Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service 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.

2021 Open to Public Inspection

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⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ^{16a} Professional fundraising expenses (Part IX, column (A), line 11e) ¹⁷ Other expenses (Part IX, column (A), line 25) ¹⁷ Other expenses (Part IX, column (A), line 11e, 11f, 24e) ¹⁷ Other expenses, Add lines 13 t7 (must equal Part IX, column (A), line 25) ¹⁸ Total expenses, Add lines 13 t7 (must equal Part IX, column (A), line 25) ¹⁹ Revenue less expenses, Subtract line 18 from line 12 ¹⁰ ¹⁹ Revenue less expenses, Subtract line 18 from line 12 ¹⁰		14	Benefits	paid to or for members	(Part IX column (A), li	ne 4)				0		0
⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ⁹ ^{16a} Professional fundraising expenses (Part IX, column (A), line 11e) ¹⁷ Other expenses (Part IX, column (A), line 25) ¹⁷ Other expenses (Part IX, column (A), line 11e, 11f, 24e) ¹⁷ Other expenses, Add lines 13 t7 (must equal Part IX, column (A), line 25) ¹⁸ Total expenses, Add lines 13 t7 (must equal Part IX, column (A), line 25) ¹⁹ Revenue less expenses, Subtract line 18 from line 12 ¹⁰ ¹⁹ Revenue less expenses, Subtract line 18 from line 12 ¹⁰	ŝ	15	Salaries,	other compensation, emp	ployee benefits (Part IX,	column (A), lir	ies 5–10) .			0		0
11 Other expenses (ratch, column (c), mics fraction, column (A), line 25). 10,416 01,21 18 Total expenses. Add lines 13+17 (must equal Part IX, column (A), line 25). 390,418 845,00 19 Revenue less expenses. Subtract line 18 from line 12. -36,344 1,005,90 20 Total assets (Part X, line 16) 1,559,998 2,565,90 21 Total liabilities Part X, line 26). 0 0 22 Net assets of tuno palances. Subtract line 21 from line 20. 1,559,998 2,565,90 21 Total liabilities of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 1 Under penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 5/9/2022 Signature of officer Date 5/9/2022 Vinder penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 5/9/2022 Signature of officer Date Print/Type preparer's name Printo part a signature Vinder penalties of perjury. I declare that the complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5/9/2022	ISE	16a								0		0
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For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2021)	DEGREGORIO FAMILY FOUNDATION, INC.	83-0465493	Page 2
Pa	rt III	Statement of Program Service Accomplishments		¥
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission:		
		research and education for the diagnosis and treatment of stomach and esophageal elated disorders.		
	•••••			
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	X No
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program	· · · · Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest programs ervice		
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gents and a expenses, and revenue, if any, for each program service reported.	illocations to others,	
4a	(Code:) (Expenses \$ 845,070 including grants of \$) (Rever	nue \$)
		ndation investigates the specifics for its intended annual conference of scientific and		
	medical	researchers and specialists in the field of gastro-esophageal and related concers.		
	•••••			
		······		
4b	(Çode:) (Expenses \$including grants of \$) (Reven	1ue \$)
		·····		

4c	(Code:	SExpenses \$ including grants of \$) (Rever	nue \$)
4d	Other pr	ogram services (Describe on Schedule O.)	<u> </u>	
	(Expens		0)	
4e	Total pro	ogram service expenses 845,070		

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Form 990 (2021) DEGREGORIO FAMILY FOUNDATION, INC. 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		\vdash	Ê
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
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? <i>If "Yes," complete Schedule C, Part III</i> .	5		x
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? <i>Tr</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve upon space,			<u>├</u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part I.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8	<u> </u>	X
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV.	9		<u> ×</u>
10	Did the organization, directly or through a related organization, hold assets in donar-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		en al	
	Schedule D, Part VI	<u>11a</u>	x	
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? <i>If "Yes," complete Statedule D, Part VII.</i>	11b		x
с	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		X
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 2, Part IX.	11d		v
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
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 and IN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in conservational independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to the 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		x x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		\uparrow
v	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	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17	<u> </u>	┢──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	x	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	X	1

Form **990** (2021)

83-0465493 Page 3

Form 990 (2021) Part IV

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			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		Х
-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		<u> </u>
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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, Parter	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disquartied person in a			
	prior year, and that the transaction has not been reported on any of the organization's pror Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
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		Х
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 stant selection committee			
	member, or to a 35% controlled entity (including an employee thereofic) is a solution any of these		·	
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the istlowing parties (see the Schedule L,			•
	Part IV, instructions for applicable filing thresholds, conditions and exceptions):	n 1,4000		
а	A current or former officer, director, trustee, key employee, creation founder, or substantial contributor? If	-974 - 17 - 1 - 1974 - 1975 - 19		
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? Pes complete Schedule L, Part IV.	28b		X
С	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		х
29	Did the organization receive more than \$25,000 in polycasis contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, fistoricantreasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete contents M.	30		X
31	Did the organization liquidate, terminate, or desolverand cease operations? If "Yes," complete Schedule N, Part I.	31		x
32	Did the organization sell, exchange, dispase of the transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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 Wes, " complete Schedule R, Part I	33		х
34	Was the organization related to any tex-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		х
35a	Did the organization have a conrolled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, and the obsanization 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		
.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		Х
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		Х
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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V.		. [
<u> </u>		•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
			990 ((2021)
			- 1	

Form 9	90 (2021) DEGREGORIO FAMILY FOUNDATION, INC. 83-046	5493	D	age 5
Par		0400	Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1.1.1.1.1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		Х
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).			Let e
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	5b		X
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			
L.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
7	gifts were not tax deductible?	6b		
′ a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a		70		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u>X</u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	· ·	
U	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		5.33	<u></u>
e	Did the organization receive any funds, directly or indirectly, to pay prelitiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly of a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual appendent, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, out her vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Ditta donor advised fund maintained by the	Maria -		
	sponsoring organization have excess business holdings areny time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			An agus
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution a ownor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included an Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).		a barde a	1.1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	12020	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified on profit health insurance issuers.	420	1. 1. 1. (1.1)	<u>,</u>
а	Is the organization ligensed to issue qualified health plans in more than one state?	13a	1. j. st. j.	<u> </u>
ь	Enter the amount diverserves the organization is required to maintain by the states in which			
U U	the organization is licensed to issue qualified health plans			t Neß N. Di
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	142,000	x
10		- 19		Ê
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	a salar a Alarika		
14	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		x
			939 Barr	Ê
	If "Yes," complete Form 6069.	1955 - H	4. ha 1992 (L

Form 9	90 (2021)	DEGREGORIO FAMILY FOUNDATION, INC.	83-04	65493	P	Page 6
Par	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 throug	h 7b below, and for	a "No	N	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang	es on Schedule O.	See in:	struct	ions.
		Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A.	Governing Body and Management				<u> </u>
					Yes	No
1a		ne number of voting members of the governing body at the end of the tax year	1a 1	0		
		are material differences in voting rights among members of the governing body, or				
		overning body delegated broad authority to an executive committee or similar		2111		
		tee, explain on Schedule O.				
b		ne number of voting members included on line 1a, above, who are independent	_1b1	0		
2		officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
•		er officer, director, trustee, or key employee?		2	X	
3		organization delegate control over management duties customarily performed by or under				
		sion of officers, directors, trustees, or key employees to a management company or other p		3		X
4		organization make any significant changes to its governing documents since the prior Form 990 wa		4		X
5		organization become aware during the year of a significant diversion of the organization's e		5		X
6 7a		organization have members or stockholders?	· · · · · · · · ·	6		X
1 a		more members of the governing body?	appoint	7.		
b		y governance decisions of the organization reserved to (or subject to approval by) members,		7a		<u>, X</u>
U		blders, or persons other than the governing body?	1	7b		x
8		organization contemporaneously document the meetings held or written actions the dertaker				
Ŭ		r by the following:	ruunny			
а	•	verning body?		8a	X	a di shi shi
b	-	ommittee with authority to act on behalf of the governing body 2.		8b	X	
9		any officer, director, trustee, or key employee listed in Partvill, Saction A, who cannot be re	ached			
		rganization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		x
Sect		Policies (This Section B requests information about policies not required by the		Code.)	
		X			Yes	No
10a		organization have local chapters, branches, or affiliates?		10a		X
b		' did the organization have written policies and prosedures governing the activities of such c				
		s, and branches to ensure their operations are consistent with the organization's exempt put	•	10b		
11a		organization provided a complete copy of this Fore 995th all members of its governing body before	re filing the form? .	11a	X	
b		be on Schedule O the process, if any, used where organization to review this Form 990.				
12a		organization have a written conflict of interest policy? If "No," go to line 13		12a	X	┝───
		ficers, directors, or trustees, and key employees required to disclose annually interests that could g		12b	X	
С		organization regularly and consistently monitor and enforce compliance with the policy? If " e on Schedule O how this was dotte.		120	х	
13		e on Schedule O how this was done.		12c 13	^	x
14		organization have a written docement retention and destruction policy?		14	х	<u> </u>
15		process for determining compensation of the following persons include a review and appro-				994 (4 3)
		ndent persons, comparability data and contemporaneous substantiation of the deliberation a				asti 122 34(3)
а		ganization's CEO, Executive Director, or top management official.		15a		X
b		fficers or key entsloyees of the organization		15b		X
		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 arrang	ement			
		axable entitied anno the year?		16a		X
b		did the organization follow a written policy or procedure requiring the organization to evaluate				
		ation in joint venture arrangements under applicable federal tax law, and take steps to safe			ngi se eu tras	
		anization's exempt status with respect to such arrangements?	<u> </u>	16b	I	L
		Disclosure				
17 18		states with which a copy of this Form 990 is required to be filed NY	and 000 T (*	E04/-		
10		6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990 ly) available for public inspection. Indicate how you made these available. Check all that app		501(C)		
			pıy. plain on Schedule C			
19		be on Schedule O whether (and if so, how) the organization made its governing documents,				
		ancial statements available to the public during the tax year.	commercer interest p			
20		he name, address, and telephone number of the person who possesses the organization's b	ooks and records	►		
		Lynn DeGregorio		4		
		P.O. Box 236, Pleasantville, NY 10570				

