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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
DALIO FAMILY FUND INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
ONE GLENDINNING PLACE

City or town, state or province, country, and ZIP or foreign postal code
WESTPORT, CT 06880

D Employer identification number
83-1575536

E Telephone number
(203) 291-5000

G Gross receipts $ 989,596,114

F Name and address of principal officer:
JANINE RACANELLI
ONE GLENDINNING PLACE
WESTPORT, CT 06880

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2018

M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO FOSTER, SUPPORT, PROMOTE AND CONDUCT PROGRAMS, PROJECTS AND ACTIVITIES (SEE SCHEDULE O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	330,281,554	743
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	173,828,574	134,780,569
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125	2,903
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	504,110,253	134,784,215
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	110,107,033	108,063,990
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,631,141	10,704,856
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	118,738,174	118,768,846
19	Revenue less expenses. Subtract line 18 from line 12	385,372,079	16,015,369

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,501,956,477	3,471,122,443
21	Total liabilities (Part X, line 26)	34,000	23,424
22	Net assets or fund balances. Subtract line 21 from line 20	3,501,922,477	3,471,099,019

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2022-11-15
Signature of officer Date

JANINE RACANELLI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-11-14		P00183358

Firm's name ▶ CLARK NUBER PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH ST STE 1400
BELLEVUE, WA 98004 — Phone no. (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

DALIO FAMILY FUND IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE. SPECIFICALLY THE FUND WILL WORK TO FOSTER, SUPPORT, PROMOTE AND CONDUCT PROGRAMS, PROJECTS AND ACTIVITIES DESIGNED TO BENEFIT, SUSTAIN AND IMPROVE DIVERSE AND (SEE SCHEDULE O) UNDERSERVED COMMUNITIES THROUGHOUT THE WORLD, INCLUDING IN THE AREAS OF EDUCATION, ENVIRONMENTAL PROTECTION, OCEANIC EXPLORATION AND AWARENESS, HEALTHCARE, CHILD WELFARE, ECONOMIC EMPOWERMENT, AND THE ARTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 36,395,719 including grants of $ 34,937,070) (Revenue $)
See Additional Data

4b (Code:) (Expenses $ 24,328,331 including grants of $ 23,540,000) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ 17,269,601 including grants of $ 16,710,000) (Revenue $)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses $ 33,977,936 including grants of $ 32,876,920) (Revenue $)

4e **Total program service expenses ▶** 111,971,587

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.	**17**			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶LISA SAFIAN ONE GLENDINNING PLACE WESTPORT, CT 06880 (203) 291-5000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANINE RACANELLI DIRECTOR, PRESIDENT	1.50 2.00	X		X				0	0	0
(2) BARBARA DALIO DIRECTOR	20.00 20.00	X						0	0	0
(3) MATTHEW DALIO DIRECTOR	0.50 1.10	X						0	0	0
(4) LISA SAFIAN TREASURER	0.50 1.00			X				0	0	0
(5) GRETCHEN WAGNER SECRETARY	0.50 0.50			X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARINO MANAGEMENT LLC 25 FORD ROAD WESTPORT, CT 06880	PRGM MGMT, INV, GRANT SVCS	10,129,213
BDT CAPITAL PARTNERS FUND 3 (TE) LP 401 N MICHIGAN AVE SUITE 3100 CHICAGO, IL 60611	INVESTMENT MGMT. FEES	474,600
PAUL HASTINGS 515 S FLOWER ST STE 2500 LOS ANGELES, CA 90071	LEGAL SERVICES	283,617
UBS SECURITIES LLC 480 WASHINGTON BLVD JERSEY CITY, NJ 07310	PRIME BROKERAGE SERVICES	127,758

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	743			
	g Noncash contributions included in lines 1a - 1f:$ **1g**	743			
	h Total. Add lines 1a-1f . . . . . ▶	743			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	34,746,462			34,746,462
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				

		(i) Real	(ii) Personal				
6a Gross rents	**6a**						
b Less: rental expenses	**6b**						
c Rental income or (loss)	**6c**						
d Net rental income or (loss) . . . . . ▶							

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	**7a**	954,796,006	50,000				
b Less: cost or other basis and sales expenses	**7b**	854,761,899	50,000				
c Gain or (loss)	**7c**	100,034,107	0				
d Net gain or (loss) . . . . . ▶				100,034,107			100,034,107

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	**8a**				
b Less: direct expenses . . .	**8b**				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	**9a**				
b Less: direct expenses . . .	**9b**				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	**10a**				
b Less: cost of goods sold . .	**10b**				
c Net income or (loss) from sales of inventory . . ▶					

Miscellaneous Revenue	Business Code				
11a REIMBURSEMENTS	900099	2,903			2,903
b					
c					
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		2,903			
12 Total revenue. See instructions . . . . . ▶		134,784,215	0	0	134,783,472

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	82,934,325	82,934,325		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	25,129,665	25,129,665		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	261,141	261,141		
c Accounting	35,884		35,884	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,579,028		5,579,028	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,730,023	3,557,782	1,172,241	
12 Advertising and promotion				
13 Office expenses	44,151	44,057	94	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY OUTREACH	44,617	44,617		
b UNRELATED BUS. INC. TAX	10,000		10,000	
c FOREIGN TAXES	12		12	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	118,768,846	111,971,587	6,797,259	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,000	1	1,000
	2	Savings and temporary cash investments	109,892,506	2	28,169,288
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0			
	b	Less: accumulated depreciation — 10b: 0	50,000	10c	0
	11	Investments—publicly traded securities	76,894,825	11	108,076,808
	12	Investments—other securities. See Part IV, line 11	3,285,266,711	12	3,291,141,041
	13	Investments—program-related. See Part IV, line 11	5,999,994	13	13,214,654
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	23,851,441	15	30,519,652
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,501,956,477	16	3,471,122,443
Liabilities	17	Accounts payable and accrued expenses	34,000	17	23,424
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	34,000	26	23,424
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,501,922,477	27	3,471,099,019
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,501,922,477	32	3,471,099,019
	33	Total liabilities and net assets/fund balances	3,501,956,477	33	3,471,122,443

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	134,784,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,768,846
3	Revenue less expenses. Subtract line 2 from line 1	3	16,015,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,501,922,477
5	Net unrealized gains (losses) on investments	5	-46,838,827
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,471,099,019

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☑ Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 83-1575536

Name: DALIO FAMILY FUND INC

Form 990 (2021)

Form 990, Part III, Line 4a:

PROVIDING GRANTS TO ENABLE MORE EQUITABLE EDUCATION, ACCESS TO EDUCATIONAL TECHNOLOGY, ECONOMIC INCLUSION, AND ACCESS TO THE ARTS AND OTHER SERVICES IN TRADITIONALLY UNDERSERVED DOMESTIC COMMUNITIES.

Form 990, Part III, Line 4b:

SUPPORT HEALTH EQUITY AND WELLNESS THROUGH SUPPORT FOR RESEARCH, EDUCATION, IMPROVED ACCESS TO QUALITY HEALTHCARE, MENTAL HEALTH SERVICES, AND OTHER SUPPORTING SERVICES FOR TRADITIONALLY UNDERSERVED COMMUNITIES.

Form 990, Part III, Line 4c:

SUPPORT SCIENTIFIC RESEARCH AND EDUCATION AIMED AT A DEVELOPING A GREATER UNDERSTANDING AND APPRECIATION OF THE OCEANS AND ENABLING GREATER PROTECTION OF THEM FOR THE BENEFIT OF PEOPLE GLOBALLY, INCLUDING MARGINALIZED POPULATIONS THAT DEPEND ON THEM FOR THEIR SUSTAINABILITY.

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 15,915,731 including grants of $ 15,400,000) (Revenue $)

SUPPORT MICROFINANCE AND OTHER FINANCIAL INCLUSION INITIATIVES TO PROVIDE UNDERSERVED COMMUNITIES WITH A RANGE OF OPPORTUNITIES WORLDWIDE.

(Code:) (Expenses $ 13,794,185 including grants of $ 13,347,200) (Revenue $)

OTHER GRANTS THAT SUPPORT OUR SOCIAL WELFARE INITIATIVE.

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 3,177,689 including grants of $ 3,074,720) (Revenue $)

FOSTER CHILD WELFARE AND CAPACITY BUILDING PROGRAMS IN DISTRESSED COMMUNITIES WORLDWIDE, TO HELP THESE COMMUNITIES REBUILD AND ACHIEVE SELF-SUFFICIENCY AND THEREBY ENSURE THAT IMPOVERISHED CHILDREN IN SUCH COMMUNITIES CAN SURVIVE AND THRIVE.

(Code:) (Expenses $ 1,090,331 including grants of $ 1,055,000) (Revenue $)

COVID AND CRISIS RELIEF GRANTS.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	-6,916,099	F
(2) Closely-held equity interests	1,803,715,281	C
(3) Other		
(A) PRIVATELY HELD INVESTMENTS	1,439,266,852	F
(B) PRIVATELY HELD INVESTMENTS	55,075,007	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	3,291,141,041	

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319155462

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,013,478,316
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			1,013,478,316

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 18

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	DALIO FAMILY FUND, INC. ACTIVELY ENGAGES WITH GRANTEES BOTH BEFORE AND AFTER GRANT FUNDS ARE PAID TO ENSURE THAT GRANT FUNDS WILL BE USED BY GRANTEE FOR SOCIAL WELFARE PURPOSES. MOST GRANTS REQUIRE REGULAR FINANCIAL AND NARRATIVE REPORTING, WHICH IS REVIEWED BY GRANT COORDINATORS AND PHILANTHROPY MANAGEMENT. GRANTS ARE LIMITED TO SOCIAL WELFARE PURPOSES, TYPICALLY THROUGH GRANT AGREEMENT WHERE THE USE OF FUNDS IS EXPRESSLY LIMITED TO 501(C)(4) PURPOSES AND FUNDS MUST BE RETURNED IF THEY ARE USED FOR OTHER PURPOSES.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART IV, LINE 4	THE ORGANIZATION OWNS INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES. THE INVESTMENTS ARE NOT DEBT-FINANCED AND ARE NOT OTHERWISE SUBJECT TO UNRELATED BUSINESS INCOME TAX. THEREFORE, FORMS 8621 ARE NOT REQUIRED PURSUANT TO TREAS. REG. 1.1298-1(C).

Additional Data

Software ID:

Software Version:

EIN: 83-1575536

Name: DALIO FAMILY FUND INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	2,143,667
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	19,222,332

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	1,183,667
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	N/A	2,580,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	988,348,650

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL ACTIVITIES IN FURTHERANCE OF DALIO FAMILY FUND'S SOCIAL WELFARE PURPOSES	2,970,000	WIRE	0		
		NORTH AMERICA	TO SUPPORT GENERAL OPERATIONS	50,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT GENERAL OPERATIONS	1,033,667	WIRE	0		
		EAST ASIA & THE PACIFIC	TO SUPPORT GENERAL OPERATIONS	1,033,667	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TO SUPPORT GENERAL OPERATIONS	1,033,667	WIRE	0		
		EUROPE	TO SUPPORT GENERAL OPERATIONS	620,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT THE HELP INDIA BREATHE EVENT TO RAISE FUNDS FOR DEADLY COVID SURGE	1,000,000	WIRE	0		
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT COVID RELIEF EFFORTS IN INDONESIA	55,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO PROVIDE EDUCATIONAL ACCESS VIA LEARNING TECHNOLOGY FOR 15 SCHOOLS IN NEPAL	153,945	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT GENERAL OPERATIONS	10,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO PROVIDING SUPPORT TO STUDENTS WITH SPECIAL EDUCATIONAL NEEDS	500,000	WIRE	0		
		EUROPE	RESTRICTED TO EXPAND THE INFRASTRUCTURE AND RANGE OF CONTENT AVAILABLE OFFLINE	40,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	RESTRICTED TO DEPLOY DEVICES TO TEST HYPOTHESIS RELATED TO A SPECIFIC SPECIES OF MARINE LIFE	70,000	WIRE	0		
		CENTRAL AMERICA AND THE CARIBBEAN	TO SUPPORT GENERAL OPERATIONS	2,500,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO SERVING PERSONS WITH DISABILITIES	500,000	WIRE	0		
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT THE HUMAN-CENTERED SEED FUNDING PROGRAM	2,500,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO LIVERIS ACADEMY SCHOLARSHIP	500,000	WIRE	0		
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT REGIONAL INVESTMENT FUND	10,000,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT GENERAL OPERATIONS	100,000	WIRE	0		
		EUROPE	RESTRICTED TO FUNDING ACTIVITIES AND OPERATIONS TO ACHIEVE ORGANIZATIONAL SUSTAINABILITY	250,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	RESTRICTED TO RESOURCE DEVELOPMENT FUND	100,000	WIRE	0		
		EUROPE	RESTRICTED TO CAPACITY BUILDING	100,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	RESTRICTED TO SUPPORT CHILD SPONSORSHIPS PROGRAM	9,720	WIRE	0		

