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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation THE DONOFRIO 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		Room/suite	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 ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,777,944	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

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 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 (attach schedule)	120,833			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	4,034	4,034		
	4 Dividends and interest from securities	25,141	25,141		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	22,017			
	b Gross sales price for all assets on line 6a _____ 49,111				
	7 Capital gain net income (from Part IV, line 2)		22,017		
	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) 	400	400		
	12 Total. Add lines 1 through 11	172,425	51,592		
	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) 	3,254			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 	114			
	24 Total operating and administrative expenses. Add lines 13 through 23	3,368	0		0
	25 Contributions, gifts, grants paid	107,395			107,395
	26 Total expenses and disbursements. Add lines 24 and 25	110,763	0		107,395
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	61,662			
	b Net investment income (if negative, enter -0-)		51,592		
	c Adjusted net income (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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing	4,351	3,062	3,062
	2	Savings and temporary cash investments	756,857	845,376	845,376
	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)	586,927	546,753	929,506
	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)	1,348,135	1,395,191	1,777,944	
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 ☐ 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 ☒ 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	1,348,135	1,395,191	
30	Total net assets or fund balances (see instructions)	1,348,135	1,395,191		
31	Total liabilities and net assets/fund balances (see instructions) .	1,348,135	1,395,191		

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	1,348,135
2	Enter amount from Part I, line 27a	2	61,662
3	Other increases not included in line 2 (itemize) ▶ _____	3	8,937
4	Add lines 1, 2, and 3	4	1,418,734
5	Decreases not included in line 2 (itemize) ▶ _____	5	23,543
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,395,191

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 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 600 SHARES EXXON MOBIL	D	2005-12-30	2016-01-20
b 188 SHARES ASCENA RETAIL GROUP	D	2005-12-30	2016-01-20
c 33 SHARES TIME WARNER CABLE	P	2009-03-12	2016-05-20
d TIME WARNER CABLE MERGER (CASH IN LIEU)	P	2009-03-12	2016-05-20
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 44,390	0	21,159	23,231
b 1,390	0	5,113	-3,723
c 3,300	0	822	2,478
d 31	0	0	31
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a 0	0	0	23,231
b 0	0	0	-3,723
c 0	0	0	2,478
d 0	0	0	31
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	22,017
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))
2015	111,565	1,620,103	0 068863
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
2 Total of line 1, column (d)			2 0 416149
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 083230
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 1,590,632
5 Multiply line 4 by line 3			5 132,388
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 516
7 Add lines 5 and 6			7 132,904
8 Enter qualifying distributions from Part XII, line 4			8 107,395

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 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	1	1,032
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	1,032
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	1,032
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	637
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	637
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	395
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ☐ 0 Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
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)? <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>	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? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	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? <i>If "No," attach explanation</i> .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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 Telephone no ▶ (609) 971-1390			

Located at ▶ 124 NO MAIN STREET FORKED RIVER NJ ZIP+4 ▶ 087313634

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2016, 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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ 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 instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	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 2016?	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	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 ▶ 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? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016).	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 2016?	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		
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	
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐		
	If "Yes" to 6b, file Form 8870			
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?	☐		

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

[illegible]

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

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. **0**

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 PROVIDED CONTRIBUTIONS TO VARIOUS HOSPITALS TO SUPPORT TREATMENT AND RESEARCH FOR NEW ADVANCEMENTS IN MEDICINE NO OF ORGANIZATIONS 4	10,275
2 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	11,000
3 PROVIDED CONTRIBUTIONS FOR STUDENT SCHOLARSHIPS NO OF ORGANIZATIONS 6	29,420
4 PROVIDED FUNDING TO VARIOUS ORGANIZATIONS THAT PROVIDE FOOD SERVICES TO OCEAN COUNTY RESIDENTS IN NEED NO OF ORGANIZATIONS 4	35,670

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	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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	834,209
b	Average of monthly cash balances.	1b	780,646
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,614,855
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	1,614,855
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	24,223
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,590,632
6	Minimum investment return. Enter 5% of line 5.	6	79,532

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	79,532
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,032
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,032
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	78,500
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	78,500
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	78,500

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	107,395
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	107,395
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	107,395

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				78,500
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012. 92,539				
c From 2013. 127,381				
d From 2014. 16,638				
e From 2015. 31,173				
f Total of lines 3a through e.	267,731			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 107,395				
a Applied to 2015, 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 2016 distributable amount.				78,500
e Remaining amount distributed out of corpus	28,895			
5 Excess distributions carryover applied to 2016 (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	296,626			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	296,626			
10 Analysis of line 9				
a Excess from 2012. 92,539				
b Excess from 2013. 127,381				
c Excess from 2014. 16,638				
d Excess from 2015. 31,173				
e Excess from 2016. 28,895				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, 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)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	107,395
b <i>Approved for future payment</i>				
Total			3b	

