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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation THE D'ONOFRIO FOUNDATION		A Employer identification number  91-2151046	
Number and street (or P O box number if mail is not delivered to street address) 124 NO MAIN STREET		B Telephone number (see instructions)  (609) 971-1390	
City or town, state or province, country, and ZIP or foreign postal code FORKED RIVER, NJ 087313634		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,582,378		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	37,494			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	4,058	4,058		
	4 Dividends and interest from securities . . . . .	26,211	26,211		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10  23				
	b Gross sales price for all assets on line 6a _____ 23				
	7 Capital gain net income (from Part IV, line 2) . . . .		23		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 574	362		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	68,360	30,654		
	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 schedule). . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . .	 4,165			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	 204			
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,369	0		0
	25 Contributions, gifts, grants paid . . . . .	111,565			111,565
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	115,934	0		111,565
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	-47,574			
	b <b>Net investment income</b> (if negative, enter -0-)		30,654		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	1,525	4,351	4,351
	2	Savings and temporary cash investments . . . . .	808,670	756,857	756,857
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .	586,774	586,927	821,170
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans. . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	1,396,969	1,348,135	1,582,378	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	1,396,969	1,348,135	
	30	Total net assets or fund balances(see instructions) . . . . .	1,396,969	1,348,135	
31	Total liabilities and net assets/fund balances(see instructions) . . . . .	1,396,969	1,348,135		

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	1,396,969
2	Enter amount from Part I, line 27a . . . . .	2	-47,574
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	1,349,395
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,260
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	1,348,135

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	COMMON STOCK, RESTAURANT BRANDS INT'L INC (CASH IN LIEU)	D	2005-12-30	2015-01-26
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 23	0	0	23
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a 0	0	0	23
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	23
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		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

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(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 (col (b) divided by col (c))
2014	101,920	1,723,419	0 059138
2013	207,324	1,618,894	0 128065
2012	169,426	1,527,633	0 110908
2011	74,423	1,513,419	0 049175
2010	68,740	1,407,926	0 048824

2	Total of line 1, column (d). . . . .	2	0 396110
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 079222
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	1,620,103
5	Multiply line 4 by line 3. . . . .	5	128,348
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	307
7	Add lines 5 and 6. . . . .	7	128,655
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	111,565

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

Part VI

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

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

0

3

Add lines 1 and 2. . . . .

3

613

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

613

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

950

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

950

8

Enter any penalty for underpayment of estimated tax. Check here ☐ 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

337

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 337 Refunded

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
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.

1b

No

c

Did the foundation file Form 1120-POL for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation \$ \_\_\_\_\_ (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? . . . . .  
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. . . . .

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
NJ

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. . . . .

8b

Yes

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV. . . . .

9

No

10

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

10

Yes

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶PAUL J DALTON CPA Located at ▶124 NO MAIN STREET FORKED RIVER NJ Telephone no ▶(609) 971-1390 ZIP+4 ▶087313634			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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? ( <b>Exception.</b> 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 <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/> 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 2015? . . . . .	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

**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 4945(d)(4)(A)? (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

**5b**

**6b**

**7b**

**7b**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

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

<b>Total</b> number of other employees paid over \$50,000. . . . .	0
--	---

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

<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .	0
--	---



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	854,711
b	Average of monthly cash balances. . . . .	1b	790,064
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	1,644,775
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	1,644,775
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	24,672
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,620,103
6	Minimum investment return.Enter 5% of line 5. . . . .	6	81,005

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	81,005
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	613
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	613
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	80,392
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	80,392
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	80,392

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	111,565
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	111,565
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	
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	111,565

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				80,392
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				92,539
d From 2013.				127,381
e From 2014.				16,638
f Total of lines 3a through e.	236,558			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 111,565				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				80,392
e Remaining amount distributed out of corpus	31,173			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	267,731			
b Prior years' undistributed income Subtract line 4b from line 2b.				
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	267,731			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				92,539
c Excess from 2013.				127,381
d Excess from 2014.				16,638
e Excess from 2015.				31,173

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

<b>2a</b>	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>
		<b>(a) 2015</b>	<b>(b) 2014</b>	<b>(c) 2013</b>	<b>(d) 2012</b>	
<b>b</b>	85% of line 2a . . . . .					
<b>c</b>	Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b>	Complete 3a, b, or c for the alternative test relied upon					
<b>a</b>	"Assets" alternative test—enter					
	<b>(1)</b> Value of all assets . . . . .					
	<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b>	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b>	"Support" alternative test—enter					
	<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
	<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
	<b>(3)</b> Largest amount of support from an exempt organization					
	<b>(4)</b> Gross investment income					

**Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

## 1 Information Regarding Foundation Managers:

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

DONATO D'ONOFRIO

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

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

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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

**c** Any submission deadlines

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

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div><div>a</div><div><div><div>Paid during the year</div><div>See Additional Data TableSee Additional Data Table</div></div></div></div>				
<div>Total. . . . .</div>			<div>3a</div>	111,565
<div><div>b</div><div><div>Approved for future payment</div></div></div>				
<div>Total. . . . .</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion 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	4,058		
<b>4</b> Dividends and interest from securities. . . . .			14	26,211		
<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	362		
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	23		
<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). . . . .				30,654		
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .						
(See worksheet in line 13 instructions to verify calculations )						

[illegible]

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

(1) Cash. . . . .

(2) Other assets. . . . .

**(1) Sales of assets to a noncharitable exempt organization.** . . . . .

**(2) Purchases of assets from a noncharitable exempt organization.** . . . . .

(3) Rental of facilities, equipment, or other assets. . . . .

(4) Reimbursement arrangements. . . . .

(5) Loans or loan guarantees. . . .

(6) Performance of services or membership or fundraising solicitations. . . . .

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

**b** If "Yes," complete the following schedule

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2016-04-28</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
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May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Form **990-PF** (2015)

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)				
<b>a</b> Paid during the year				
ALZHEIMER'S ASSOCIATION 400 MORRIS AVENUE SUITE 251 DENVER, NJ 07834		PUBLICLYSUPPORTED	RESEARCH, AND SUPPORT PROGRAMSPROVIDE AWARENESS EFFORTS,FOR PEOPLE WITH ALZHEIMERS	1,000
				0
BIG BROTHERS BIG SISTERS OF OCEAN COUNTY 20 HADLEY AVENUE TOMS RIVER, NJ 08753		PUBLICLYSUPPORTED	BASED MENTORING PROGRAM FORSUPPORT THE COMMUNITYCHILDREN FACING ADVERSITY	1,000
				0
BARNEGAT BAY FOUNDATION PO BOX 364 ISLAND HEIGHTS, NJ 08732		PVT OP FDN	THE BARNEGAT BAY WATERSHEDPROMOTE AWARENESS TO PROTECTAND SURROUNDING COMMUNITIES	1,000
				0
BERKELEY TOWNSHIP HISTORICAL SOCIETY 759 ATLANTIC CITY BOULEVARD BAYVILLE, NJ 08721		PUBLICLYSUPPORTED	PRESERVATION OFRESTORATION ANDHISTORICAL LANDMARK	1,000
				0
CAREGIVER VOLUNTEERS OF CENTRAL JERSEY 253 CHESTNUT STREET TOMS RIVER, NJ 08753		PUBLICLYSUPPORTED	CARE, MEDICAL TRANSPORT AND GROCERYPROVIDE RESPITESHOPPING TO THE ELDERLY	1,000
				0
CENTRAL REGIONAL SCHOOL DISTRICT  PO BOX C FOREST HILLS PKWY BAYVILLE, NJ 08721		SCHOOL	SCHOLARSHIP2014/2015 ACADEMIC	1,000
				0
FISHER CENTER FOR ALZHEIMER'S RESEARCH FOUNDATION 199 WATER ST 23RD FLOOR NEW YORK, NY 10036		PVT OP FDN	ALZHEIMER'SSUPPORT FORRESEARCH	2,500
				0
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE PO BOX 2001 TOMS RIVER, NJ 08754		PVT OP FDN	FOR COMMUNITY COLLEGEEDUCATIONAL FUNDING	10,920
<b>Total . . . . .</b>			<b>3a</b>	111,565

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)				
<b>a</b> Paid during the year				
				0
GIRL SCOUTS OF THE JERSEY SHORE 1405 OLD FREEHOLD ROAD TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	TRAINING THAT WILL MAKE POSITIVEPROVIDING PROGRAMS, SERVICES ANDIMPACT ON GIRLS AGES 5 TO 17	300
				0
HOPE SHEDS LIGHT INC 247 MAIN STREET TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	TEACHERS, PARENTS ANDEDUCATE CHILDREN, STUDENTSCOMMUNITY ABOUT SUBSTANCE ABUSE	5,000
				0
INTERFAITH HOSPITALITY NETWORK OF OCEAN COUNTY 253 CHESTNUT STREET TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	HOMELESS INCLUDING FOOD,ASSISTANCE FOR THESHELTER AND SUPPORT SERVICES	2,500
				0
DONOVAN CATHOLIC HIGH SCHOOL 711 HOOPER AVENUE TOMS RIVER,NJ 08753		SCHOOL	SCHOLARSHIP AWARDSHIGH SCHOOL 2014/2015	5,000
				0
MELANOMA RESEARCH ALLIANCE FOUNDATION 1101 NEW YORK AVENUE NW 620 WASHINGTON,DC 20005		PVT OP FDN	RESEARCH TO MOVE TOWARDTO FUND INNOVATIVEA CURE FOR MELANOMA	1,000
				0
OCEAN COUNTY HUNGER RELIEF INC 917-5 NORTH MAIN STREET TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	ASSISTANCE FOR THE NEEDYPROVIDES EMERGENCY FOODPEOPLE OF OCEAN COUNTY	5,000
				0
OCEAN'S HARBOR HOUSE 2445 WINDSOR AVENUE TOMS RIVER,NJ 08754		PUBLICLYSUPPORTED	TO HOMELESS, ABANDONED, RUNAWAY,PROVIDE SHELTER AND HOUSINGABUSED AT-RISK YOUTHS (AGES 10-21)	1,000
				0
<b>Total . . . . .</b>				111,565



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)				
<b>a</b> Paid during the year				
OPEN ARMS INC 1484 SILVETON ROAD TOMS RIVER,NJ 08755		PUBLICLYSUPPORTED	AND CONTACT OF OCEANSUPPORT FOR HARBOR HOUSEAND MONMOUTH COUNTIES	750
				0
PEOPLE'S PANTRY 1001 FISCHER BOULEVARD TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	WITH THE FOOD BANK OFHELP DEFRA Y COSTS ASSOCIATEDMONMOUTH AND OCEAN COUNTIES	5,000
				0
SEASIDE PARK VOLUNTEER FIRE CO NO 1 PO BOX 201 SEASIDE PARK,NJ 08752		PULICLYSUPPORTED	OF NEW WATER RESCUETO FUND PURCHASEVEHICLE	1,000
				0
ST JOSEPH'S CENTURY CLUB 685 HOOPER AVENUE TOMS RIVER,NJ 08753		SCHOOL	SCHOLARSHIP AWARDSGRADE SCHOOL 2014/2015	500
				0
ST JOSEPH'S ENDOWMENT FUND 685 HOOPER AVENUE TOMS RIVER,NJ 08753		SCHOOL	OF CONTINUEDFINANCIAL SUPPORTEDUCATION	1,500
				0
ST JOSEPH'S GRADE SCHOOL 685 HOOPER AVENUE TOMS RIVER,NJ 08753		SCHOOL	SCHOLARSHIP AWARDSGRADE SCHOOL 2014/2015	4,000
				0
ST JOSEPH'S GRADE SCHOOL - PTA 711 HOOPER AVENUE TOMS RIVER,NJ 08753		SCHOOL	TO ENRICH STUDENTS'PROVIDE MONETARY SUPPORTACADEMIC EXPERIENCE	250
				0
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105		HOSPITAL	CHILDREN WITHRESEARCH AND CARE FORCATASTROPHIC DISEASES	5,500
<b>Total . . . . .</b>			<b>3a</b>	111,565