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 146

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
PART I, LINE 2:	DALIO FAMILY FUND, INC. ACTIVELY ENGAGES WITH GRANTEES BOTH BEFORE AND AFTER GRANT FUNDS ARE PAID TO ENSURE THAT GRANT FUNDS WILL BE USED BY GRANTEE FOR SOCIAL WELFARE PURPOSES. MOST GRANTS REQUIRE REGULAR FINANCIAL AND NARRATIVE REPORTING, WHICH IS REVIEWED BY GRANT COORDINATORS AND PHILANTHROPY MANAGEMENT. GRANTS ARE LIMITED TO SOCIAL WELFARE PURPOSES, TYPICALLY THROUGH GRANT AGREEMENT WHERE THE USE OF FUNDS IS EXPRESSLY LIMITED TO 501(C)(4) PURPOSES AND FUNDS MUST BE RETURNED IF THEY ARE USED FOR OTHER PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 83-1575536
Name: DALIO FAMILY FUND INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCION INTERNATIONAL 10 FAWCETT STREET SUITE 204 CAMBRIDGE, MA 02138	13-2535763	501(C)(3)	150,000	0			TO SUPPORT GENERAL OPERATIONS
ACUMEN FUND INC 40 WORTH STREET SUITE 303 NEW YORK, NY 10013	13-4166228	501(C)(3)	750,000	0			RESTRICTED TO SUPPORT THE ACUMEN AMERICA FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMERS DRUG DISCOVERY FOUNDATION 57 WEST 57TH STREET SUITE 904 NEW YORK, NY 10019	20-1082179	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
ARTHUR MILLER FOUNDATION 56 W 12TH ST APT 2 NEW YORK, NY 10011	22-3661214	501(C)(3)	37,500	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG GREEN 11001 W 120TH AVE SUITE 400 BROOMFIELD, CO 80021	27-5083595	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS
BOY SCOUTS OF AMERICA 63 MASON STREET GREENWICH, CT 06830	06-0646654	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT CAMPERSHIP ASSISTANCE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRING CHANGE 2 MIND 155 SANSOME STREET SUITE NUMBER 530 SAN FRANCISCO, CA 94104	01-0974537	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
BRUNSWICK SCHOOL INC 100 MAHER AVENUE GREENWICH, CT 06830	06-0646562	501(C)(3)	400,000	0			RESTRICTED TO ENDOWMENT FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARDINAL RUGBY CLUB INC 18 MANOR ROAD OLD GREENWICH, CT 06870	32-0401461	501(C)(3)	10,000	0			RESTRICTED TO SUPPORT THE NATIONAL RUGBY CHAMPIONSHIP
CAROLINE HOUSE INC 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY STREET NORWALK, CT 06850	06-0862072	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY STREET NORWALK, CT 06850	06-0862072	501(C)(3)	200,000	0			RESTRICTED TO ONGOING YOUTH PROGRAMMING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY STREET NORWALK, CT 06850	06-0862072	501(C)(3)	342,000	0			RESTRICTED TO SUPPORT THE ADDITION OF A TEEN CENTER
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES INC 1616 RHODE ISLAND AVE NW WASHINGTON, DC 20036	52-1501082	501(C)(3)	1,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMINADE DEVELOPMENT FUND INC JACKSON AVENUE AND EMORY ROAD MINEOLA, NY 11501	23-7069462	501(C)(3)	100,000	0			RESTRICTED TO SUPPORT THE MOE BETTER BLUES MARINO DALLOLIO MUSIC SCHOLARSHIP FUND
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	16,500	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVE FLOOR 19 NEW YORK, NY 10017	13-1617086	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS
CHURCH OF ST JEROME 230 ALEXANDER AVENUE BRONX, NY 10454	13-1740204	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY LORE INC 56 E 1ST ST NEW YORK, NY 10003	11-2740189	501(C)(3)	201,600	0			RESTRICTED TO SUPPORT CHESS FORUM
CLIFFORD W BEERS GUIDANCE CLINIC INCORPORATED 93 EDWARDS STREET NEW HAVEN, CT 06511	06-0646757	501(C)(3)	482,500	0			RESTRICTED TO ADVANCEMENT OF PROJECT SOAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLIFFORD W BEERS GUIDANCE CLINIC INCORPORATED 93 EDWARDS STREET NEW HAVEN, CT 06511	06-0646757	501(C)(3)	482,500	0			RESTRICTED TO ADVANCEMENT OF PROJECT SOAR
CLIFFORD W BEERS GUIDANCE CLINIC INCORPORATED 93 EDWARDS STREET NEW HAVEN, CT 06511	06-0646757	501(C)(3)	241,250	0			RESTRICTED TO SUPPORT THE SOAR PROGRAM THROUGH THE 2021-22 ACADEMIC YEAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	250,000	0			RESTRICTED TO SUPPORT ESOPHAGEAL DISEASE FUND
COMMON SENSE MEDIA 699 8TH STREET SUITE C150 SAN FRANCISCO, CA 94103	41-2024986	501(C)(3)	400,000	0			RESTRICTED TO RESEARCH THAT WILL IDENTIFY GAPS AND POTENTIAL SOLUTIONS FOR BANDWIDTH CONSTRAINED REGIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION FOR GREATER NEW HAVEN 70 AUDUBON STREET NEW HAVEN, CT 06510	06-6032106	501(C)(3)	250,000	0			RESTRICTED TO SUPPORT THE BUTTERFLIES FUND
COMMUNITY FOUNDATION OF EASTERN CONNECTICUT 68 FEDERAL STREET NEW LONDON, CT 06320	06-1080097	501(C)(3)	25,000	0			RESTRICTED TO SUPPORT THE DISENGAGED AND DISCONNECTED YOUTH IN EASTERN CONNECTICUT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS INC 649 JOHN FITCH HWY FITCHBURG, MA 01420	04-3537449	501(C)(3)	20,000	0			RESTRICTED TO SUPPORT THE SHINE INITIATIVE
COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT RD STE 201 HARTFORD, CT 06114	31-1768549	501(C)(3)	500,000	0			RESTRICTED TO GENERAL OPERATING SUPPORT FOR THE CONNECTICUT OPPORTUNITY PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT RD STE 201 HARTFORD, CT 06114	31-1768549	501(C)(3)	500,000	0			RESTRICTED TO GENERAL OPERATING SUPPORT FOR THE CONNECTICUT OPPORTUNITY PROJECT
COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT RD STE 201 HARTFORD, CT 06114	31-1768549	501(C)(3)	110,000	0			RESTRICTED TO CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT RD STE 201 HARTFORD, CT 06114	31-1768549	501(C)(3)	500,000	0			RESTRICTED TO GENERAL OPERATING SUPPORT FOR THE CONNECTICUT OPPORTUNITY PROJECT
CONNECTICUT EDUCATION FOUNDATION INC 21 OAK STREET HARTFORD, CT 06106	06-1283404	501(C)(3)	40,000	0			RESTRICTED TO SUPPORT READ ACROSS CONNECTICUT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONNECTICUT RISE NETWORK INC 700 STATE STREET SUITE 301 NEW HAVEN, CT 06511	81-4104274	501(C)(3)	2,400,000	0			TO SUPPORT GENERAL OPERATIONS
CONNECTICUT RISE NETWORK INC 700 STATE STREET SUITE 301 NEW HAVEN, CT 06511	81-4104274	501(C)(3)	2,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT TEACHER OF THE YEAR COUNCIL INC 771 SHENNECOSSETT RD GROTON, CT 06340	27-2498234	501(C)(3)	50,000	0			RESTRICTED FOR CONNECTICUT TEACHER OF THE YEAR COUNCIL 2021-22 BUDGET
CONNECTICUT VIOLENCE INTERVENTION PROGRAM INC 230 ASHMUN STREET NEW HAVEN, CT 06511	83-2350328	501(C)(3)	60,000	0			RESTRICTED TO ENGAGE IN A COMPREHENSIVE DUE DILIGENCE PROCESS WITH CTOP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONNECTICUT VIOLENCE INTERVENTION PROGRAM INC 230 ASHMUN STREET NEW HAVEN, CT 06511	83-2350328	501(C)(3)	150,000	0			TO SUPPORT GENERAL OPERATIONS
COUNCIL ON FOREIGN RELATIONS INC 58 EAST 68TH STREET NEW YORK, NY 10065	13-1628168	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COVENANT HOUSE 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS
DAVID LYNCH FOUNDATION FOR CONSCIOUSNESS-BASED EDUCATION AND WORLD PEACE 1000 NORTH FOURTH STREET FAIRFIELD, IA 52557	83-0436453	501(C)(3)	1,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIDI HIRSCH PSYCHIATRIC SERVICE 4760 S SEPULVEDA BLVD CULVER CITY, CA 90230	95-1816023	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS
DOMUS KIDS INC 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS

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DOMUS KIDS INC 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS
DOMUS KIDS INC 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DONORSCHOOSEORG 134 W 37TH ST FLOOR 11 NEW YORK, NY 10018	13-4129457	501(C)(3)	75,000	0			RESTRICTED TO THE RISE EDUCATOR INNOVATION FUND
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108		GOVERNMENT	238,500	0			RESTRICTED TO SUPPORT PARTNERSHIP WITH THE RISE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ELLIS MARSALIS CENTER FOR MUSIC INC 1901 BARTHOLOMEW STREET NEW ORLEANS, LA 70117	20-4218706	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
EVERY MOTHER COUNTS 333 HUDSON STREET SUITE 1006 NEW YORK, NY 10013	45-4102644	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

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FAIR FOOD NETWORK 1250 N MAIN ST ANN ARBOR, MI 48104	26-4143394	501(C)(3)	125,000	0			RESTRICTED TO SUPPORT FAIR FOOD NETWORK'S DOUBLE UP FOOD BUCKS PROGRAM
FAIRFIELD COUNTYS COMMUNITY FOUNDATION INC 40 RICHARDS AVENUE NORWALK, CT 06854	06-1083893	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT THE BAND CENTRAL FUND

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FAIRFIELD COUNTYS COMMUNITY FOUNDATION INC 40 RICHARDS AVENUE NORWALK, CT 06854	06-1083893	501(C)(3)	10,000	0			RESTRICTED TO SUPPORT THE FUND FOR WOMEN AND GIRLS
FAIRFIELD COUNTYS COMMUNITY FOUNDATION INC 40 RICHARDS AVENUE NORWALK, CT 06854	06-1083893	501(C)(3)	10,000	0			RESTRICTED TO SUPPORT THE FUND FOR WOMEN AND GIRLS

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FETAL MEDICINE FOUNDATION INC 100 OLD PALISADE RD FORT LEE, NJ 07024	27-4371524	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT THE MANHATTAN MATERNITY PROJECT
FIBROLAMELLAR CANCER FOUNDATION 20 HORSENECK LANE GREENWICH, CT 06830	27-0341021	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

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FILM FORUM INC 209 W HOUSTON ST NEW YORK, NY 10014	51-0175953	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS
FORTUNE SOCIETY INC 29-76 NORTHERN BOULEVARD LONG ISLAND CITY, NY 11101	13-2645436	501(C)(3)	100,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOUNDATION FOR LEARNING EQUALITY INC 9700 GILMAN DR PMB 323 LA JOLLA, CA 92093	46-2676188	501(C)(3)	500,000	0			RESTRICTED TO SUPPORT CORE PRODUCT DEVELOPMENT FOR OFFLINE LEARNING AND TEACHING
FOUNTAIN HOUSE INC 425 WEST 47TH STREET NEW YORK, NY 100362304	13-1624009	501(C)(3)	100,000	0			RESTRICTED TO SUPPORT THE FOUNTAIN HOUSE MEDIA CENTER

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FRIENDS OF CARITAS CUBANA CORPORATION 81 WASHINGTON AVE CAMBRIDGE, MA 02140	20-3023256	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
FRIENDS OF FACES 12030 SUNRISE VALLEY DR STE 450 RESTON, VA 20191	20-8944024	501(C)(3)	100,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF TEACH FOR ARMENIA INCORPORATED 101 GROVERTON PLACE LOS ANGELES, CA 90077	47-2833171	501(C)(3)	26,000	0			RESTRICTED TO SUPPORT TEACH FOR HOPE EMERGENCY EDUCATION RESPONSE
FUND FOR TEACHERS A FOUNDATION TO RECOGNIZE STIMULATE AND ENHANCE 55 WAUGH DRIVE SUITE 603 HOUSTON, TX 77007	76-0679535	501(C)(3)	350,000	0			RESTRICTED TO SUPPORT WORK IN CT DURING 2021-2022 ACADEMIC YEAR

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FUND FOR TEACHERS A FOUNDATION TO RECOGNIZE STIMULATE AND ENHANCE 55 WAUGH DRIVE SUITE 603 HOUSTON, TX 77007	76-0679535	501(C)(3)	200,000	0			RESTRICTED TO SUPPORT 2021 WORK IN THE CONNECTICUT REGION
GAMES FOR CHANGE INC 205 E 42ND ST 20TH FL NEW YORK, NY 10001	26-2623362	501(C)(3)	300,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIFTS OF LOVE INC PO BOX 463 34 E MAIN ST AVON, CT 06001	06-1309318	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
GLOBAL GAME JAM 1537 LA CITA CT SAN LUIS OBISPO, CA 93401	45-5617505	501(C)(3)	50,000	0			RESTRICTED TO PROGRAM SUPPORTING CREATION OF GAMES FOR LEARNING