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 instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	4,034	
4 Dividends and interest from securities.			14	25,141	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	400	
8 Gain or (loss) from sales of assets other than inventory			18	22,017	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).				51,592	
13 Total. Add line 12, columns (b), (d), and (e).			13		51,592

(See worksheet in line 13 instructions to verify calculations)

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
--	--	------------	-----------

1a(1)	No
-------	----

1a(1)		No
1a(2)		No

1b(1)		No
--------------	--	-----------

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

value
ue

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name PAUL J DALTON CPA	Preparer's Signature	Date 2017-05-12	Check if self-employed ☒	PTIN
Firm's name ▶ PAUL J DALTON CPA				Firm's EIN ▶
Firm's address ▶ 124 NO MAIN ST FORKED RIVER, NJ 08731				Phone no (609) 693-1040

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DONATO D'ONOFRIO	TRUSTEE 1 00	0	0	0
952 LAKEWOOD ROAD TOMS RIVER, NJ 08753				
PAUL J DALTON	TRUSTEE 3 00	0	0	0
124 N MAIN ST FORKED RIVER, NJ 08731				
LINDA D'ONOFRIO	TRUSTEE 0 50	0	0	0
952 LAKEWOOD ROAD TOMS RIVER, NJ 08753				
STEPHEN D'ONOFRIO	TRUSTEE 0 25	0	0	0
952 LAKEWOOD ROAD TOMS TOMS RIVER, NJ 08753				
DONATO D'ONOFRIO II	TRUSTEE 0 25	0	0	0
952 LAKEWOOD ROAD TOMS TOMS RIVER, NJ 08753				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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
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	SCHOLARSHIP2016/2017 ACADEMIC	1,000
				0
COLON CANCER ALLIANCE 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005		PUBLICLYSUPPORTED	OF RESEARCH, AND PROVIDINGCOLON CANCER PREVENTION, FUNDINGPATIENT AND FAMILY SUPPORT SERVICES	500
				0
DEBORAH HOSPITAL FOUNDATION 212 TRENTON ROAD BROWNS MILLS, NJ 08015		PUBLICLYSUPPORTED	AND PULMONARY CARE TO ALL WHO REQUIREPROVIDING INNOVATIVE CARDIOVASCULARWITHOUT EVER DIRECTLY BILLING A PATIENT	500
				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
Total ► 3a				107,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
				0
GREATER NY COUNCILS BOY SCOUTS OF AMERICA 350 FIFTH AVENUE SUITE 7820 NEW YORK, NY 10118		PUBLICLYSUPPORTED	OF THE AQUATIC CENTER ATSUPPORT FOR THE RECONSTRUCTIONALPINE SCOUT CAMP	1,000
				0
OCEAN COUNTY COLLEGE FOUNDATION COLLEGE DRIVE PO BOX 2001 TOMS RIVER, NJ 08754		PVT OP FDN	FOR COMMUNITY COLLEGEEDUCATIONAL FUNDING	10,920
				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	600
				0
HOPE SHEDS LIGHT INC 247 MAIN STREET TOMS RIVER, NJ 08753		PUBLICLYSUPPORTED	TEACHERS, PARENTS ANDEDUCATE CHILDREN, STUDENTSCOMMUNITY ABOUT SUBSTANCE ABUSE	500
				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 2016/2017	5,000
				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
Total ► 3a				107,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
OCEAN'S HARBOR HOUSE 2445 WINDSOR AVENUE TOMS RIVER, NJ 08754		PUBLICLYSUPPORTED	TO HOMELESS, ABANDONED, RUNAWAY, PROVIDE SHELTER AND HOUSING ABUSED AT-RISK YOUTHS (AGES 10-21)	1,000
				0
OCEAN CARES FOUNDATION 160 ATLANTIC CITY BOULEVARD BAYVILLE, NJ 08721		PVT OP FDN	MENTAL HEALTH SERVICES IN HELPINGSUPPORT THE EFFORTS OF OCEANTHOSE IN OCEAN COUNTY NJ WITH MENTAL ILLNESS	500
				0
OCEAN HOUSING ALLIANCE 605 BAY AVENUE POINT PLEASANT BEACH, NJ 08742		PUBLICLYSUPPORTED	INCOME ADULTS WITH MENTAL ILLNESSPROVIDE HOUSING SCHOLARSHIPS TO LOWRESIDING AT THE JOAN VALENTINE HOSUE	500
				0
OPEN ARMS INC 1484 SILVETON ROAD TOMS RIVER, NJ 08755		PUBLICLYSUPPORTED	AND CONTACT OF OCEANSUPPORT FOR HARBOR HOUSEAND MONMOUTH COUNTIES	750
				0
ST JOSEPH'S CENTURY CLUB 685 HOOPER AVENUE TOMS RIVER, NJ 08753		SCHOOL	SCHOLARSHIP AWARDSGRADE SCHOOL 2016/2017	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 2016/2017	4,000
				0
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105		HOSPITAL	CHILDREN WITHRESEARCH AND CARE FORCATASTROPHIC DISEASES	5,000
Total			► 3a	107,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <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	25,670
				0
THE FRANCES FOUNDATION 8 BRYCE ROAD HOLMDEL, NJ 07733		PUBLICLYSUPPORTED	WITH CANCERSUPPORT FOR CHILDREN	1,000
				0
THE ITALIAN-AMERICAN CULTURAL SOCIETY PO BOX 1602 TOMS RIVER, NJ 08754		PUBLICLYSUPPORTED	SCHOLARSHIP AWARDS2016 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
TOMS RIVER BOARD OF EDUCATION 1144 HOOPER AVENUE TOMS RIVER, NJ 08753		SCHOOL	2016 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
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
Total			3a	107,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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	1,750
				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
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
				0
SOROPTIMIST INTERNATIONAL OF TOMS RIVER PO BOX 4824 TOMS RIVER, NJ 08754		PUBLICLYSUPPORTED	AND HUMANITARIANFUNDING FOR SCHOLARSHIPSPROJECTS	150
				0
THE GARDEN STATE PHILHARMONIC 1 COLLEGE DRIVE PO BOX 2001 TOMS RIVER, NJ 08754		PUBLICLYSUPPORTED	LIVE SYMPHONIC MUSICSUPPORT IN KEEPINGON THE NEW JERSEY SHORE	130
				0
UNITED NEGRO COLLEGE FUND 9-25 ALLING STREET 2ND FL NEWARK, NJ 07102		PUBLICLYSUPPORTED	AID FOR SENIORS WITHEMERGENCY STUDENTUNPAID BALANCES	1,500
Total ► 3a				107,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
				0
WONDERWORK INC 420 FIFTH AVENUE NEW YORK, NY 10018		PUBLICLYSUPPORTED	BLINDNESS IN THERESTORING AND PREVENTINGDEVELOPING WORLD	100
				0
ASSOCIATED HUMANE SOCIETIES AND POPCORN PARK ZOO HUMANE WAY PO BOX 43 FORKED RIVER, NJ 08731		PUBLICLYSUPPORTED	HOMES FOR UNWANTEDTO CARE FOR AND FINDAND ABUSED ANIMALS	100
Total ▶ 3a				107,395

TY 2016 All Other Program Related Investments Schedule

Name: THE DONOFRIO 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 2016 Gain/Loss from Sale of Other Assets Schedule

Name: THE DONOFRIO FOUNDATION

EIN: 91-2151046

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
188 SH ASCENA RETAIL GROUP INC	2005-12	Donated	2016-01		1,390	5,113	Cost		-3,723	
CHARTER COMMUNICATIONS INC (CASH IN LIEU)	2009-03		2016-06		31				31	
600 SH EXXON MOBIL CORP	2005-12	Donated	2016-01		44,390	21,159	Cost		23,231	
TIME WARNER CABLE INC (EXCHANGE)	2009-03	Purchased	2016-05		3,300	822			2,478	

TY 2016 Investments Corporate Stock Schedule**Name:** THE DONOFRIO FOUNDATION**EIN:** 91-2151046

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE ATTACHED SCHEDULE	546,753	929,506

TY 2016 Other Decreases Schedule**Name:** THE DONOFRIO FOUNDATION**EIN:** 91-2151046

Description	Amount
NONDEDUCTIBLE PORTION OF CONTRIBUTIONS	1,510
DIVIDENDS REC'D IN 2017 REPORTED ON 2016 FORM 1099	16
GAIN ON SALE OF STOCKS - TAX	22,017

TY 2016 Other Expenses Schedule**Name:** THE DONOFRIO FOUNDATION**EIN:** 91-2151046**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE CHARGE	75			
OFFICE SUPPLIES	39			

TY 2016 Other Income Schedule

Name: THE DONOFRIO FOUNDATION

EIN: 91-2151046

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CAPITAL GAINS DISTRIBUTIONS	400	400	

TY 2016 Other Increases Schedule

Name: THE DONOFRIO FOUNDATION
EIN: 91-2151046

Description	Amount
GAIN ON SALE OF STOCKS - BOOK	8,937

TY 2016 Taxes Schedule**Name:** THE DONOFRIO FOUNDATION**EIN:** 91-2151046

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX	2,954			
FEDERAL EXCISE TAX	300			

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 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2016
	Name of the organization THE DONOFRIO FOUNDATION	Employer identification number 91-2151046

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization THE DONOFRIO FOUNDATION	Employer identification number 91-2151046
--	---

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	MARIDAN ENTERPRISES INC 952 LAKEWOOD ROAD TOMS RIVER, NJ 08753	\$ 120,833	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

91-2151046

Part II	Noncash Property
----------------	-------------------------

[illegible]

Name of organization THE DONOFRIO FOUNDATION	Employer identification number 91-2151046
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Part III	Exclusively 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 exclusively 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
-----------------	--

(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
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee