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# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545 0052

**2010**Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning , 2010, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Name of foundation <b>THE D'ONOFRIO FOUNDATION</b>		<b>A</b> Employer identification number <b>91-2151046</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>124 NO MAIN STREET</b>		<b>B</b> Telephone number (see the instructions) <b>(609) 971-1390</b>
City or town <b>FORKED RIVER</b>	State ZIP code <b>NJ 08731-3634</b>	<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ <b>1,487,778.</b>	<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc., received (att sch)	49,992.			
	2 Cl <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	8,496.	8,496.		
	4 Dividends and interest from securities	20,482.	20,482.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
CAPITAL GAINS DISTRIBUTIONS		401.	401.		
12 Total. Add lines 1 through 11		79,371.	29,379.		
ADMINISTRATIVE AND EXPENSES	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
	17 Interest				
	18 Texas (attach schedule) (see instr.) FOREIGN TAXES	2,474.			
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	76.			
	24 Total operating and administrative expenses. Add lines 13 through 23	2,550.			
	25 Contributions, gifts, grants paid	68,740.			68,740.
26 Total expenses and disbursements. Add lines 24 and 25	71,290.			68,740.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	8,081.				
b Net investment income (if negative, enter -0-)		29,379.			
c Adjusted net income (if negative, enter -0-)					

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ADMINISTRATIVE AND EXPENSES

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	805.	160.	160.
	2 Savings and temporary cash investments	708,760.	716,626.	716,626.
	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 the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) L-10b Stmt	647,049.	647,049.	770,992.
	c Investments — corporate bonds (attach schedule)			
	LIABILITIES	11 Investments — land, buildings, and equipment basis		
Less: accumulated depreciation (attach schedule)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe )				
16 Total assets (to be completed by all filers — see instructions Also, see page 1, item I)		1,356,614.	1,363,835.	1,487,778.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, & other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe )				
23 Total liabilities (add lines 17 through 22)				
FUNDS	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	1,356,614.	1,363,835.	
	30 Total net assets or fund balances (see the instructions)	1,356,614.	1,363,835.	
	31 Total liabilities and net assets/fund balances (see the instructions)	1,356,614.	1,363,835.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,356,614.
2 Enter amount from Part I, line 27a	2	8,081.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,364,695.
5 Decreases not included in line 2 (itemize) <u>NONDEDUCTIBLE DONATIONS</u>	5	860.
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,363,835.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month day, year)	(d) Date sold (month, day, year)
1 a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <span style="float: right;">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <span style="float: right;">[ If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 ]</span>	3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009	44,250.	1,218,178.	0.036325
2008	66,210.	1,307,784.	0.050628
2007	31,779.	871,540.	0.036463
2006	7,500.	640,543.	0.011709
2005	47,901.	338,518.	0.141502

2 Total of line 1, column (d)	2 0.276627
3 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	3 0.055325
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4 1,407,926.
5 Multiply line 4 by line 3	5 77,894.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6 294.
7 Add lines 5 and 6	7 78,188.
8 Enter qualifying distributions from Part XII, line 4	8 68,740.

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. See the Part VI instructions.

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**Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instr.)		1	588.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	588.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	588.
6 Credits/Payments			
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	6a	619.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	619.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	31.	
11 Enter the amount of line 10 to be Credited to 2011 estimated tax	11	31.	Refunded

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>NJ - New Jersey</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	X	

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**Part VII-A Statements Regarding Activities (Continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>PAUL J. DALTON, CPA</u> Telephone no <u>(609) 971-1390</u> Located at <u>124 NO. MAIN STREET, FORKED RIVER, NJ</u> ZIP + 4 <u>08731-3634</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 <u>15</u>			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u>	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 the instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2010 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 2010)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5b**

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**6b**

If 'Yes' to 6b, file Form 8870.

X

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**7b****b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DONATO D'ONOFRIO 952 LAKEWOOD ROAD, TOMS RIVER, NJ 08753	TRUSTEE 1.00	0.	0.	0.
MARY D'ONOFRIO 952 LAKEWOOD ROAD, TOMS RIVER, NJ 08753	TRUSTEE 1.00	0.	0.	0.
PAUL J. DALTON 124 N. MAIN ST., FORKED RIVER, NJ 08731	TRUSTEE 3.00	0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

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

None

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3. Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

