| | | | | | e in any transaction or sharing arrangem | ient, show in | | |
| | | | other assets, or services received. | | | | | |
| (a) ∟ıı | ne no. | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description of transfers, transaction | s, and sharing arr | angeme | nts |
| | | | N/A | | | | | |
| | | | | | | | | |
| | | | | ······································ | | | | |
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| | | | <u> </u> | | | | | |
| | | | tly affiliated with, or related to, one | | ations described | | | 7 |
| | | | r than section 501(c)(3)) or in sect | tion 527? | | Yes | X | No |
| <u> </u> | If "Yes | s," complete the following sche | | 1 | | | | |
| | | (a) Name of orga | anization | (b) Type of organization | (c) Description of rela | itionship | | |
| | | N/A | | - | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | Inder penalties of person I declare t | that I have examined this return include | ng accompanying schedules and a | statements, and to the best of my knowledge | | | |
| Sig | | nd belief, it is true, correct, and got | nplete Declaration of preparer (other tha | in taxpayer) is based on all informa | ation of which preparer has any knowledge | May the IRS d return with the | | |
| Hei | | Villen la | 10/11 | V Glola | DDBGTDBVM | shown below | (see ins | tr)? |
| | | Signature of officer or trustee | 7 11/1/2/ | Date 7/14 | PRESIDENT Title | _ X Yes | | J No |
| | | Print/Type preparer's na | | Date' | | PTIN | | |
| | | | | n Ausentia | | LIP | | |
| Pai | d | BENJAMIN A | · PIAZZA, | | <i><13.11</i> , | D01014 | 210 | |
| | o par | CPA | TOOM COORN TES | | | P01014 | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | — - Firm s name ► MOR. | ISON COGEN LLP | | Firm's EIN ► 23 | -T4004 | ブ ろ | |

Form **990-PF** (2015)

Phone no. 267-440-3000

Use Only

Firm's address ► 484 NORRISTOWN RD, STE 100 BLUE BELL, PA 19422

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

JEAN R. D. HECHT & BETTY RAE HECHT

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.

2015

Name of the organization

Employer identification number

CHARITABLE FOUNDATION 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

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).

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

the prevention of cruelty to children or animals Complete Parts I, II, and III

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2015)

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

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 if additional | al 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 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.) |
| (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) (2015

Name of organization

Employer identification number

22-2528442

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

| Part II | Noncash Property (see instructions) Use duplicate copies of P | art 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 recei ved |
| _ | | \$ | |
| | | | |
| (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 | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| art I | Description of noncasti property given | (see instructions) | Date received |
| | | | |
| | | | |
| 453 10-28 | | \$ | 990, 990-EZ, or 990-PF) (2 |

Employer identification number

JEAN R. D. HECHT & BETTY RAE HECHT

| | Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion | columns (a) through (e) and the follow | in section 501(c)(7), (8), or (10) that total more than \$1,000 wing line entry. For organizations | | | | | |
|---|---|--|--|--|--|--|--|--|
| | Use duplicate copies of Part III if addition | nal space is needed | less for the year (thich bits into vince) | | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| $-\begin{vmatrix} - \\ - \end{vmatrix}$ | | | | | | | | |
| | | (e) Transfer of gift | t | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of giff | t | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| No. om | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| _ _ | | | | | | | | |
| | | (e) Transfer of gift | t | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| - | | (e) Transfer of gift | t | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| - | | | | | | | | |

| | | | | | | |
|---|-----------------------------|-----------------------------|------|-----------------------------------|-------------------------------|----|
| FORM 990-PF INTEREST ON SAV | INGS AND T | EMPORARY | CASH | INVESTMENTS | STATEMENT | 1 |
| SOURCE | RE | (A) VENUE BOOKS | NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME | 3 |
| BANK OF AMERICA OCEANFIRST SANDTANDER WELLS FARGO | <u></u> | 181. 378. 750. 26. | | 181. 378. 750. 26. | | |
| TOTAL TO PART I, LINE 3 | | 1,335. | | 1,335. | | |
| FORM 990-PF | OTHER | INCOME | | | STATEMENT | 2 |
| DESCRIPTION | | (A) REVEN PER BO | JE | (B) NET INVEST- MENT INCOME | | |
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| TOTAL TO FORM 990-PF, PART I | , LINE 11 | | 700. | 0 | • | |
| FORM 990-PF | Т. | AXES | | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOK | NET I | | | CHARITAE | |
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| TO FORM 990-PF, PG 1, LN 18 | 14 | 5. | 0 | | | 0. |

| FORM 990-PF | OTHER E | XPENSES | S' | TATEMENT 4 |
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| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BANK CHARGES OFFICE SUPPLIES | 72. 110. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | 182. | 0. | | 0. |

Jean R. D. Hecht & Betty RAE Hecht Charitable Foundation EIN: 22-2528442 Tax Year: 2015 Attachment for part XV of 990-PF

1/30/16

Register Report 1/1/15 Through 12/31/15

Page 1

-25.00 -25.00 -25.00 50.00 35.00 30.00 -15.00 45.00 50.00 -35.00 -100.00 -75.00 -125.00 -125.00 -100.00 Amount ក់ α α ď $\alpha \alpha$ α Category Charity Charity Charity Charity Charity Charity Charity Charity PO BOX 7007 ALBERT... Charity Charity : P O BOX 93207 LONG ... 501 WEST GOVERNO... 700 MAIN ST TOMS RI... 700 MAIN ST TOMS RI... 32 E WASHINGTON S... N J CHAPTER PO BO... N J CHAPTER PO BO... N J CHAPTER PO BO... P O BOX 93207 LONG Memo AMBASSADOR CHRISTIAN... AMBASSADOR CHRISTIAN... ALZHEIMER DISEASE ASS... ALZHEIMER DISEASE ASS... ALZHEIMER DISEASE ASS... TOTAL A T O LOYALTY FU... ALZHEIMER DISEASE ASS... AMBASSADOR CHRISTIAN... TOTAL ALZHEIMER DISEA.. TOTAL ALPHA TAU OMEG. ALPHA TAU OMEGA FND ALPHA TAU OMEGA FND TOTAL AACA MUSEUM A T O LOYALTY FUND A T O LOYALTY FUND Description **AACA MUSEUM AACA MUSEUM** TOTAL A A R P AARP AARP Δ AAR N 3114 3236 3113 3154 3212 3214 3177 3187 03710329... 12/19/15 03710329... 03710329... 03710329... 03710329... 03710329... 03710329... 03710329... 03710329... 03710329... Account 11/14/15 6/13/15 4/25/15 10/3/15 12/5/15 Date 3/14/15 9/5/15 3/2/15

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| 3/28/15 10/3/15 | 03710329 03710329 | 3133 3190 | CRAZY HORSE MEMORIAL CRAZY HORSE MEMORIAL | AVE OF THE CHIEFS, 12151 AVE OF THE C | Charity Charity | K CK | -250.00 |
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| 12/5/15 | 03710329 | 3225 | DEVEREUX PA CIDDS | C/O ERIN KYLE 390 E | CHARITY MICHAEL | | -500.00 |
| | | | TOTAL DEVEREUX PA CID | | | | -500.00 |
| | | | DVNF | | | | |
| 7/11/15 | 03710329 | 3167 | DVNF | PO BOX 96648 WASH Charity | Charity | œ | -15.00 |
| | | | TOTAL DVNF | | | | -15.00 |
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| 3/14/15 | 03710329 | 3118 | EAA AVIATION FOUNDATI | P O BOX 3065 MILWU | Charity | œ | 40.00 |
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| | | | EASTER SEALS | | | | |
| 3/14/15 | 03710329 | 3119 | EASTER SEALS | P O BOX 2013 TOMS | Charity | œ | -15.00 |
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| 6/13/15 10/31/15 | 03710329 03710329 | 3158 3196 | FIRST BAPTIST CHURCH FIRST BAPTIST CHURCH | 702 MAIN ST, TOMS 702 MAIN ST, TOMS | Charity Charity | | cc | -100.00 |
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| | | | FLORIDA AIR MUSEUM @ | | | | | |
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| 12/5/15 | 03710329 | 3215 | GARDEN STATE PHILHAR | COLLEGE DR TOMS R Charity | Charity | | | -50.00 |
| | | | TOTAL GARDEN STATE P | | | | 1 | -50.00 |
| | | | GEORGIA TECH FOUNDAT | | | | | |
| 10/3/15 | 03710329 | 3186 | GEORGIA TECH FOUNDAT | GEORGIA TECH ALU | Charity | | ď | -50.00 |
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| 10/31/15 | 10/31/15 03710329 | 3198 | GIFT OF WARMTH/NJ NAT'. | PO BOX 1483 WALL N | Charity | | ď | -30.00 |
| | | | TOTAL GIFT OF WARMTH/ | | | | | -30.00 |
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| 5/9/15 | 03710329 | 3150 | GIRL SCOUTS OF THE JE | 1405 OLD FREEHOLD Charity | Charity | | œ | -150.00 |
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IRON INDUSTRY MUSEUM

| 1/30/16 | | | | | | | Page 7 |
|---|----------------------|---|---|-------------------------------|----------|------------|-------------------------------|
| Date Account 7/11/15 03710329 | Num 3164 | Description INDUSTRY MUSEUM | Memo P O BOX 30740 LANDI | Charity | Category | 의 교 | Amount -100.00 |
| | | TOTAL IRON INDUSTRY M | | | | 1 | -100.00 |
| | | ISLAND HGTS CULTURAL | | | | | |
| 3/14/15 03710329 | 3131 | ISLAND HGTS CULTURAL | P O BOX 670, ISLAND | Charity | | œ | -500.00 |
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| | | JERSEY SHORE ANIMAL C | | | , | | |
| 3/14/15 03710329 7/25/15 03710329 11/14/15 03710329 | 3121 3168 3206 | JERSEY SHORE ANIMAL C JERSEY SHORE ANIMAL C JERSEY SHORE ANIMAL C | 185 BRICK BLVD, BRI 185 BRICK BLVD BRIC 185 BRICK BLVD, BRI | Charity Charity Charity | | ແແ | -200.00 -250.00 -250.00 |
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| 3/28/15 03710329 | 3134 | JEWISH FOUNDATION OF | 301 MADISON AVE, LA Charity | Charity | | c | 400.00 |
| | | TOTAL JEWISH FOUNDATI | | | | | -400.00 |
| | | JEWISH VOICE MINISTRY I | | | | | |
| 11/14/15 03710329 | 3207 | JEWISH VOICE MINISTRY I | PO BOX 31998 PHOE | Charity | | œ | -60.00 |
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| | | LITERACY VOL OCEAN CO | | | | | |
| 7/11/15 03710329 11/14/15 03710329 | 3165 3208 | LITERACY VOL OCEAN CO LITERACY VOL OCEAN CO | PO BOX 2001 COLLE PO BOX 2001 COLLE | Charity Charity | | ~ ~ | -100.00 |
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| OCEAN HARBOR HOUSE | <u> </u> | HOUSE | | | | | |
| 3146 OCEAN HARBOR HOUSE 3209 OCEAN HARBOR HOUSE | ΪĬ | OUSE | 2445 WINDSOR AVE T 2445 WINDSOR AVE T | Charity Charity | | ממ | -125.00 |
| TOTAL OCEAN HARBOR H | Ą | BOR H | | | | I | -325.00 |
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| 12/5/15 03710329 3219 OCEAN OF LOVE FOR CHI | ĬŢ. | OR CHI | 1709 HWY 37E TOMS | Charity | | œ | -300.00 |
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| OPEN ARMS INC | | | | | | | |
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| 3147 OPEN DOOR PREGNANCY 3222 OPEN DOOR PREGNANCY | ဂ္ဂ ဗ် | IANCY | 533 LAKEHURST RD T 533 LAKEHURST RD T | Charity Charity | | Œ | -250.00 -250.00 |
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| 1/1/15 Through 12/31/15 | Memo | | | 910 17TH ST NW ST 1 | | | P O BOX 206 PAWLET Charity | | | PO BOX 312 HIGH BRI Charity | | | SUGARTWN RD & PA | | | 44 CLAYTON AVE TO | | | 40 CLAYTON AVE TO | |
| 1/1/15 | Description | TOTAL ORCHID FOUNDATI | OVARIAN CANCER NATIO | OVARIAN CANCER NATIO | TOTAL OVARIAN CANCER | PAWLET SCHOLARSHIP F | PAWLET SCHOLARSHIP F | TOTAL PAWLET SCHOLAR | PEDALS FOR PROGRESS | PEDALS FOR PROGRESS | TOTAL PEDALS FOR PRO | PHELPHS SCHOOL | PHELPHS SCHOOL | TOTAL PHELPHS SCHOOL | PLEASANT PLAINS FIRST | PLEASANT PLAINS FIRST | TOTAL PLEASANT PLAINS | PLEASANT PLAINS VOL FI | PLEASANT PLAINS VOL FI | TOTAL PLEASANT PLAINS |
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| 1/1/15 Through 12/31/15 | Мето | 301 PENINSULA DR S | | | YOUNG AMERICA PO | | | PO BOX 751 TOMS RI | | | 1560 SHERMAN AVE | | | PO BOX 5413 TOMS R PO BOX 5413 TOMS R | | | 500 N MAITLAND AVE Charity | | |
| 1/1/15 | Description PURPLE MARTIN CONSER | PURPLE MARTIN CONSER | TOTAL PURPLE MARTIN C | REGAN RANCH | REGAN RANCH | TOTAL REGAN RANCH | ROTARY CLUB OF TOMS | ROTARY CLUB OF TOMS | TOTAL ROTARY CLUB OF | ROTARY FOUNDATION PA | ROTARY FOUNDATION PA | TOTAL ROTARY FOUNDAT | SALVATION ARMY | SALVATION ARMY SALVATION ARMY | TOTAL SALVATION ARMY | SAVE THE MANATEE | SAVE THE MANATEE | TOTAL SAVE THE MANATEE | SEASIDE CHAPTER OF DE |
| | Num | 3182 | | | 3210 | | | 3112 | | | 3226 | | | 3160 3227 | | | 3161 | | |
| | Account | 03710329 | | | 11/14/15 03710329 | | | 03710329 | | | 03710329 | | | 03710329 03710329 | | | 03710329 | | |
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| | | | SUNY MARITIME MUSEUM | | | | |
| 3/14/15 12/5/15 | 03710329 03710329 | 3126 3229 | SUNY MARITIME MUSEUM SUNY MARITIME MUSEUM | 6 PENNYFIELD AVE B Cha | Charity Charity | œ | -100.00 |
| | | | TOTAL SUNY MARITIME M | | | 1 | -300.00 |
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| 3/14/15 12/5/15 | 03710329 03710329 | 312 <i>7</i> 3230 | SWIGART AUTOMOBILE M SWIGART AUTOMOBILE M | PO BOX 214 HUNTING Che PO BOX 214 HUNTING Che | Charity Charity | œ | -150.00 -100.00 |
| | | | TOTAL SWIGART AUTOM | | | | -250.00 |
| | | | TOMS RIVER FIRE CO | | | | |
| 4/25/15 | 03710329 | 3140 | TOMS RIVER FIRE CO | 26 ROBBINS ST TOMS CH | CHARITY MICHAEL | œ | -250.00 |
| | | | TOTAL TOMS RIVER FIRE | | | ! | -250.00 |
| | | | TOMS RIVER FIRST AID | | | | |
| 4/25/15 | 03710329 | 3141 | TOMS RIVER FIRST AID | 11 SNYDER AVE TOM CH | CHARITY MICHAEL | œ | -500.00 |
| | | | TOTAL TOMS RIVER FIRS | | | | -500.00 |
| | | | TOMS RIVER SEAPORT S | | | | |
| 3/14/15 11/14/15 | 03710329 03710329 | 3128 3211 | TOMS RIVER SEAPORT S TOMS RIVER SEAPORT S | PO BOX 1111 TOMS R Chr 78 WATER ST, TOMS Chr | Charity Charity | c c | -500.00 -25.00 |
| | | | TOTAL TOMS RIVER SEAP | | | | -525.00 |
| | | | TUCKERTON SEAPORT S | | | | |
| 3/14/15 12/5/15 | 03710329 03710329 | 3129 3231 | TUCKERTON SEAPORT S TUCKERTON SEAPORT S | PO BOX 52 TUCKERT Cha PO BOX 52 TUCKERT Cha | Charity Charity | œ | -250.00 |
| | | | | | | | |

| Page 15 | Amount | -750.00 | | -75.00 | -75.00 | | -150.00 -200.00 | -350.00 | | -100.00 | -100.00 | | -200.00 | -200.00 | -24,010.00 |
|---------|-------------|----------------------|-----------------------|---------------------------|-----------------------|------------------|--|----------------------|----------------------|----------------------|----------------------|----------------|-----------------------|----------------------|---------------|
| | ວັ | [| | œ | 1 | | œ | 1 | | œ | 1 | | | ' | ı |
| | Category | | | | | | | | | | | | | | |
| | | | | Charity | | | Charity Charity | | | Charity | | | Charity | | |
| | Memo | | | 252 WASHINGTON ST Charity | | | PO BOX 96860 WASHI PO BOX 96860 WASHI | | | PO BOX 55040 BOST | | | 10550 SPRINGBOR P | | |
| | Description | TOTAL TUCKERTON SEAP | TWENTY- ONE PLUS, WIN | TWENTY- ONE PLUS, WIN | TOTAL TWENTY- ONE PLU | 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 | WRIGHT B FLYER | WRIGHT B FLYER | TOTAL WRIGHT B FLYER | OVERALL TOTAL |
| | Num | | | 3173 | | | 3174 3232 | | | 3130 | | | 3233 | | |
| | Account | | | 7/25/15 03710329 3173 | | | 03710329 03710329 | | | 03710329 | | | 12/5/15 03710329 3233 | | |
| 1/30/16 | Date | | | 7/25/15 | | | 7/25/15 12/5/15 | | | 3/14/15 | | | 12/5/15 | | |