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)				
<b>a</b> <i>Paid during the year</i>				
				0
THE FOODBANK OF MONMOUTH & OCEAN COUNTIES 3300 ROUTE 66 NEPTUNE, NJ 07753		PUBLICLYSUPPORTED	TO THOUSANDS OFPROVIDE EMERGENCY FOODNEEDY INDIVIDUALS	670
				0
THE FRANCES FOUNDATION 8 BRYCE ROAD HOLMDEL, NJ 07733		PUBLICLYSUPPORTED	WITH CANCERSUPPORT FOR CHILDREN	500
				0
THE ITALIAN-AMERICAN CULTURAL SOCIETY PO BOX 1602 TOMS RIVER, NJ 08754		PUBLICLYSUPPORTED	SCHOLARSHIP AWARDS2015 STUDENT	2,500
				0
THE SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090		PUBLICLYSUPPORTED	SURGERIES TO CHILDRENPROVIDES CLEFT REPAIRALL AROUND THE WORLD	1,000
				0
THE HOUSE OF HOPE OF OCEAN COUNTY INC 253 CHESTNUT STREET TOMS RIVER, NJ 08753		PUBLICLYSUPPORTED	HUNGRY AND OTHER LOW-INCOME ANDASSISTANCE TO THE AGED, HOMELESS,DISADVANTAGED PEOPLE IN THE COMMUNITY	1,000
				0
TOMS RIVER BOARD OF EDUCATION 1144 HOOPER AVENUE TOMS RIVER, NJ 08753		SCHOOL	2015 SCHOLARSHIPFUND	6,000
				0
THE OCEAN COUNTY YMCA 1088 WEST WHITTY ROAD TOMS RIVER, NJ 08755		PUBLICLYSUPPORTED	ASSISTANCE FOR "Y"FUNDING FOR FINANCIALMEMBERSHIP TO RESIDENTS	1,000
				0
<b>Total . . . . .</b>			<b>3a</b>	111,565

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)				
<b>a</b> Paid during the year				
TWENTY-ONE PLUS FOUNDATION INC 252 WASHINGTON STREET TOMS RIVER,NH 08753		PUBLICLYSUPPORTED	QUALITY OF LIFE FORSUPPORT AND ENHANCE THEADULTS WITH DISABILITIES	500
				0
UNITED WAY OF OCEAN COUNTY 1144 HOOPER AVE SUITE 302 TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	HUMAN CARE PROGRAMS THAT AREFUNDING TO OVER 60 HEALTH ANDPROVIDED BY PARTNER AGENCIES	11,000
				0
COMMUNITY MEDICAL CENTER FOUNDATION 99 HIGHWAY 37 WEST TOMS RIVER,NJ 08755		HOSPITAL	NEUROSCIENCE INSTITUTESUPPORT FOR THE CENTER'SAND CANCER CENTER	2,275
				0
JERSEY SHORE COUNCIL BOY SCOUTS OF AMERICA 1518 RIDGEWAY ROAD TOMS RIVER,NJ 08755		PUBLICLYSUPPORTED	THE BOY SCOUT PROGRAMPROVIDE SUPPORT FORIN OCEAN COUNTY	3,250
				0
YOUR GRANDMOTHER'S CUPBOARD 173A HWY 37 WEST TOMS RIVER,NJ 08755		PUBLICLYSUPPORTED	HYGIENE PRODUCTS TO THEPROVIDE MEALS, CLOTHING ANDNEEDY IN THE SURROUNDING	2,500
			COMMUNITY	0
REBECCA'S RESCUE 457 HAZEL AVENUE BRICK,NJ 08723		PUBLICLYSUPPORTED	AND FOOD MILK REPLACERSPAY/NEUTERING SERVICESFOR NEWBORN KITTENS	500
				0
OCEAN COUNTY FOUNDATION FOR VO-TECH EDUCATION 137 BEA LEA ROAD TOMS RIVER,NJ 08753		PUBLICLYSUPPORTED	SCHOOL STUDENTS WITHSUPPORT VOCATION AND TECHSCHOLARSHIPS AND GRANTS	450
				0
SIMONS'S KITCHEN PO BOX 551 SEASIDE PARK,NJ 08752		PUBLICLYSUPPORTED	TO THOSE IN NEED IN THEPROVIDES HOT MEALSSURROUNDING COMMUNITY	2,500
<b>Total . . . . .</b>			<b>3a</b>	111,565

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)				
<b>a</b> Paid during the year				
				0
SOROPTIMIST INTERNATIONAL OF TOMS RIVER PO BOX 4824 TOMS RIVER,NJ 08754		PUBLICLYSUPPORTED	AND HUMANITARIANFUNDING FOR SCHOLARSHIPSPROJECTS	150
				0
THE INDEPENDENCE FUND INC 6538 COLLINS AVENUE SUITE 187 MIAMI BEACH,FL 33141		PUBLICLYSUPPORTED	EMOTIONAL HEALING OF OURAID IN THE PHYSICAL ANDSEVERELY INJURED VERTERANS	1,000
				0
WONDERWORK INC 420 FIFTH AVENUE NEW YORK,NY 10018		PUBLICLYSUPPORTED	BLINDNESS IN THERESTORING AND PREVENTINGDEVELOPING WORLD	1,000
				0
ASSOCIATED HUMANE SOCIETIES AND POPCORN PARK ZOO PO BOX 1002 FORKED RIVER,NJ 08731		PUBLICLYSUPPORTED	HOMES FOR UNWANTEDTO CARE FOR AND FINDAND ABUSED ANIMALS	100
				0
200 CLUB OF OCEAN COUNTY PO BOX 1749 POINT PLEANSANT,NJ 08742		PUBLICLYSUPPORTED	RESPONSE PERSONNEL WHO HAVE BEEN SUPPORTING FAMILIES OF EMERGENCYKILLED OR SEVERELY INJURED ON DUTY	200
				0
CATHOLIC CHARITIES DIOCESE OF TRENTON 383 WEST STATE ST PO BOX 1423 TRENTON,NJ 08607		CHURCH	AND NECESSITIES TO PROVIDE FOOD, CLOTHING,PEOPLE IN CENTRAL NJ	500
				0
DAN GRICKOWSKI FAMILY 717 LEEWARD AVENUE BEACHWOOD,NJ 08722	NONE	INDIV	DUE TO UNTIMELY DEATHPROVIDE FINANCIAL SUPPORT OF FAMILY MEMBER	2,500
				0
<b>Total . . . . . 3a</b>				111,565

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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF OCEAN CTY CHILD ADVOCACY CTR 202 MAIN STREET CN 2032 TOMS RIVER,NJ 08754		PUBLICLYSUPPORTED	RECOVERY OF SEXUALLYTO AID IN THEABUSED CHILDREN	1,000
				0
JACKSON MILLS FIRE COMPANY 465 NORTH COUNTY LINE ROAD JACKSON,NJ 08527		PUBLICLYSUPPORTED	AND SUPPLIES FOR OPENUNIFORMS FOR MEMBERSHOUSE AND SANTA PATROLS	500
				0
JFK HAVEN HOSPICE 65 JAMES STREET EDISON,NJ 08820		PUBLICLYSUPPORTED	FAMILIES COPING WITH FINALSUPPORT FOR PATIENTS ANDSTAGES OF TERMINAL ILLNESS	500
				0
SUSAN WYNN 952 BAY AVENUE TOMS RIVER,NJ 08753	NONE	INDIV	DUE TO UNTIMELY DEATHPROVIDE FINANCIAL SUPPORTOF FAMILY MEMBER	5,000
				0
TOMS RIVER POLICE FOUNDATION 255 OAK AVENUE PO BOX 876 TOMS RIVER,NJ 08754		PVT OP FDN	FOR EQUIPMENT, AND SUPPORTENHANCE POLICE TRAINING, FUNDINGFOR OTHER COMMUNITY PROGRAMS	500
				0
MARINE TOYS FOR TOTS FOUNDATION PO BOX 25845 LEHIGH VALLEY,PA 18802		PVT OP FDN	TOYS FOR CHILDRENPURCHASE NEW UNWRAPPEDAT CHRISTMAS	250
				0
JEANETTE RINALDI 70 MAIN STREET APT 1 LITTLE FERRY,NJ 07643	NONE	INDIV	DUE TO UNTIMELY DEATHPROVIDE FINANCIAL SUPPORTOF FAMILY MEMBER	5,000
<b>Total . . . . .</b>			<b>3a</b>	111,565

TY 2015 All Other Program Related Investments Schedule

**Name:** THE D'ONOFRIO FOUNDATION

**EIN:** 91-2151046

Category	Amount
N/A	

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2015 Gain/Loss from Sale of Other Assets Schedule**

**Name:** THE D'ONOFRIO FOUNDATION

**EIN:** 91-2151046

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
RESTAURANT BRANDS INTL	2005-12	Donated	2015-01		23				23	

TY 2015 Investments Corporate Stock Schedule

**Name:** THE D'ONOFRIO FOUNDATION

**EIN:** 91-2151046

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED SCHEDULE	586,927	821,170



TY 2015 Other Decreases Schedule

**Name:** THE D'ONOFRIO FOUNDATION

**EIN:** 91-2151046

Description	Amount
NONDEDUCTIBLE PORTION OF CONTRIBUTIONS	1,260

**TY 2015 Other Expenses Schedule****Name:** THE D'ONOFRIO FOUNDATION**EIN:** 91-2151046

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REGISTRATION FEE	30			
BANK SERVICE CHARGE	5			
REDUCTION IN PREVIOUSLY RECOGNIZED INCOME	169			

TY 2015 Other Income Schedule

**Name:** THE D'ONOFRIO FOUNDATION

**EIN:** 91-2151046

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CAPITAL GAINS DISTRIBUTIONS	362	362	
CLASS ACTION LAWSUIT PROCEEDS	212		

**TY 2015 Taxes Schedule****Name:** THE D'ONOFRIO FOUNDATION**EIN:** 91-2151046

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	2,846			
FEDERAL EXCISE TAX	1,319			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE D'ONOFRIO FOUNDATION</div>	<div>Employer identification number</div> <div>91-2151046</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> THE D'ONOFRIO FOUNDATION	<b>Employer identification number</b> 91-2151046
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONATO D'ONOFRIO	\$ 37,494	Person <input checked="" type="checkbox"/>
	952 LAKEWOOD ROAD		Payroll <input type="checkbox"/>
	TOMS RIVER, NJ08753		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE D'ONOFRIO FOUNDATION	<b>Employer identification number</b> 91-2151046
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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
  	   	\$  	  

<b>Name of organization</b> THE D'ONOFRIO FOUNDATION	<b>Employer identification number</b> 91-2151046
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
-	_____	_____	
	_____	_____	
	---	_____	
	_____	_____	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
-	_____	_____	
	_____	_____	
	---	_____	
	_____	_____	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
-	_____	_____	
	_____	_____	
	---	_____	
	_____	_____	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
-	_____	_____	
	_____	_____	
	---	_____	
	_____	_____	