None

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 PROVIDED FUNDING TO UNITED WAY FOR LOCAL TRANSPORTATION PROGRAM FOR HONORABLY DISCHARGED VETERANS; ALSO SUPPORT SERVICES FOR CHILDREN WITH EPILEPSY AND THEIR FAMILIES ALSO TRAINING FOR LOCAL SAFETY AND FIRST AID VOLUNTEERS. NO OF ORG: 1	76.
2 PROVIDED CONTRIBUTIONS FOR STUDENT SCHOLARSHIPS NO. OF ORGANIZATIONS: 8	0.
3 PROVIDED EDUCATIONAL FUNDING FOR A COMMUNITY COLLEGE FOR USE IN ACADEMIC PROGRAMS BENEFITING DESERVING STUDENTS NO. OF ORGANIZATIONS: 1 / NO. BENEFITED APPROX 200	0.
4 PROVIDE FUNDING TO ALZHEIMER'S ASSOCIATION FOR ALZHEIMER RESEARCH AND IMPROVEMENT OF THE QUALITY AND QUANTITY OF CARE, SERVICES AND SUPPORT FOR INDIVIDUALS AND FAMILIES BATTLING THIS DISEASE. NO. OF ORG: 1	0.

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0.
2	
All other program-related investments See instructions	
3 N/A	0.
Total. Add lines 1 through 3	None

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1. Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	1 a	715,247.
b Average of monthly cash balances	1 b	714,119.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	1,429,366.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	1,429,366.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	21,440.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,407,926.
6 Minimum investment return. Enter 5% of line 5	6	70,396.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6		1	70,396.
2a Tax on investment income for 2010 from Part VI, line 5	2 a	588.	
b Income tax for 2010 (This does not include the tax from Part VI)	2 b		
c Add lines 2a and 2b	2 c	588.	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	69,808.	
4 Recoveries of amounts treated as qualifying distributions	4		
5 Add lines 3 and 4	5	69,808.	
6 Deduction from distributable amount (see instructions)	6		
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	69,808.	

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	68,740.
b Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	68,740.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	68,740.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
<b>1</b> Distributable amount for 2010 from Part XI, line 7				69,808.
<b>2</b> Undistributed income, if any, as of the end of 2010				
<b>a</b> Enter amount for 2009 only			0.	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2010.				
<b>a</b> From 2005	0.			
<b>b</b> From 2006	0.			
<b>c</b> From 2007	0.			
<b>d</b> From 2008	553.			
<b>e</b> From 2009	0.			
<b>f</b> Total of lines 3a through e	553.			
<b>4</b> Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 68,740.				
<b>a</b> Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2010 distributable amount				68,740.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a) )	553.			553.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions		0.		
<b>e</b> Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
<b>f</b> Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				515.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
<b>8</b> Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
<b>9</b> Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2006	0.			
<b>b</b> Excess from 2007	0.			
<b>c</b> Excess from 2008	0.			
<b>d</b> Excess from 2009	0.			
<b>e</b> Excess from 2010	0.			



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
ADACO 1195 ROUTE 70, SUITE 2 LAKEWOOD NJ 08701	N/A	PUBLICLY SUPPORTED	PROMOTES KEEPING CHILDREN HEALTHY, SAFE AND DRUG FREE	250.
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE, FL 17 CHICAGO IL 60601	N/A	PUBLICLY SUPPORTED	PROVIDES AWARENESS EFFORTS, RESEARCH AND SUPPORT PROGRAMS FOR PEOPLE WITH ALZHEIMERS	5,100.
AMERICAN CANCER SOCIETY 1035 HOOPER AVENUE TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	FUNDING FOR CANCER RESEARCH AND SUPPORT SERVICES FOR CANCER PATIENTS	2,500.
AMERICAN RED CROSS P.O. BOX 97089 WASHINGTON DC 20090	N/A	PUBLICLY SUPPORTED	PROVIDE ASSISTANCE TO SURVIVORS IN HAITI	1,000.
CAREGIVER VOLUNTEERS OF CENTRAL JERSEY 253 CHESTNUT STREET TOMS RIVER NJ 08753 See Line 3a statement	N/A	PUBLICLY SUPPORTED	PROVIDES ALZHEIMER'S RESPITE CARE, MEDICAL TRANSPORT AND GROCERY SHOPPING TO THE ELDERLY	2,375.
				57,515.
<b>Total</b>			<b>3a</b>	<b>68,740.</b>
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

## **Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (see the instructions)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments			14	8,496.	
<b>4</b> Dividends and interest from securities			14	20,482.	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income			14	401.	
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e)				29,379.	
<b>13</b> Total. Add line 12, columns (b), (d), and (e)				13	29,379.

(See worksheet in line 13 instructions to verify calculations )

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

[illegible]



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No 1545-0047

**2010**

Name of the organization

THE D'ONOFRIO FOUNDATION

Employer identification number

91-2151046

**Organization type** (check one)

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☐ 501(c)(\_\_\_\_) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution of the greater of (i) \$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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA 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) (2010)

Name of organization

Employer identification number

THE D'ONOFRIO FOUNDATION

91-2151046

**Part I Contributors** (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DONATO D'ONOFRIO 952 LAKEWOOD ROAD TOMS RIVER NJ 08753	\$ 49,992.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
ANNUAL REGISTRATION FEE	30.			
BANK FEES	32.			
OFFICE SUPPLIES	14.			

Total 76.

Form 990-PF, Page 11, Part XV, line 3a

**Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a Paid during the year</b>				Person or <input type="checkbox"/> Business <input type="checkbox"/>
CHILDREN'S SPECIALIZED HOSPITAL FOUNDATI 150 NEW PROVIDENCE ROAD MOUNTAINSIDE NJ 07092	N/A	HOSPITAL	FUNDING FOR NEW OUTPATIENT CENTER IN TOMS RIVER, NJ	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE P.O. BOX 2001 TOMS RIVER NJ 08754	N/A	PVT. OP. FDN.	EDUCATIONAL FUNDING FOR COMMUNITY COLLEGE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 7,000.
DON SANDERS MEMORIAL SCHOLARSHIP FUND 1617 ROUTE 37 EAST TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	SUPPORT SCHOLARSHIP FUND AT TOMS RIVER SOUTH HIGH SCHOOL	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
GIRL SCOUTS OF THE JERSEY SHORE 1405 OLD FREEHOLD ROAD TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	SUPPORT FOR MEMBERS FACI FINANCIAL DIFFICULTIES, OF DAY CAMPS AND PROGRAM	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 200.
GOLD COAST HOSPICE 201 EAST SAMPLE ROAD POMPANO FL 33703	N/A	HOSPITAL	PROVIDES IN HOME PATIENT AND FAMILY SUPPORT AND CARE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
JEVENILE DIABETES RESEARCH FOUNDATION 225 CITY AVENUE, SUITE 104 BALA CYNWYD PA 19004	N/A	PVT. OP. FDN.	FUNDING FOR RESEARCH TO FIND A CURE FOR JUVENILE DIABETES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.

Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a Paid during the year</b>				Person or <input type="checkbox"/> Business <input type="checkbox"/>
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK NY 10065	N/A	HOSPITAL	FUNDING FOR CANCER RESEARCH	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
MONSIGNOR DONOVAN HIGH SCHOOL 685 HOOPER AVENUE TOMS RIVER NJ 08753	N/A	SCHOOL	HIGH SCHOOL 2009/2010 SCHOLARSHIP AWARD	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
OCEAN COUNTY FOUNDATION FOR VOCATIONAL AND TECHINICAL EDUCATION TOMS RIVER NJ 08753	N/A	PR OP FDN.	SUPPORT VOCATIONAL AND T SCHOOL STUDENTS, TEACHER AND PROGRAMS IN OCEAN CO	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 600.
SIMON'S KITCHEN P.O. BOX 551 SEASIDE PARK NJ 08752	N/A	PUBLICLY SUPPORTED	PROVIDE A HOT MEAL TO THOSE IN NEED IN THE SURROUNDING COMMUNITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,500.
ST. JOSEPH'S GRADE SCHOOL 685 HOOPER AVENUE TOMS RIVER NJ 08753	N/A	SCHOOL	GRADE SCHOOL 2009/2010 SCHOLARSHIP AWARD	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
ST. JOSEPH'S CHURCH 685 HOOPER AVENUE, P.O. BOX 387 TOMS RIVER NJ 08753	N/A	CHURCH	SUPPORT FOR THE PARISH MINISTRIES, YOUTH MINIST AND SOCIAL MINISTRIES OF	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105	N/A	HOSPITAL	RESEARCH AND CARE FOR CHILDREN WITH CATASTROPHIC DISEASES	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a</b> Paid during the year STAND UP TO CANCER 1801 W. OLYMPIC BLVD. PASADENA CA 91199	N/A	PUBLICLY SUPPORTED	PROVIDE FUNDS TO ACCELERATE CANCER RESEARCH AND BRING NEW THERAPIES TO PATIENTS	Person or Business <input checked="" type="checkbox"/> 1,000.
				Person or Business <input type="checkbox"/>
THE FOODBANK OF MONMOUTH & OCEAN COUNTIES 3300 ROUTE 66 NEPTUNE NJ 07753	N/A	PUBLICLY SUPPORTED	PROVIDE EMERGENCY FOOD TO THOUSANDS OF NEEDY INDIVIDUALS	Person or Business <input checked="" type="checkbox"/> 200.
				Person or Business <input type="checkbox"/>
THE FRANCES FOUNDATION 8 BRYCE ROAD HOLMDEL NJ 07733	N/A	PUBLICLY SUPPORTED	SUPPORT FOR CHILDREN WITH CANCER	Person or Business <input checked="" type="checkbox"/> 1,000.
				Person or Business <input type="checkbox"/>
THE HOUSE OF HOPE OF OCEAN COUNTY, INC. 253 CHESTNUT STREET TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	PROVIDES SUPPORT SERVICE TO LOW-INCOME, HOMELESS DISENFRANCHISED COMMUNITY	Person or Business <input checked="" type="checkbox"/> 1,000.
				Person or Business <input type="checkbox"/>
THE ITALIAN-AMERICAN CULTURAL SOCIETY P.O. BOX 1602 TOMS RIVER NJ 08754	N/A	PUBLICLY SUPPORTED	2010 STUDENT SCHOLARSHIP AWARDS	Person or Business <input checked="" type="checkbox"/> 2,000.
				Person or Business <input type="checkbox"/>
THE KOMEN FOUNDATION 5005 LBJ FREEWAY, SUITE 250 DALLAS TX 75244	N/A	PVT. OP. FDN.	FUNDING FOR RESEARCH AND COMMUNITY BASED OUTREACH PROJECTS FOR BREAST CANCER	Person or Business <input checked="" type="checkbox"/> 500.
				Person or Business <input type="checkbox"/>
THE SMILE TRAIN P.O. BOX 96231 WASHINGTON DC 20090	N/A	PUBLICLY SUPPORTED	PROVIDES CLEFT REPAIR SURGERIES TO CHILDREN ALL AROUND THE WORLD	Person or Business <input checked="" type="checkbox"/> 1,000.
				Person or Business <input type="checkbox"/>
TOMS RIVER-OCEAN CTY CHAMBER OF COMMERCE 1200 HOOPER AVENUE TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	PROGRAMS/EVENTS TO PROMOTE ECONOMIC PROSPERITY FOR COUNTY BUSINESS AND RESIDENTS	Person or Business <input checked="" type="checkbox"/> 325.

Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a Paid during the year</b>				Person or <input type="checkbox"/> Business <input type="checkbox"/>
TOMS RIVER HIGH SCHOOL EAST 1225 RAIDER WAY TOMS RIVER NJ 08753	N/A	SCHOOL	2010 SCHOLARSHIP FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
TOMS RIVER HIGH SCHOOL NORTH 1245 OLD FREEHOLD ROAD TOMS RIVER NJ 08753	N/A	SCHOOL	2010 SCHOLARSHIP FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
TOMS RIVER HIGH SCHOOL SOUTH 55 HYERS STREET TOMS RIVER NJ 08753	N/A	SCHOOL	2010 SCHOLARSHIP FUND	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
THE OCEAN COUNTY YMCA 1088 WEST WHITTY ROAD TOMS RIVER NJ 08755	N/A	PUBLICLY SUPPORTED	FUNDING FOR FINANCIAL ASSISTANCE FOR "Y" MEMBE TO RESIDENTS OF OCEAN CO	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,000.
UNITED WAY OF OCEAN COUNTY 1144 HOOPER AVE. SUITE 302 TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	FUNDING TO OVER 60 HEALTH AND HUMAN CARE PROGRAMS PROVIDED BY PARTNER AGEN	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 11,000.
ARTHRITIS FOUNDATION, INC. 35 BROAD STREET ATLANTA GA 30335	N/A	PUBLICLY SUPPORTED	SUPPORT THE JUVENILE ARTHRITIS FAMILY NETWORK AND RESEARCH TO FIND A C	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
COMMUNITY MEDICAL CENTER FOUNDATION, INC. 99 HIGHWAY 37 WEST TOMS RIVER NJ 08755	N/A	HOSPITAL	FUNDING FOR EQUIP PURCHA J. PHILLIP CITTA CANCER EMERGENCY DEPARTMENT REN	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,350.

Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a</b> Paid during the year UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX VA 22031	N/A	PUBLICLY SUPPORTED	FUNDING FOR SCHOLARSHIPS AND FINANCIAL SUPPORT	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000.
				Person or <input type="checkbox"/> Business <input type="checkbox"/>
INTERFAITH HOSPITALITY NETWORK OF OCEAN 409 LEXINGTON AVENUE TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	ASSISTANCE FOR THE HOMELESS INCLUDING FOOD, SHELTER AND SUPPORT SERV	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
				Person or <input type="checkbox"/> Business <input type="checkbox"/>
OPEN ARMS, INC. 726 WOODCHUCK LANE TOMS RIVER NJ 08755	N/A	PUBLICLY SUPPORTED	SUPPORT FOR HARBOR HOUSE AND CONTACT OF OCEAN COUNTY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 750.
				Person or <input type="checkbox"/> Business <input type="checkbox"/>
JERSEY SHORE COUNCIL BOY SCOUTS OF AMERICA 1518 RIDGEWAY ROAD TOMS RIVER NJ 08755	N/A	PUBLICLY SUPPORTED	PROVIDE SUPPORT FOR THE BOY SCOUT PROGRAM IN OCEAN COUNTY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,840.
				Person or <input type="checkbox"/> Business <input type="checkbox"/>
TWENTY-ONE PLUS 1130 HOOPER AVENUE TOMS RIVER NJ 08753	N/A	PUBLICLY SUPPORTED	SUPPORT AND ENHANCE THE QUALITY OF LIFE ADUL W/DEVELOPMENT DISABILIT	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 250.
				Person or <input type="checkbox"/> Business <input type="checkbox"/>
YOUR GRANDMOTHER'S CUPBOARD 173A HWY 37 WEST TOMS RIVER NJ 08755	N/A	PUBLICLY SUPPORTED	PROVIDE MEALS, CLOTHING HYGIENE PRODUCTS TO PEOP NEED IN THE SURROUNDING	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,500.

Total

57,515.

Form 990-PF, Page 2, Part II, Line 10b

**L-10b Stmt**

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
SEE ATTACHED SCHEDULE	647,049.	770,992.

Form 990-PF, Page 2, Part II, Line 10b

Continued

**L-10b Stmt**

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
Total	<u>647,049.</u>	<u>770,992.</u>

**The D'Onofrio Foundation**  
**Attachment to Form 990-PF, Page 2, Part II, Line 10c**  
**December 31, 2010**  
**EIN: 91-2151046**

**Investments - Corporate Stock:**

<b><u>SECURITIES</u></b>	<b><u>Shares</u></b>	<b><u>Book Value</u></b>	<b><u>Fair Market Value</u></b>
AGILENT TECH INC	19	596	787
AMERICAN EXPRESS CO	200	10,292	8,584
AMERIPRISE FINL INC COM	40	1,640	2,302
AOL INC COM	12	344	285
AT&T INC COM	15	367	441
BANK OF AMERICA CORP	332	15,322	4,429
BHP BILLITON LTD SPON ADR ISIN	100	3,342	9,292
COCA COLA INC	600	24,186	39,462
COMCAST CORP NEW CL A	48	829	1,054
CONMED CORP	200	4,732	5,286
DRESS BARN INC	94	5,642	2,483
ELI LILLY & CO	100	5,659	3,504
EXXON MOBIL CORP	600	33,702	43,872
HEWLETT-PACKARD CO DE	600	17,178	25,260
INTUIT INC	200	5,330	9,860
L-3 COMMUNICATIONS HLDGS INC	100	7,435	7,049
LOWES COMPANIES	400	13,332	10,032
MICROSOFT CORP	200	5,230	5,582
RAYONIER INC	267	10,640	14,023
RAYTHEON CO COM NEW	100	4,015	4,634
RITE AID CORP	3,000	10,440	2,650
SERVICE CORP INTL	600	4,908	4,950
SILVERLEAF RESORTS INC	500	1,630	560
SUN BANCORP INC	6,000	22,785	27,840
TIM HORTONS INC COM	270	5,757	11,132
TIME WARNER CABLE INC	33	1,729	2,179
TIME WARNER INC SHS	133	4,903	4,279
TORONTO DOMINION BK ONT	6,918	418,310	514,076
VERIGY LTD SHS ISIN	2	31	26
WENDY'S ARBYS GROUP INC	850	5,276	3,927
XEROX CORP	100	1,465	1,152
		<u>647,049</u>	<u>770,992</u>