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GLOUCESTER MARINE GENOMICS INSTITUTE INCORPORATED 417 MAIN STREET GLOUCESTER, MA 01930	46-3020006	501(C)(3)	100,000	0			RESTRICTED TO THE YOUNG EXPLORER PILOT PROGRAM AND TO PROVIDE GENERAL SUPPORT
GRAMEEN AMERICA INC 150 WEST 30TH STREET NEW YORK, NY 10001	20-8497991	501(C)(3)	1,650,000	0			RESTRICTED TO PROVIDE OPERATING SUPPORT FOR CT EXPANSION PLANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENWAVE ORGANIZATION CORP 315 FRONT ST NEW HAVEN, CT 06513	47-5438012	501(C)(3)	75,000	0			RESTRICTED TO SUPPORT AQUATIC SCIENCE INTERNSHIP PROGRAM
GREENWICH COUNTRY DAY SCHOOL INC PO BOX 623 GREENWICH, CT 06836	06-0646657	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

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GREENWICH EMERGENCY MEDICAL SERVICE INCORPORATED 1111 EAST PUTNAM AVENUE RIVERSIDE, CT 06878	22-2721171	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
GREENWICH LIBRARY 101 W PUTNAM AVE TRUSTEES OFFICE GREENWICH, CT 06830	06-6002281	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

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GREENWICH TOWN PARTY INC PO BOX 59 OLD GREENWICH, CT 06870	45-3555667	501(C)(3)	5,000,000	0			RESTRICTED TO SUPPORT SOCIAL WELFARE OF GREENWICH COMMUNITY THROUGH CONVENING OF THE 2021 GREENWICH TOWN PARTY
GREENWICH TREE CONSERVANCY INC PO BOX 4215 GREENWICH, CT 06831	20-8181832	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENWICH VILLAGE SOCIETY FOR HISTORIC PRESERVATION 232 EAST 11 STREET NEW YORK, NY 10003	13-3042600	501(C)(3)	20,000	0			TO SUPPORT GENERAL OPERATIONS
HACK FOUNDATION 8605 SANTA MONICA BLVD 86294 WEST HOLLYWOOD, CA 90069	81-2908499	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

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HARTFORD FOUNDATION FOR PUBLIC GIVING 10 COLUMBUS BLVD HARTFORD, CT 06106	06-0699252	501(C)(3)	25,000	0			RESTRICTED TO SUPPORT MAKHI ANTHONY BUCKLY SCHOLARSHIP FUND
HARTFORD PUBLIC SCHOOLS 960 MAIN STREET HARTFORD, CT 06103		GOVERNMENT	31,500	0			RESTRICTED TO PARTNERSHIP WITH THE RISE NETWORK IN PURSUING THE RISE BY 5 STRATEGY

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HENRY M PAULSON JR INSTITUTE 625 N MICHIGAN AVE STE 2500 CHICAGO, IL 60611	45-2430087	4942(J)(3)	2,000,000	0			TO SUPPORT GENERAL OPERATIONS
HIGHLANDS SCHOOL INC 2409 CRESWELL ROAD BEL AIR, MD 21015	52-1849251	501(C)(3)	30,000	0			RESTRICTED TO SUPPORT MEDICAL AND FINANCIAL NEEDS FOR THE 2021-2022 ACADEMIC YEAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOMELESS PRENATAL PROGRAM INC 2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT NUTRITION-RELATED PROGRAMS
INTERNATIONAL BIPOLAR FOUNDATION 8775 AERO DRIVE SUITE 330 SAN DIEGO, CA 92123	26-3889828	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JAZZ AT LINCOLN CENTER INC 3 COLUMBUS CIRCLE 12TH FLOOR NEW YORK, NY 10019	13-3888641	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS
JOHNSON OCONNOR RESEARCH FOUNDATION INC 347 BEACON ST BOSTON, MA 02116	95-2149001	501(C)(3)	150,000	0			RESTRICTED TO INVESTIGATING AND DEVELOPING A NEW TECHNOLOGY AND EDUCATIONAL GAMING BUSINESS MODEL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KHAN ACADEMY INC PO BOX 1630 MOUNTAIN VIEW, CA 94042	26-1544963	501(C)(3)	2,000,000	0			TO SUPPORT GENERAL OPERATIONS
LA SCUOLA D ITALIA-GUGLIELMO MARCONI 12 EAST 96TH STREET NEW YORK, NY 10128	13-2910511	501(C)(3)	100,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MALTA HOUSE INC 5 PROWITT STREET NORWALK, CT 06855	06-1604710	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06042		GOVERNMENT	246,000	0			RESTRICTED TO THE PARTNERSHIP WITH THE RISE NETWORK IN PURSUING THE RISE BY 5 STRATEGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAP EDUCATIONAL FUND 70 EAST 77TH ST SUITE 1C NEW YORK, NY 10075	45-3265404	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS
MARY MCDOWELL FRIENDS SCHOOL 23 SIDNEY PL BROOKLYN, NY 11201	11-3020868	501(C)(3)	250,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	2,500,000	0			RESTRICTED TO SUPPORT AI INNOVATION
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450		GOVERNMENT	300,000	0			RESTRICTED TO THE 2020-2021 ACADEMIC YEAR OF THE RISE BY 5 STRATEGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERIDEN PUBLIC SCHOOLS 22 LIBERTY STREET MERIDEN, CT 06450		GOVERNMENT	411,000	0			RESTRICTED TO SUPPORT PARTNERSHIP WITH THE RISE NETWORK IN PURSUING THE RISE BY 5 STRATEGY
MIDDLETOWN PUBLIC SCHOOLS 311 HUNTING HILL AVE MIDDLETOWN, CT 06457		GOVERNMENT	186,500	0			RESTRICTED TO SUPPORT PARTNERSHIP WITH THE RISE NETWORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOVING WINDMILLS PROJECT INC 2 WALL STREET 10TH FLOOR NEW YORK, NY 10005	26-2381809	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
MUSEUM OF MODERN ART 11 WEST 53RD STREET NEW YORK, NY 10019	13-1624100	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL ILLNESS OF NEW YORK CITY METRO 505 8TH AVE STE 1103 NEW YORK, NY 10018	13-3077692	501(C)(3)	500,000	0			RESTRICTED TO SUPPORT EXPANSION AND IMPLEMENTATION OF UPGRADED SYSTEMS
NATIONAL COMMITTEE ON UNITED STATES CHINA RELATIONS INC 6 EAST 43RD STREET 24TH FLOOR NEW YORK, NY 10017	13-2566973	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COMMITTEE ON UNITED STATES CHINA RELATIONS INC 6 EAST 43RD STREET 24TH FLOOR NEW YORK, NY 10017	13-2566973	501(C)(3)	150,000	0			TO SUPPORT GENERAL OPERATIONS
NATURAL RESOURCES DEFENSE COUNCIL INC 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT INCREASE IN EQUITABLE ACCESS TO AND USE OF SOLAR ENERGY IN THE UNITED STATES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATURAL RESOURCES DEFENSE COUNCIL INC 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	250,000	0			RESTRICTED TO RAISING CLIMATE AWARENESS THROUGH MEDIA
NAUGATUCK PUBLIC SCHOOLS 380 CHURCH STREET NAUGATUCK, CT 06770		GOVERNMENT	232,500	0			RESTRICTED TO PARTNERSHIP WITH THE RISE NETWORK IN PURSUING THE RISE BY 5 STRATEGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW ORLEANS MUSICIANS ASSISTANCE FOUNDATION 1525 LOUISIANA AVENUE NEW ORLEANS, LA 70115	20-8139539	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	750,000	0			RESTRICTED TO THE SUMMIT FELLOWS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK AND PRESBYTERIAN HOSPITAL OFFICE OF DEVELOPMENT 525 EAST 68TH STREET BOX 123 NEW YORK, NY 10065	13-3957095	501(C)(3)	15,000,000	0			RESTRICTED TO SUPPORT THE DALIO CENTER FOR HEALTH JUSTICE
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458	13-1693134	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK CITY FOUNDATION FOR COMPUTER SCIENCE EDUCATION 100 AVENUE OF THE AMERICAS NEW YORK, NY 10013	46-2640266	501(C)(3)	200,000	0			RESTRICTED TO SUPPORT THE CSFORALL ACCELERATOR PROGRAM
NEW YORK HARBOR FOUNDATION INC 10 SOUTH ST SLIP 7 NEW YORK, NY 10004	27-2918478	501(C)(3)	50,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	13-3015230	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS
NEW YORK YACHT CLUB FOUNDATION 37 WEST 44TH STREET NEW YORK, NY 10036	20-8288446	501(C)(3)	55,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORWALK PUBLIC SCHOOLS 125 EAST AVENUE NORWALK, CT 06852		GOVERNMENT	70,000	0			RESTRICTED TO SUPPORT PARTNERSHIP WITH THE RISE NETWORK IN PURSUING THE RISE BY 5 STRATEGY
OCEANOGRAPHIC RESEARCH AND EXPLORATION FOUNDATION 1 GLENDINNING PLACE WESTPORT, CT 06880	83-0757695	501(C)(4)	10,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	24,375	0			RESTRICTED TO SUPPORT THE PROCUREMENT OF A NEW FINANCIAL MANAGEMENT PLATFORM
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	500,000	0			TO SUPPORT GENERAL OPERATIONS

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PIONEER WORKS ART FOUNDATION 159 PIONEER STREET BROOKLYN, NY 11231	46-1097738	501(C)(3)	100,000	0			RESTRICTED TO SUPPORT THE SUPPER CLUB PROGRAM AND FOR GENERAL SUPPORT
PIONEER WORKS ART FOUNDATION 159 PIONEER STREET BROOKLYN, NY 11231	46-1097738	501(C)(3)	75,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PIONEER WORKS ART FOUNDATION 159 PIONEER STREET BROOKLYN, NY 11231	46-1097738	501(C)(3)	75,000	0			RESTRICTED TO SUPPORT THE PRESERVATION HALL BAND FOUNDATION
PIONEER WORKS ART FOUNDATION 159 PIONEER STREET BROOKLYN, NY 11231	46-1097738	501(C)(3)	100,000	0			RESTRICTED TO SUPPORT PLANNING AND INFRASTRUCTURE UPGRADES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRESERVATION HALL FOUNDATION INC 726 SAINT PETER STREET NEW ORLEANS, LA 70116	27-2910626	4942(J)(3)	150,000	0			TO SUPPORT GENERAL OPERATIONS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	200,000	0			RESTRICTED TO SUPPORT RESEARCH RELATED TO THE BIOLOGY OF AGING

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	200,000	0			RESTRICTED TO SUPPORT RESEARCH RELATED TO THE BIOLOGY OF AGING
REGIONAL YOUTH ADULT SOCIAL ACTION PARTNERSHIP INC 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1357699	501(C)(3)	500,000	0			FOR GENERAL OPERATING SUPPORT THAT WILL FURTHER ORGANIZATIONAL CAPACITY BUILDING THROUGH THE CT OPPORTUNITY PROJECT.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REGIONAL YOUTH ADULT SOCIAL ACTION PARTNERSHIP INC 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1357699	501(C)(3)	60,000	0			RESTRICTED TO ENGAGE IN A COMPREHENSIVE DUE DILIGENCE PROCESS WITH CTOP
REPRESENT US EDUCATION FUND PO BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	100,000	0			TO SUPPORT GENERAL OPERATIONS

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ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-3441066	501(C)(3)	1,000,000	0			RESTRICTED TO THE LEARNING AND TECHNOLOGY FUND
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-3441066	501(C)(3)	1,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROCA INC 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	1,000,000	0			RESTRICTED TO SUPPORT THE HARTFORD YOUNG MOTHERS PROGRAM
ROCA INC 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	120,000	0			RESTRICTED TO SUPPORT THE ROCA IMPACT INSTITUTE

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ROCA INC 101 PARK STREET CHELSEA, MA 02150	22-3223641	501(C)(3)	415,000	0			RESTRICTED TO SUPPORT THE YOUNG MOTHERS PROGRAM EXPANSION TO HARTFORD
SAINT ANNS SCHOOL 129 PIERREPONT ST BROOKLYN, NY 11201	11-2606681	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND CONGREGATIONAL CHURCH OF GREENWICH 139 EAST PUTNAM AVE GREENWICH, CT 06830		CHURCH	30,000	0			RESTRICTED TO SUPPORT THE STEWARDSHIP CAMPAIGN, THE WOMEN'S FELLOWSHIP AND GENERAL SUPPORT
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 60201	36-2208386	501(C)(3)	40,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STAMFORD PUBLIC SCHOOLS 888 WASHINGTON BLVD STAMFORD, CT 06901		GOVERNMENT	85,000	0			RESTRICTED TO PARTNERSHIP WITH THE RISE NETWORK FOR THE 2021-22 ACADEMIC YEAR
TECHBRIDGE GIRLS 114 LINDEN STREET OAKLAND, CA 94607	27-4162514	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TEDDY MALONEY FOUNDATION INC 425 OLD HICKORY ROAD FAIRFIELD, CT 06824	27-4153634	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
THE ALLIANCE FOR CLIMATE PROTECTION 555 ELEVENTH STREET NW SUITE 601 WASHINGTON, DC 20004	87-0745629	501(C)(3)	40,000	0			TO SUPPORT GENERAL OPERATIONS

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THE COS COB FIRE POLICE PATROL INCORPORATED PO BOX 202 COS COB, CT 06807	06-1211165	501(C)(3)	15,000	0			TO SUPPORT GENERAL OPERATIONS
THE EVERGLADES FOUNDATION INC 18001 OLD CUTLER ROAD SUITE 625 PALMETTO BAY, FL 33157	59-3228899	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS

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THE FILM COLLABORATIVE INC 3405 CAZADOR STREET LOS ANGELES, CA 90065	32-0295081	501(C)(3)	30,000	0			RESTRICTED TO SUPPORT OUTREACH AND EDUCATIONAL ACTIVITIES
THE GLENDOWER GROUP INC 360 ORANGE STREET NEW HAVEN, CT 06511	06-1637790	501(C)(3)	35,000	0			RESTRICTED TO SUPPORT THE SUMMER PROGRAM EXPANSION OF TWO YOUTH PROGRAMS

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THE RICHARD AND BARBARA WHITCOMB FOUNDATION 30 VILLAGE DRIVE NEW CANAAN, CT 06840	27-3420226	501(C)(3)	1,000,000	0			TO SUPPORT GENERAL OPERATIONS
THE RICHARD AND BARBARA WHITCOMB FOUNDATION 30 VILLAGE DRIVE NEW CANAAN, CT 06840	27-3420226	501(C)(3)	200,000	0			TO SUPPORT GENERAL OPERATIONS

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TISBEST PHILANTHROPY 317 S BENNETT ST STE 201 SEATTLE, WA 98108	20-8630809	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS
TISBEST PHILANTHROPY 317 S BENNETT ST STE 201 SEATTLE, WA 98108	20-8630809	501(C)(3)	2,500,000	0			TO SUPPORT A PROGRAM TO ENCOURAGE GIVING

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TISBEST PHILANTHROPY 317 S BENNETT ST STE 201 SEATTLE, WA 98108	20-8630809	501(C)(3)	4,397,700	0			TO SUPPORT A PROGRAM TO ENCOURAGE GIVING
UNITED METHODIST CITY SOCIETY 475 RIVERSIDE DRIVE SUITE 1922 NEW YORK, NY 10115	13-5562419	501(C)(3)	50,000	0			RESTRICTED TO SUPPORT ANCHOR HOUSE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF CHICAGO 5235 S HARPER COURT CHICAGO, IL 60615	36-2177139	501(C)(3)	25,000	0			RESTRICTED TO SUPPORT THE ODYSSEY SCHOLARSHIP PROGRAM
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	39-0743975	501(C)(3)	20,000	0			RESTRICTED TO SUPPORT THE HEALTHY MINDS INNOVATION FUND

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VERSE VIDEO EDUCATION INC 207 FISHER AVENUE BROOKLINE, MA 02445	81-0902953	501(C)(3)	250,000	0			TO SUPPORT GENERAL OPERATIONS
VISION TO LEARN 12100 WILSHIRE BOULEVARD SUITE 1275 LOS ANGELES, CA 90025	45-3457853	501(C)(3)	620,000	0			RESTRICTED TO PROVIDING EYE EXAMS AND EYE GLASSES TO CT PUBLIC SCHOOL STUDENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VITAMIN ANGEL ALLIANCE INC PO BOX 4490 SANTA BARBARA, CA 93140	77-0485881	501(C)(3)	200,000	0			RESTRICTED TO SUPPORT VITAMIN DISTRIBUTION AND SUPPLEMENTAL FEEDING PROGRAMS IN THE US
WASHINGTON SQUARE PARK CONSERVANCY INC PO BOX 1624 COOPER STATION NEW YORK, NY 10276	46-1406128	501(C)(3)	125,000	0			RESTRICTED TO SUPPORT PARK MAINTENANCE COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATERSIDE SCHOOL INC 770 PACIFIC STREET STAMFORD, CT 06902	06-1609222	501(C)(3)	100,000	0			RESTRICTED TO SUPPORT THE ALUMNI PROGRAM IN HONOR OF DUNCAN EDWARDS
WHITNEY MUSEUM OF AMERICAN ART 99 GANSEVOORT STREET NEW YORK, NY 10014	13-1789318	501(C)(3)	1,000,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODROW WILSON INTERNATIONAL CENTER FOR SCHOLARS ONE WOODROW WILSON PLAZA 1300 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	52-1067541	501(C)(3)	55,500	0			RESTRICTED TO SUPPORT A QUALITATIVE ANALYSIS DESIGNED TO EXAMINE GAME COMPETITIONS
WOODS HOLE OCEANOGRAPHIC INSTITUTION FENNO HOUSE 183 OYSTER POND ROAD MS 40 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	1,100,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOODS HOLE OCEANOGRAPHIC INSTITUTION FENNO HOUSE 183 OYSTER POND ROAD MS 40 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	875,000	0			TO SUPPORT GENERAL OPERATIONS
WOODS HOLE OCEANOGRAPHIC INSTITUTION FENNO HOUSE 183 OYSTER POND ROAD MS 40 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	1,075,000	0			TO SUPPORT GENERAL OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODS HOLE OCEANOGRAPHIC INSTITUTION FENNO HOUSE 183 OYSTER POND ROAD MS 40 WOODS HOLE, MA 02543	04-2105850	501(C)(3)	400,000	0			TO SUPPORT GENERAL OPERATIONS
WORLD POSSIBLE 17779 MAIN STREET IRVINE, CA 92614	26-4035658	501(C)(3)	300,000	0			RESTRICTED TO THE DELIVERY OF DIGITAL EDUCATIONAL PROGRAMS TO OFFLINE LEARNERS IN YOUTH AND ADULT CORRECTIONAL FACILITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	500,000	0			RESTRICTED TO SUPPORT THE YALE CENTER FOR EMOTIONAL INTELLIGENCE
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	500,000	0			RESTRICTED TO SUPPORT YALE FINANCIAL CRISIS FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTH ORCHESTRA OF THE AMERICAS INCORPORATED 1701 RHODE ISLAND NW WASHINGTON, DC 20036	52-2309214	501(C)(3)	25,000	0			TO SUPPORT GENERAL OPERATIONS
YWCA GREENWICH CONNECTICUT INC 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	10,000	0			RESTRICTED TO SUPPORT FATHER'S DAY CAMPAIGN AGAINST VIOLENCE

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Schedule L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total . . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BAH	FAMILY MEMBER OF BOARD MEMBERS CONTROLS MORE THAN 35% OF THE INT. PERSON.	34,300,882	DIVIDENDS RECEIVED		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6:	THE DALIO FAMILY FUND HAS THREE VOLUNTEER BOARD MEMBERS AND VOLUNTEER PRESIDENT, VOLUNTEER TREASURER AND VOLUNTEER SECRETARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1:	DESIGNED TO BENEFIT, SUSTAIN AND IMPROVE DIVERSE AND UNDERSERVED COMMUNITIES THROUGHOUT TH E WORLD, INCLUDING IN THE AREAS OF EDUCATION, ENVIRONMENTAL PROTECTION, OCEANIC EXPLORATIO N AND AWARENESS, HEALTHCARE, CHILD WELFARE, ECONOMIC EMPOWERMENT, AND THE ARTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BARBARA DALIO AND MATTHEW DALIO HAVE A FAMILY RELATIONSHIP. JANINE RACANELLI, LISA SAFIAN AND GRETCHEN WAGNER HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	UNDER DELAWARE LAW, CORPORATIONS MUST HAVE MEMBERS. AS PROVIDED BY THE ORGANIZATION'S BYLA WS, THE DIRECTORS AND MEMBERS ARE THE SAME PEOPLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UNDER DELAWARE LAW, CORPORATIONS MUST HAVE MEMBERS. AS PROVIDED BY THE ORGANIZATION'S BYLAWS, THE DIRECTORS AND MEMBERS ARE THE SAME PEOPLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	JANINE RACANELLI (PRESIDENT/DIRECTOR) AND LISA SAFIAN (TREASURER), ALONG WITH DESIGNATED TAX ADVISORS, WILL REVIEW AND APPROVE THE FORM 990 TAX RETURN BEFORE IT IS FILED. OTHER DIRECTORS WILL REVIEW THE FORM PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	1. COVERED PERSONS ARE OFFICERS, DIRECTORS AND KEY STAFF OF DALIO FAMILY FUND. 2. CONFLICT OF INTEREST DISCLOSURES ARE MADE VIA AN ANNUAL DISCLOSURE STATEMENT THAT DIRECTORS ARE RE QUIRED TO REVIEW AND SIGN. 3. UPON A COVERED PERSON'S DISCLOSURE OF AN INTEREST IN A TRANS ACTION, THE BOARD, IN CONSULTATION WITH COUNSEL IF NECESSARY, WILL DETERMINE WHETHER A CON FLICT OF INTEREST EXISTS. 4. IF IT IS DETERMINED THAT A CONFLICT EXISTS OR THAT THERE IS A N APPEARANCE OF A CONFLICT, THE TRANSACTION MAY BE APPROVED ONLY UPON A VOTE OF THE DISINT ERESTED MEMBERS OF THE GRANTS COMMITTEE, WHICH HAS BEEN DELEGATED THIS AUTHORITY BY THE BO ARD OF DIRECTORS. IF ALL MEMBERS OF THE GRANTS COMMITTEE ARE POTENTIALLY CONFLICTED, THEN THE TRANSACTION MAY BE APPROVED ONLY UPON A VOTE OF A MAJORITY OF THE DISINTERESTED DIRECT ORS, OR, IF THERE ARE NO DISINTERESTED DIRECTORS, BY A UNANIMOUS VOTE OF THE DIRECTORS. TH E COVERED PERSON MAY BE PRESENT FOR THE DISCUSSION IN ORDER TO RESPOND TO QUESTIONS AND EL ABORATE ON THE INFORMATION PRESENTED. UPON REQUEST OF THE DISINTERESTED DECISION-MAKERS, T HE COVERED PERSON WILL BE REQUIRED TO EXCUSE HIMSELF OR HERSELF FROM THE VOTE ON THE TRANS ACTION. IN ANY EVENT, THE COVERED PERSON WILL ABSTAIN FROM VOTING ON THE TRANSACTION EXCEP T INSOFAR AS THE POLICY REQUIRES A UNANIMOUS VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DALIO FAMILY FUND, INC DID NOT COMPENSATE ITS TOP MANAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLOYEES DURING 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DALIO FAMILY FUND INC

Employer identification number
83-1575536

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SOUND HAVEN LLC ONE GLENDINNING PLACE WESTPORT, CT 06880 83-2784115	A DELAWARE LLC THAT HOLDS INVESTMENTS	DE	93,650,591	1,468,455,838	DALIO FAMILY FUND INC
(2) BRIN LLC ONE GLENDINNING PLACE WESTPORT, CT 06880 27-1328943	A CONNECTICUT LLC THAT HOLDS INVESTMENTS	CT	88	30,276,101	DALIO FAMILY FUND INC
(3) DEI LLC ONE GLENDINNING PLACE WESTPORT, CT 06880 85-0590507	NOT YET IN SERVICE	DE	0	0	DALIO FAMILY FUND INC

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) No
(1)DALIO FOUNDATION INC ONE GLENDINNING PLACE WESTPORT, CT 06880 43-1965846	GRANTMAKING	CT	501(C)(3)	PF	DALIO FAMILY FUND AND OCEANOGRAPHIC RESEARCH & EXPLORATION FOUNDATION	Yes	
(2)OCEANOGRAPHIC RESEARCH & EXPLORATION FOUNDATION ONE GLENDINNING PLACE WESTPORT, CT 06880 83-0757695	OCEAN RESEARCH AND EXPLORATION	DE	501(C)(4)	N/A	DALIO FAMILY FUND AND DALIO FOUNDATION INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SOUND HAVEN II LLC ONE GLENDINNING PLACE WESTPORT, CT 06880 86-1435255	A DELAWARE LLC THAT HOLDS INVESTMENTS	DE	DALIO FAMILY FUND INC	EXCLUDED	1,228,627	73,697,693		No			No	67.000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)BW CCF-5 LTD PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ	INVESTMENTS	CJ	SOUND HAVEN LLC	C			51.420 %	Yes	
(2)ALL WEATHER15 LTD PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ 98-1066117	INVESTMENTS	CJ	SOUND HAVEN LLC	C			51.360 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)OCEANOGRAPHIC RESEARCH & EXPLORATION FOUNDATION	B	10,000,000	CASH
(2)SOUND HAVEN II LLC	B	72,460,513	CASH
(3)BW CCF-5 LTD	B	309,372,505	CASH
(4)ALL WEATHER15 LTD	B	17,482,676	CASH

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation