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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491197011350

2019

OMB No. 1545-0052

**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. Open to Public Inspection ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or	cale	ndar year 2019, or tax year beginning 01-01-2	019 , a	nd ending 12-31	2019	
		Indation HECHT & BETTY RAE HECHT		A Employer	dentification numbe	er
		BLE FOUNDATION		22-2528442		
		d street (or P.O. box number if mail is not delivered to street address	Room/suite	<b>B</b> Telephone r	number (see instructio	ins)
21	U/J LAF	KEWOOD ROAD		(908) 349-19	00	
		n, state or province, country, and ZIP or foreign postal code R, NJ 08755		C If exemptio	n application is pendir	ng, check here
a Ch	neck al	that apply:     Initial return     Initial return of a	a former public charity	D 1. Foreign (	organizations, check h	ere
	icon ai	Final return Amended return	•		organizations meeting	▶ ⊔
		Address change Name change	•		eck here and attach co	
1 Ch	neck tv	$ \sqrt{\text{pe of organization:}} $ Section 501(c)(3) exempt private	foundation		oundation status was ion 507(b)(1)(A), che	
_		· · · · · · · · · · · · · · · · · · ·	le private foundation	under sect	1011 307 (b)(1)(A), Clief	ck liefe
Fai	ir marl	ket value of all assets at end J Accounting method:	☑ Cash ☐ Accru	ıal F If the foun	dation is in a 60-mont	th termination
		from Part II, col. (c),  ▶\$ 639,454  (Part I, column (d) mus	t be on cash basis.)	under sect	ion 507(b)(1)(B), che	ck here 🕨 🗀
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach	22.006			
	_	schedule)	32,000		+	
	2	Check ► ☐ if the foundation is <b>not</b> required to attach Sch. B				
	3	Interest on savings and temporary cash investments	4,104	4,10	4	
	4	Dividends and interest from securities				
	5a	Gross rents				
	ь	Net rental income or (loss)	_			
ZE E	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	ь	Gross sales price for all assets on line 6a	_			
ă	7	Capital gain net income (from Part IV, line 2)			0	
	8	Net short-term capital gain				
	9 10a	Income modifications				
	ь	Gross sales less returns and allowances Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	1,087	,	0	
	12	Total. Add lines 1 through 11	37,191	4,10	4	
	13	Compensation of officers, directors, trustees, etc.	C	)	0	0
	14	Other employee salaries and wages				
Š	15	Pension plans, employee benefits				
i Se	16a	Legal fees (attach schedule)				
<u>×</u>	ь	Accounting fees (attach schedule)				
and Administrative Expenses	c	Other professional fees (attach schedule)				
Ě	17	Interest				
STE	18	Taxes (attach schedule) (see instructions)				
ੂ	19	Depreciation (attach schedule) and depletion				
5	20	Occupancy				
υ Ο	21	Travel, conferences, and meetings				
	22	Printing and publications				
Operating	23	Other expenses (attach schedule)			<u> </u>	
er at	24	Total operating and administrative expenses.	_			_
<u>ಹ</u>		Add lines 13 through 23	21.075		0	21.075
_	25	Contributions, gifts, grants paid	31,075		+	31,075
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	31,075	5	0	31,075
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	6,116	5		
	ь	Net investment income (if negative, enter -0-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,10	4	
	С	Adjusted net income (if negative, enter -0-)				
_				•		

Beginning of year

633,338

66,000

567,338

633,338

633,338

639,454

66,000

573,454

639,454

639,454

1

2

3 4

5

6

633,338

639,454

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6,116

0

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639,454

End of year

	3	Accounts receivable -		
		Less: allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less: allowance for doubtful accounts ▶		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less: allowance for doubtful accounts ▶		
2	8	Inventories for sale or use		
sel	9 10a	Prepaid expenses and deferred charges		
As	10a	Investments—U.S. and state government obligations (attach schedule)		
	Ь	Investments—corporate stock (attach schedule)		

Investments—U.S. and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Investments—land, buildings, and equipment: basis

Less: accumulated depreciation (attach schedule)

Investments—mortgage loans

Investments—other (attach schedule) . . Land, buildings, and equipment: basis ▶

Other assets (describe > \_

Other liabilities (describe ▶\_

Grants payable

instructions. Also, see page 1, item I)

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Less: accumulated depreciation (attach schedule) ▶

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Total assets (to be completed by all filers—see the

Attached schedules and amounts in the description column

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**Balance Sheets** 

Part II

11

12

13

14

15 16

17 18

19

20 21

22

23

24

25

26

27

28

30

Part III

Liabilities

Assets or Fund Balances

29 29

2

3

instructions.

Page **3** 

		e the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		(b) How acquire P—Purchase D—Donatio	e	<b>(c)</b> Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
•							
-							
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) r (loss) ) minus (g)
а						i	
b						i	
С							
d							
e							
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> s of col. (i) l. (j), if any		col. (k), bùt not	h) gain minus less than -0-) <b>or</b> om col.(h))
a							
b							
С							
d							
е							
2	Capital gain net income		If gain, also enter in F If (loss), enter -0- in l		}	2	
3		gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. , , , ,	)-	}	3	
Part	V Ouglification I	Jnder Section 4940(e) for Re	duced Tay on Not	Tnyoctmont	Tne		
	_						
	otional use by domestic p on 4940(d)(2) applies, le	rivate foundations subject to the sec eave this part blank.	ction 4940(a) tax on ne	et investment in	icom	e.)	
Vas th	e foundation liable for th	e section 4942 tax on the distributa ot qualify under section 4940(e). Do			riod?		es 🔽 No
1		nount in each column for each year;	see instructions before	e making any er	ntries		
	(a) se period years Calendar (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab			<b>(d)</b> Distribution rati (col. (b) divided by c	ol. (c))
	2018	35,030		628,886			0.055702
	2017	31,093		621,670			0.050015
	2016	25,422		621,108			0.040930
	2015	24,010		620,163			0.038716
	2014	25,996		616,987	_		0.042134
	Total of line 1, column (	•			2		0.227497
		o for the 5-year base period—divide of the following for the follo		.0, or by the	3		0.045499
		ncharitable-use assets for 2019 fron			4		633,891
	Multiply line 4 by line 3		•	🗅	5		28,841
		ent income (1% of Part I, line 27b)		🗅	6		41
				🗅	7		28,882
		ions from Part XII, line 4 ,			8		31,075
		eater than line 7. check the box in Pa			_	g a 1% tax rate. Se	

<b>P</b> @1	Lt ATT-R	Statements Regar	aıng	Activities for Which	Form 4/20 May Be	<b>Requirea</b> (co	ntinue	ea)				
5a	During the	year did the foundation	рау о	r incur any amount to:							Yes	No
	(1) Carry	on propaganda, or other	wise a	ttempt to influence legisla	ation (section 4945(e))?		Yes	<b>~</b>	Nο			
	(2) Influe	nce the outcome of any s	pecifi	c public election (see sect	ion 4955); or to carry				110			
	on, dir	rectly or indirectly, any vo	oter re	egistration drive?			Yes	<b>✓</b>	No			
	(3) Provid	le a grant to an individua	for t	ravel, study, or other simi	ilar purposes?		Yes	<b>~</b>	No			
	(4) Provid	le a grant to an organizat	ion ot	her than a charitable, etc	., organization described							
				ctions		• • [	Yes	<b>✓</b>	No			
				eligious, charitable, scient	* **							
			•	ention of cruelty to childr		<u> </u>	Yes	✓	No			
b	•			any of the transactions fa		•	ed in			l		
	-			ent notice regarding disast				•		5b		
	_	, <del>-</del>		regarding disaster assists			. •					
С		•		does the foundation claim	•		_	_				
		•		sponsibility for the grant?		· · L	Yes	Ш	No			
_		•		y Regulations section 53.4								
6a				ive any funds, directly or		ıms on 	_	_				
<b>L</b>						·	Yes	✓	No	6b		No
b		undation, during the year 6b, file Form 8870.	, pay	premiums, directly or ind	irectly, on a personal be	nent contract?		•		<b>6</b> D		NO
7a		,	c the	foundation a party to a p	rohibited tay shelter trai	nsaction?	7					
	-	=		proceeds or have any net			Yes	<b>✓</b>	No	7b		
8	,			1960 tax on payment(s) o				•		<u> ۲۰</u>		
•		=		ar?		F	٦ .					
				ers, Directors, Trust		nagore High	<u> Yes</u>	<u>√</u>	No male	<u></u>		
Pai		and Contractors	Omc	ers, Directors, Trust	ces, i oundation Me	magers, mgi	ily Fai	u Li	пріо	yccs,		
1	List all of	ficers directors trusts	os fe	oundation managers an	d their compensation	See instruction	ne					
•	List all Oli	neers, un ectors, truste		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contrib		:0	Τ,,	_		
	<b>(a)</b> Na	me and address	'	hours per week	not paid, enter	employee bene	fit plan	s and			ise acc Ilowano	
4TCU	A EL LIEGUE		DDEC	devoted to position	-0-)	deferred com	pensat	ion	<u>,                                    </u>			
	AEL HECHT LAKEWOOD R	PD	15.0	IDENT )	0			· ·	'			Ĺ
	RIVER, NJ 0											
/ICKI	HECHT-BOEH	HME		PRESIDENT	0			(				C
	LAKEWOOD R		15.0	)								
	BOEHME	10/33	TDEA	SURER	0			(	<del>\</del>			,
	LAKEWOOD R	RD.	15.0		U			,	Ί			,
	RIVER, NJ 0											
KELLI	HECHT			ETARY	0			(				(
	LAKEWOOD R RIVER, NJ 0		15.0	,								
2			id er	nployees (other than th	nose included on line 1	∟ L−see instructi	ons).	[f no	ne, e	nter "	NONE.	."
	•					(d) Contrib						
(a)		ddress of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee					se acco	
	mo	ore than \$50,000		devoted to position		plans and compens		a	ot	ner all	owance	es
NON						compen	Jacion	1				
Гota	I number of	other employees paid ov	er \$5	0,000			<b></b>					(
		. , ,	- '-	-	<u> </u>						O DE	/2010

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form <b>990-PF</b> (2019)

2a |

2b

31,695

31,654

31.654

31.654

31,075

31.075

31.034

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2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

2019

Page 9

31,654

30.909

745

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Form 990-PF (2019)							
Part XIII Undistributed Income (see instruction							
le amount for 2019 from Part XI, line 7							
	Undistributed Income (see instruc						

- ount for 2019 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only. . . . . . .
- Excess distributions carryover, if any, to 2019: a From 2014. . . . . **b** From 2015. . . . .
- c From 2016. . . . d From 2017. . . . .

- e From 2018. . . . . f Total of lines 3a through e. . . . . . . .

  - XII, line 4: ▶ \$
- 4 Qualifying distributions for 2019 from Part
  - (Election required—see instructions). . . . .
- a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9:

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . . . . . . .

**d** Applied to 2019 distributable amount. . . . .

same amount must be shown in column (a).)

(a)

Corpus

0

(b)

Years prior to 2018

(c)

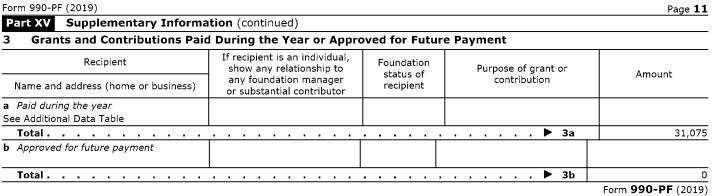
2018

166

166

NONE

	n 990-PF (2019)					Page <b>10</b>
-	art XIV Private Operating Found	<b>ations</b> (see instr	uctions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	cribed in section $\Box$	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Total
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
b	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3 of minimum investment return shown in					
c	Part X, line 6 for each year listed "Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Da	rt XV Supplementary Information			foundation had	<b>\$5,000 or more</b> i	in
	assets at any time during th		ructions.)			
a	<b>Information Regarding Foundation Man</b> List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who own	n 10% or more of th	e stock of a corpora	tion (or an equally la		
2	ownership of a partnership or other entity) of Information Regarding Contribution, Gra					
_	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	es contributions to p tion makes gifts, gra	preselected charitable ants, etc. to individu	e organizations and		
а	The name, address, and telephone number of MICHAEL R HECHT 2075 LAKEWOOD RD TOMS RIVER, NJ 08755 (908) 349-1900	or e-mail address of	the person to whom	applications should	be addressed:	
b	The form in which applications should be sub- UNSPECIFIED	omitted and informa	tion and materials th	ney should include:		
С	Any submission deadlines: NONE					
d	Any restrictions or limitations on awards, surfactors:	ch as by geographic	al areas, charitable f	fields, kinds of instit	utions, or other	



nter gross amounts unless otherwise indicated.		Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e)
-		(a)	(b)	(c)	(d)	Related or exemption function income (See instructions
_	n service revenue:	Business code	Amount	Exclusion code	Amount	(See manachons
b						
c						
-	and contracts from government agencies ership dues and assessments					
	t on savings and temporary cash			14	4,104	
	nds and interest from securities					
	ital income or (loss) from real estate: financed property.					
<b>b</b> Not d	ebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
invento	<i>'</i>					
	ome or (loss) from special events: profit or (loss) from sales of inventory					
	revenue:					
a <sub>TAX R</sub>						4
	ELLANEOUS R INCOME			-		4
C OTHER	RINCOME					
d						
e Subtot	al. Add columns (b), (d), and (e).		C		4,104	· · · · · · · · · · · · · · · · · · ·
e Subtot Total.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				4,104	· · · · · · · · · · · · · · · · · · ·
e Subtot Total.	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu	lations.)		13		· · · · · · · · · · · · · · · · · · ·
e Subtot <b>Total.</b> (See w	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu	lations.)  le Accomplishi income is reporte	nent of Exem	pt Purposes  f Part XVI-A contribut	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See wort XV. The No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See wort XV. The No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See wort XV) The No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See we rt XV	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See wort XV) The No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
Subtot Total. (See wort XV. The No.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo nrt XV	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19
e Subtot Total. (See wo Irt XV.	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	lations.)  IE Accomplish  Income is reported  Empt purposes (o	ment of Exem d in column (e) o ther than by pro	pt Purposes  If Part XVI-A contribut  Viding funds for such	ed importantly to	5,19

orm	990-PF (	,								Pa	ge <b>13</b>
	t XVII	Exempt Organi	zations					nships With Non			
		ganization directly or in than section 501(c)(3)							n 501	Yes	No
a Tr	ansfers	from the reporting foun	dation to a non-	charitable exe	empt organization	of:					
(1	.) Cash								. 1a(1)		No
(2	2) Othe	r assets							. 1a(2)		No
b O	ther tran	sactions:									
-	-	of assets to a nonchari	·	-					. 1b(1)		No
-	-	nases of assets from a n							1b(2)		No
-	-	al of facilities, equipmer	*						1b(3)		No No
•	-	bursement arrangemen s or loan guarantees.							. 1b(4) . 1b(5)		No
-	-	mance of services or m							. 1b(5)		No
-	-	facilities, equipment, n		-					. 1c		No
	-	wer to any of the above									11.5
(a) Lii	ne No.	(b) Amount involved	(c) Name of not	ncharitable exer	npt organization	(d) De	escription of	transfers, transactions,	and sharing arra	ngemen	nts
	_										
de	scribed	ndation directly or indire in section 501(c) (other omplete the following so (a) Name of organization	than section 5	01(c)(3)) or i							
	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, corr								
Sig: Her		*****			2020-07-07		*****		May the IRS di return	scuss th	nis
пеі	<b>.   ₽</b> .	Signature of officer or t	rustee		Date	<b></b> )	Title		with the prepa below (see instr.)	_	
Paid		Print/Type preparer's		reparer's Sign	ature	Date		Check if self- employed ▶ □	PTIN P01014	318	
Pre	- parer Only		ISON COGEN L	LP				F	irm's EIN ▶23	-14064	193
JSC	Omy		4 NORRISTOWI	N RD STE 100	1						
							hone no. (267) 440-3000				

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

AACA MUSEUM INC161 MUSEUM DRIVE HERSHEY, PA 17033	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
a Paid during the year				

HERSHET, FA 17055			TORTOSE OF THE TOURDATION	
AARPPO BOX 93207 LONG BEACH, CA 90809	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	45
ALZHEIMER NEW JERSEY	NONE	PUBLIC	TO CARRY OUT CHARITABLE	50

LONG BEACH, CA 90809			PURPOSE OF THE FOUNDATION	
ALZHEIMER NEW JERSEY 400 MORRIS AVE DENVILLE, NJ 07834	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50

ALZHEIMER NEW JERSEY 400 MORRIS AVE DENVILLE, NJ 07834	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50
Total			▶ 3a	31,075

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

	or substantial continuator			
a Paid during the year				
AMBASSADOR CHRISTIAN ACADEMY 700 MAIN STREET	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
AMERICAN CANCER SOCIETY 7 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

AMERICAN CANCER SOCIETY 7 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW WASHINGTON. DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

7 RIDGEDALE AVE CEDAR KNOLLS, NJ 07927			PURPOSE OF THE FOUNDATION	
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

CEDAR RIVOLES, NS 07327				
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

31,075

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN TRUCKING ASSOCIATION NONE PUBLIC TO CARRY OUT CHARITABLE 100 410 FIRST STREET SE STE 100 PURPOSE OF THE FOUNDATION

PUBLIC

**PUBLIC** 

TO CARRY OUT CHARITABLE

TO CARRY OUT CHARITABLE

PURPOSE OF THE FOUNDATION

PURPOSE OF THE FOUNDATION

145

125

31,075

NONE

NONE

WASHINGTON, DC 20003

AMERICAN TRUST HISTORICAL

FORKED RIVER, NJ 08731

10380 N AMBASSADOR DR 101 KANSAS CITY, MO 64153

ASSOCIATION HUMANE SOCIETIES

SOCIETY

PO BOX 43

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BERLIN AIRLIFT HISTORICAL NONE PUBLIC 100 TO CARRY OUT CHARITABLE

PO BOX 782 FARMINGDALE, NJ 07727			PURPOSE OF THE FOUNDATION	
BEST FRIENDS ANIMAL SANCTUARY 5001 ANGEL CANYON RD KANAB UT 84741	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	400

BEST FRIENDS ANIMAL SANCTUARY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE		TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	400
BIG BROTHERS BIG SISTERS 20 HADLEY AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

	Name and address (home or business)	or substantial contributor	recipient	
]	a Paid during the year			

BOYS & GIRLS CLUB OF CLIFTON 822 CLIFTON AVE CLIFTON, NJ 07013	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
CAMP NO WORRIESPO BOX 810	NONE	PUBLIC	TO CARRY OUT CHARITABLE	1,000

CLIFTON, NJ 07013			TOR OSE OF THE FOORBATION	
CAMP NO WORRIESPO BOX 810 MOORESTOWN, NJ 08057	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1,000
CHICAMACOMICO HISTORICAL ASSOCIATION	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

ASSOCIATION PURPOSE OF THE FOUNDATION PO BOX 5	CAMP NO WORRIESPO BOX 810 MOORESTOWN, NJ 08057	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1,000
	CHICAMACOMICO HISTORICAL ASSOCIATION PO BOX 5 RODAWTHE, NC 27968	NONE	PUBLIC		300

CHICAMACOMICO HISTORICAL ASSOCIATION PO BOX 5 RODAWTHE, NC 27968	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
Total			▶ 3a	31,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHILD FUND INTERNATIONAL NONE PUBLIC TO CARRY OUT CHARITABLE 100

PO BOX 26511 RICHMOND, VA 23294			PURPOSE OF THE FOUNDATION	
COMMUNITY MEDICAL CENTER99 RT 37 TOMS RIVER, NJ 08755	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVE OF CHIEFS CRAZY HORSE, SD 57730	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	350

31,075

■ 3a

COMMUNITY MEDICAL CENTER99 RT 37 TOMS RIVER, NJ 08755	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVE OF CHIEFS CRAZY HORSE, SD 57730	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	350

Total .

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

a Paid during the year				
CURRITUCK-DARE WOMANS FUND 4601 SIX FORKS RD STE 524 RALEIGH, NC 27612	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

RALEIGH, NC 27612				
DARE COUNTY ARTS COUNCIL PO BOX 2300 MANTEO, NJ 27954	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
DOCTORS WITHOUT BOARDERS	NONE	PUBLIC	TO CARRY OUT CHARITABLE	500

PO BOX 2300 MANTEO, NJ 27954	NONE	POBLIC	PURPOSE OF THE FOUNDATION	500
DOCTORS WITHOUT BOARDERS PO BOX 5030 HAGERSTOWN, MD 21741	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

Total			▶ 3a	31,075
DOCTORS WITHOUT BOARDERS PO BOX 5030 HAGERSTOWN, MD 21741	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50
PO BOX 2300 MANTEO, NJ 27954			PURPOSE OF THE FOUNDATION	

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

DVNFPO BOX 96648 WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	15
a Paid during the year				

EAA AVIATION FOUNDATION PO BOX 3086 OSHKOSH, WI 54902	NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	40

PO BOX 3086 OSHKOSH, WI 54902			PURPOSE OF THE FOUNDATION	
EASTER SEALSPO BOX 2013	NONE	PUBLIC	TO CARRY OUT CHARITABLE	15

USHKUSH, WI 54902				
EASTER SEALSPO BOX 2013 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	15

<u>'</u>				i
EASTER SEALSPO BOX 2013 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ELIZABETHAN GARDENS 1411 NATIONAL PARK DRIVE MANTEO, NC 27954	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

MANTEO, NC 27954				
FAMILY PLANNING OF OCEAN COUNTY 290 RIVER AVE LAKEWOOD, NJ 08701	NONE		TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
FLORIDA AIR MUSEUM	NONE	PUBLIC	TO CARRY OUT CHARITABLE	300

Total				31,075
FLORIDA AIR MUSEUM 4175 MEDULLA RD LAKELAND, FL 33811	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
FAMILY PLANNING OF OCEAN COUNTY 290 RIVER AVE LAKEWOOD, NJ 08701	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor D 1 1 1 1 11

a Paid during the year				
FOOD FOR THOUGHTPO BOX 1167 KITTY HAWK, NC 27949	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
CARDEN STATE BUT HARMONIC	NONE	DUDLIC	TO CARRY OUT CHARITARIE	FO

KITTY HAWK, NC 2/949			PURPOSE OF THE FOUNDATION	
GARDEN STATE PHILHARMONIC 1 COLLEGE DR TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50
CIET OF WARMTURO BOY 1403	NONE	DUBLIC	TO CARRY OUT CHARTTARIE	30

1 COLLEGE DR TOMS RIVER, NJ 08753	NONE	FOBLIC	PURPOSE OF THE FOUNDATION	30
GIFT OF WARMTHPO BOX 1483 WALL, NJ 07710	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	30

TOMS RIVER, NJ 08753			
GIFT OF WARMTHPO BOX 1483 WALL, NJ 07710	NONE	PUBLIC	 30

31,075

GIFT OF WARMTHPO BOX 1483 WALL, NJ 07710	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	
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Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

GIRL SCOUTS OF THE JERSEY SHORE 1405 OLD FREEHOLD RD TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	650
CLASSPOOTS 10 BLEEVED ST	NONE	DUBLIC	TO CARRY OUT CHARITARIE	500

TOMS RIVER, NJ 08753				
GLASSROOTS10 BLEEKER ST NEWARK, NJ 07102	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
GOOD LIFE 4531 SKYLINE DR	NONE	PUBLIC	TO CARRY OUT CHARITABLE	150

NEWARK, NJ 07102	NONE	PUBLIC	PURPOSE OF THE FOUNDATION	500
GOOD LIFE 4531 SKYLINE DR LAKE MARY, FL 32746	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	150

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

a Paid during the year				
HABITAT FOR HUMANITY 1214 ROUTE 37 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50

TOMS RIVER, NJ 08753		PURPOSE OF THE FOUNDATION	
HOPE CENTER253 CHESTNUT ST TOMS RIVER, NJ 08753	NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

HOPE CENTER253 CHESTNUT ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
HOPE SHEDS LIGHT253 CHESTNUT ST	NONE	PUBLIC	TO CARRY OUT CHARITABLE	500

TOMS RIVER, NJ 08753	NONE	PORLIC	PURPOSE OF THE FOUNDATION	500
HOPE SHEDS LIGHT253 CHESTNUT ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

				i
HOPE SHEDS LIGHT253 CHESTNUT ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
				i

Total			▶ 3a	31.075
TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
HOFE SHEDS LIGHT 233 CHESTNOT ST	INONE	LODLIC	I TO CARRI OUT CHARITABLE	

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

a Paid during the year				
HOSEA HOUSEPO BOX 1516 MANTEO, NC 27954	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
<del> </del>				

MANTEO, NC 27954			PURPOSE OF THE FOUNDATION	
HOUR OF POWERPO BOX 100 GARDEN GROVE, CA 92842	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
INTERFAITH HOSPITALITY NETWORK	NONE	PUBLIC	TO CARRY OUT CHARITABLE	200

GARDEN GROVE, CA 92842	NONE	1 00220	PURPOSE OF THE FOUNDATION	200
INTERFAITH HOSPITALITY NETWORK 407 LEXINGTON AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

GARDEN GROVE, CA 92842		PURPOSE OF THE FOUNDATION	
INTERFAITH HOSPITALITY NETWORK 407 LEXINGTON AVE TOMS RIVER, NJ 08753	NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

407 LEXINGTON AVE TOMS RIVER, NJ 08753		PURPOSE OF THE FOUNDATION	
Total	 	▶ 3a	31,075

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

a Paid during the year				
IRON INDUSTRY MUSEUM73 FORGE RD NEGAUNEE, MI 49866	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
ISLAND HEIGHTS CULTURAL &	NONE	PUBLIC	TO CARRY OUT CHARITABLE	500

ISLAND HEIGHTS CULTURAL & HERITAGE ASSOCIATION PO BOX 670 ISLAND HEIGHTS, NJ 08732	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
JERSEY SHORE ANIMAL CENTER 185 BRICK BLVD	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	650

PO BOX 670 ISLAND HEIGHTS, NJ 08732				
JERSEY SHORE ANIMAL CENTER 185 BRICK BLVD BRICK, NJ 08724	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	650
Total			▶ 3a	31,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JEWISH FOUNDATION OF OCEAN NONE PUBLIC TO CARRY OUT CHARITABLE 400 COUNTY PURPOSE OF THE FOUNDATION 1255 A HIGHWAY 70

LAKEWOOD, NJ 08/01				
JEWISH VOICE MINISTRY INTERNATIONAL PO BOX 31998 PHOENIX, AZ 85029	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	60
LITERACY VOLUNTEERS OF AMERICA OCEAN COUNTY PO BOX 2001 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

▶ 3a

31,075

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAMMOTH SITE OF HOT SPRINGS NONE PUBLIC 400 TO CARRY OUT CHARITABLE

HOT SPRINGS, SD 57747		PURPOSE OF THE FOUNDATION	
MARITIME INDUSTRY MUSE 6 PENNYFIELD AVE BRONX, NY 10458	NONE NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100

6 PENNYFIELD AVE BRONX, NY 10458	NONE	PUBLIC	PURPOSE OF THE FOUNDATION	100
METRO WORLD CHILDPO BOX 695	NONE	PUBLIC	TO CARRY OUT CHARITABLE	50

BRONX, NY 10458				
METRO WORLD CHILDPO BOX 695 BROOKLYN, NY 11223	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50

31,075

■ 3a

BRONX, NY 10458				
METRO WORLD CHILDPO BOX 695 BROOKLYN NY 11223	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	

Total . .

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

a Paid during the year				
NATIONAL PARKS CONSERVATION PO BOX 97202 WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
			·	

WASHINGTON, DC 20036				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
NCCF VA DARE	NONE	PUBLIC	TO CARRY OUT CHARITABLE	500

Total					
NCCF VA DARE 3737 GLENWOOD AVE STE 460 RALEIGH, NC 27612	NONE		TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION		500
11100 WILDLIFE CENTER DR RESTON, VA 20190	NONE	PUBLIC	PURPOSE OF THE FOUNDATION		100

11100 WILDLIFE CENTER DR RESTON, VA 20190			PURPOSE OF THE FOUNDATION	
NCCF VA DARE 3737 GLENWOOD AVE STE 460 RALEIGH, NC 27612	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
a Paid during the year					
NEW LIFE CHURCH702 MAIN ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100	
OCEAN COUNTY COLLEGE COLLEGE DRIVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250	

OCEAN COUNTY COLLEGE COLLEGE DRIVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	750

TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	75

▶ 3a

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

a Paid during the year				
OCEAN COUNTY HISTORICAL SOCIETY 26 HADLEY AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	900
OCEAN COUNTY HUNGER RELIEF	NONE	PUBLIC	TO CARRY OUT CHARITABLE	100

<b>'</b>				
OCEAN COUNTY HUNGER RELIEF 917 N MAIN ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
OCEAN COUNTY LIBRARY 101 WASHINGTON ST	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	700

917 N MAIN ST TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
OCEAN COUNTY LIBRARY 101 WASHINGTON ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	700
Total			▶ 3a	31,075

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

a Paid during the year				
OCEAN COUNTY LIBRARY FOUNDATION 101 WASHINGTON ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

TOMS RIVER, NJ 08753				
OCEAN COUNTY PUPPY POWER 709 ALMEDA DR TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
OCEAN COUNTY YMCA RED TRIANGLE	NONE	PUBLIC	TO CARRY OUT CHARITABLE	1,000

709 ALMEDA DR TOMS RIVER, NJ 08753	NONE	PORTIC	PURPOSE OF THE FOUNDATION	100
OCEAN COUNTY YMCA RED TRIANGLE WHITTY RD TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1,000

TOMS RIVER, NJ 08753				
OCEAN COUNTY YMCA RED TRIANGLE WHITTY RD TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1,000
Total			▶ 3a	31,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE PUBLIC 325 OCEAN HARBOR HOUSE TO CARRY OUT CHARITABLE

TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
OCEAN OF LOVE FOR CHILDREN 1709 HIGHWAY 37 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

OPEN ARMS INC35 MAGNOLIA LN     NONE     PUBLIC     TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION     200	1709 HIGHWAY 37 TOMS RIVER, NJ 08753	NONE	POBLIC	PURPOSE OF THE FOUNDATION	300
		NONE	PUBLIC		200

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year OPEN DOOR PREGNANCY NONE **PUBLIC** TO CARRY OUT CHARITABLE 500 533 I VAERLIDGE DU DUDDOSE OF THE FOUNDATION

TOMS RIVER, NJ 08753			PORPOSE OF THE FOUNDATION	
ORCHID FOUNDATION 254 SOUTH 38TH STREET BRIGANITINE, NJ 08203	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	450
OUTER BANKS COMMUNITY FOUNDATION 13 SKYLINE ROAD	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100

254 SOUTH 38TH STREET BRIGANITINE, NJ 08203			PURPOSE OF THE FOUNDATION	
OUTER BANKS COMMUNITY FOUNDATION 13 SKYLINE ROAD KITTY HAWK NC 27049	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	10

Total .

OUTER BANKS COMMUNITY FOUNDATION 13 SKYLINE ROAD KITTY HAWK, NC 27949	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PAWLET SCHOLORSHIP FUND PO BOX 206 PAWLET, VT 05761	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
PAWS FOR PURPLE HEARTS	NONE	PLIBLIC	TO CARRY OUT CHARITABLE	500

PAWLET, VT 05761				
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
PEDALS FOR PROGRESSPO BOX 312	NONE	PUBLIC	TO CARRY OUT CHARITABLE	50

PENNGROVE, CA 94951				
PEDALS FOR PROGRESSPO BOX 312 HIGH BRIDGE, NJ 08829	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	50

Total			▶ 3a	31.075
HIGH BRIDGE, NJ 08829	NONE	TOBLIC	PURPOSE OF THE FOUNDATION	<b>.</b>

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

a Paid during the year				
PERFECT ANGELSPO BOX 684 TURNERSVILLE, NJ 08012	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
DUELDS SCHOOLEGS SUCADTOWN DD	NONE	DUDLIC	TO CARRY OUT CHARITARIE	200

,				
PHELPS SCHOOL583 SUGARTOWN RD MALVERN, PA 19355	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
PLEASANT PLAINS FIRST AID	NONE	PUBLIC	TO CARRY OUT CHARITABLE	300

MALVERN, PA 19355	None	100220	PURPOSE OF THE FOUNDATION	250
PLEASANT PLAINS FIRST AID 44 CLAYTON AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

PLEASANT PLAINS FIRST AID 44 CLAYTON AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
Total			▶ 3a	31.075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PLEASANT PLAINS VOLUTEER FIRE NONE PUBLIC. TO CARRY OUT CHARITABLE 250 DUDDOSE OF THE FOUNDATION

40 CLAYTON AVE TOMS RIVER, NJ 08753		TON OSE OF THE FOORBATION	
PURPLE MARTIN CONSERVATION 301 PENINSULA DR STE 6 ERIE, PA 16505	NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	

NONE

REAGAN RANCH YOUNG AMERICA'S

11480 COMMERCE PARK DR 6TH FL

FOUNDATION

Total .

RESTON, VA 20191

**PUBLIC** 

TO CARRY OUT CHARITABLE

PURPOSE OF THE FOUNDATION

3a

100

25

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

a Paid during the year				
RICHARD NIXON FOUNDATION 18001 YORBA LINDA BLVD YORBA LINDA, CA 92886	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
ROANOKE ISLAND HISTORICAL	NONE	PUBLIC	TO CARRY OUT CHARITABLE	250

YORBA LINDA, CA 92886				
ROANOKE ISLAND HISTORICAL ASSOCIATION 1409 NATIONAL PARK DR MANTEO, NC 27954	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250
SALVATION ARMYPO BOX 5413	NONE	PLIBLIC	TO CARRY OUT CHARITABLE	300

ASSOCIATION 1409 NATIONAL PARK DR MANTEO, NC 27954			PURPOSE OF THE FOUNDATION	
SALVATION ARMYPO BOX 5413	NONE	PUBLIC	TO CARRY OUT CHARITABLE	300

1409 NATIONAL PARK DR MANTEO, NC 27954				
SALVATION ARMYPO BOX 5413 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

31,075

11/11/120/110 2/331				
SALVATION ARMYPO BOX 5413 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300

SALVATION ARMYPO BOX 5413 TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	
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Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
SAVE THE MANATEE 500 N MAITLAND AVE	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	25

MAITLAND, FL 32751			PORPOSE OF THE FOUNDATION	
SEASIDE CHAPTER OF DEBORAH PO BOX 462 LAVALLETTE, NJ 08735	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200

SEASIDE CHAPTER OF DEBORAH PO BOX 462 LAVALLETTE, NJ 08735	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	200
SILVERTON FIRE COMPANY 15 KETTLE CREEK RD TOMS RIVER N1 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

PO BOX 462 LAVALLETTE, NJ 08735			PURPOSE OF THE FOUNDATION	
SILVERTON FIRE COMPANY 15 KETTLE CREEK RD TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

LAVALLETTE, NJ 08735				
SILVERTON FIRE COMPANY 15 KETTLE CREEK RD TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250
Total 3a				31.075

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

a Paid during the year

u . u.u uu,y / ou.				
SILVERTON FIRST AID SQUAD 86 MAIN ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
SLOAN KETTERINGRO BOY 5039	NONE	DUBLIC	TO CARRY OUT CHARITARIE	350

TOMS RIVER, NJ 08753				
SLOAN KETTERINGPO BOX 5028 HAGERSTOWN, MD 21740	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	350
SMILE TRAINPO BOX 96208	NONE	PUBLIC	TO CARRY OUT CHARITABLE	250

HAGERSTOWN, MD 21740		, , , , ,	PURPOSE OF THE FOUNDATION	
SMILE TRAINPO BOX 96208 WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTH WEST INDIAN FOUNDATION NONE PUBLIC TO CARRY OUT CHARITABLE 200

PO BOX 86 GALLUP, NM 87302			PURPOSE OF THE FOUNDATION	
SPECIAL OLYMPICSPO BOX 3589 PRINCETON, NJ 08540	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
ST JUDES CHILDRENS RESEARCH 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	1,000

Total .

31,075

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Marile and address (nome or business)	or substantial contributor			
a Paid during the year				
SVDP ST JOSEPH'S PARISH 685 HOOPER AVE	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

TOMS RIVER, NJ 08753		FORFOSE OF THE FOONDATION	
SWIGART AUTOMOBILE MUSEUM PO BOX 214 HUNTINGDON, PA 16652	NONE	 TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	3

SWIGART AUTOMOBILE MUSEUM PO BOX 214 HUNTINGDON, PA 16652	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	300
TOMS RIVER FIRE COMPANY 26 ROBBINS STREET TOMS RIVER NI 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

PO BOX 214 HUNTINGDON, PA 16652			PURPOSE OF THE FOUNDATION	
TOMS RIVER FIRE COMPANY 26 ROBBINS STREET TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250

HONTINGDON, FA 10032				
TOMS RIVER FIRE COMPANY 26 ROBBINS STREET TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	250
Total			<b>&gt;</b> 3a	31,075

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

a Paid during the year				
TOMS RIVER FIRST AID11 SNYDER AVE TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
TOMS RIVER SEAPORT SOCIETY 78 WATER ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

TOMS RIVER SEAPORT SOCIETY 78 WATER ST TOMS RIVER, NJ 08753	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
TOMS RIVER SEAPORT SOCIETY & MARITIME MUSEUM PO BOX 1111 TOMS RIVER, NJ 08754	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

31,075

TOMS RIVER, NJ 08753			PURPOSE OF THE FOUNDATION	
TOMS RIVER SEAPORT SOCIETY & MARITIME MUSEUM PO BOX 1111 TOMS RIVER, NJ 08754	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

Total .

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

	or substantial contributor			
a Paid during the year				
TOYS FOR TOTSPO BOX 4002036 DES MOINES, IA 50047	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500

DES MOINES, IA 50047	NONE	OBLIC	PURPOSE OF THE FOUNDATION	300
TUCKERTON SEAPORT SOCIETY PO BOX 52 TUCKERTON, NJ 08087	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	750

TUCKERTON SEAPORT SOCIETY PO BOX 52 TUCKERTON, NJ 08087	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	750
21 PLUS INC1900 RT 70 STE 12	NONE	PUBLIC	TO CARRY OUT CHARITABLE	575

TUCKERTON, NJ 08087			PORPOSE OF THE FOUNDATION	
21 PLUS INC1900 RT 70 STE 12 MANCHESTER, NJ 08759	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	575

. o ditaiti o it, ito o doo;				
21 PLUS INC1900 RT 70 STE 12 MANCHESTER, NJ 08759	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	575

Total .

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

	or substantial contributor			
a Paid during the year				
USO WORLD HQPO BOX 96860 WASHINGTON, DC 20036	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	350

WASHINGTON, DC 20036			PURPOSE OF THE FOUNDATION	
UNCFPO BOX 55040 BOSTON, MA 02205	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
WOUNDED WARRIORS PROJECT	NONE	PUBLIC	TO CARRY OUT CHARITABLE	500

UNCFPO BOX 55040 BOSTON, MA 02205	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	100
WOUNDED WARRIORS PROJECT PO BOX 758541 TOPEKA, KS 66675	NONE	PUBLIC	TO CARRY OUT CHARITABLE PURPOSE OF THE FOUNDATION	500
Total				31,075

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager raciniant

Name and address (home or business)	or substantial contributor	recipient	
a Paid during the year			

WRIGHT B FLYER	NONE	 TO CARRY OUT CHARITABLE	
10550 SPRINGBOR PIKE		PURPOSE OF THE FOUNDATION	
MIAMISBURG, OH 45342			

WRIGHT B FLYER	NONE	PUBLIC	TO CARRY OUT CHARITABLE	200
10550 SPRINGBOR PIKE			PURPOSE OF THE FOUNDATION	
MIAMISBURG, OH 45342				

Name: JEAN R D HECHT & BETTY RAE HECHT

CHARITABLE FOUNDATION

**EIN:** 22-2528442

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
TAX REFUND	418		418			
MISCELLANEOUS	450		450			
OTHER INCOME	219		219			

efile GRAPHIC print - D	OO NOT PROCESS	As Filed Data -				DLN: 93491197011350
Schedule B (Form 990, 990-EZ,		Schedu	lle of Contribute	ors		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF.  ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2019			
Name of the organization JEAN R D HECHT & BETT CHARITABLE FOUNDATIO	Y RAE HECHT				Employer id	lentification number
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( )	(enter number) or	rganization			
	4947(a)(1)	) nonexempt chari	table trust <b>not</b> treated a	as a private founda	tion	
	☐ 527 politic	al organization				
Form 990-PF	<b>✓</b> 501(c)(3) €	exempt private fou	undation			
	4947(a)(1)	) nonexempt chari	table trust treated as a	private foundation		
	☐ 501(c)(3) t	axable private fou	undation			
			F that received, during omplete Parts I and II. S			
Special Rules						
under sections 5 received from ar	509(a)(1) and 170(b)(1	1)(A)(vi), that chec ring the year, tota	Form 990 or 990-EZ th cked Schedule A (Form I contributions of the gr blete Parts I and II.	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 exclusively for religious animals. Complete Pari	s, charitable, scient		
during the year, If this box is che purpose. Don't o	contributions exclusive cked, enter here the temperature any of the parameter any of the parameter and	<i>vely</i> for religious, on total contributions arts unless the <b>Ge</b>	or (10) filing Form 990 charitable, etc., purpose that were received duri eneral Rule applies to the or more during the year	es, but no such con ing the year for an o his organization be	tributions tota exclusively re cause it recei	aled more than \$1,000. Bligious, charitable, etc.,
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, F990-EZ, or 990-PF).	: it <b>must</b> answer "No"	on Part IV, line 2,	of its Form 990; or che	ck the box on line I	H of its Form	
For Paperwork Reduction of for Form 990, 990-EZ, or 99		uctions	Cat. No. 30613X	Schedu	le B (Form 990	, 990-EZ, or 990-PF) (2019)

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
JEAN R D H	rganization HECHT & BETTY RAE HECHT LE FOUNDATION			mployer identification number 2-2528442
Part III	Exclusively religious, charitable, etc., contribute than \$1,000 for the year from any one contribute organizations completing Part III, enter the total the year. (Enter this information once. See instruction of the description of the description of the page 1.	or. Complete colu of exclusively re uctions.) ► \$	umns ( <b>a)</b> through	(e) and the following line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transf	•	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transf		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transf		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transf		nship of transferor to transferee
		_   _	Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)