Form 990 (2021)	DEGREGORIO FAMILY FOUNDA	TION, INC.								83-04654	193 Page 7
Part VII	Compensation of Officers, Dire	ectors, Truste	es, K	(ey	En	iplo	oyee	s, I	lighest Comp	ensated	
	Employees, and Independent C										
	Check if Schedule O contains a r	esponse or no	te to	an	y lir	ie ii	n this	s Pa	art VII		🛄
Section A.	Officers, Directors, Trustees, K	ey Employee	s, ar	nd H	ligi	nes	t Co	mp	ensated Emp	loyees	
	his table for all persons required to be	listed. Report co	mper	nsati	ion 1	ior t	he ca	lend	dar year ending	with or within the	ł
organization's	•										
	of the organization's current officers, d						duals	or o	rganizations), re	gardless of amo	unt
	ion. Enter -0- in columns (D), (E), and (•			•			_			
	of the organization's current key emplo organization's five current highest cor										
	reportable compensation (box 5 of For										yee)
	n the organization and any related orga				,						
	of the organization's former officers, ke eportable compensation from the organ							ed e	employees who	eceived more th	an
	of the organization's former directors more than \$10,000 of reportable compa										the
	ctions for the order in which to list the p										
X Check thi	s box if neither the organization nor an	y related organiz	ation	con	npe	nsa	ted ar	ny d	errent officer, di	rector, or trustee.	
					((C)					
	(4)					ition					
	(A) Name and title	(B) Average					e than c is soth		(D) Reportable	(E) Reportable	(F) Estimated amount
		hours per week	offic	er an	dad		or/trues		compensation from the	compensation from related	of other compensation
		(list any	Individual Sustee or director	Institution	∄∢	Seve	employ	Former	organization (W-2/	organizations (W-2/	from the
		hours for related	idua recto			Bulk		Ĕ	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	۲ <u>.</u>	<u> </u> <u>∞</u> _			e ă		, , ,	, , , , , , , , , , , , , , , , , , , ,	
		below dotted line)	Stee	a ste			lens				
				ő			compensated				
(1) Lynn De	eGregorio	10.00									
President		0.00	x		x						
(2) Richard	DeGregorio, M.D.	5.00									
Treasurer			X		X						
(3) Karen N	laber	100									
Director		0.00			L						
	JMeagher	1.00									
Director (5) Frank L	icciardi	0.00		-							
Director		0.00									
(6) Nick Sa	vone	1.00	· · · · · · · · · · · · · · · · · · ·								
Director		0.00	•								
(7) Todd Lit	tinsky	1.00									
Director		0.00	X								
(8) Jorge R	lakela, M.D.	1.00									
Director		0.00	X								
(9) David V	aden	1.00									
Director (10) Brett Lis		0.00	X								
Director		1.00 0.00	x								
(11)	· · · · · · · · · · · · · · · · · · ·	0.00							· · · · ·		
(12)											
(13)											
(14)											
		l									
											Form 990 (2021)

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	990 (2021) DEGREGORIO FAMILY FOUN								83-046	55493	Page 8
P	art VII Section A. Officers, Directors, Tru	istees, Key Emj	bloye	es,			ghest C	ompensated En	nployees (contir	nued)	
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos leck is pe d a d	rson i irecto	than one is both an pr/trustee)	Reportable compensation	(E) Reportable compensation from related	Estimat of	(F) ed amount other ensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	fro organiz	m the ation and rganizations
(15)									N		
(16)											
(17)											
(18)								\bigcirc			
(19)											
(20)								\mathbf{D}			
(21)											
(22)							•				
(23)								-			
(24)											
(25)										<u> </u>	
1b	Subtotal							0			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).		••	• •	·			0			0
2	Total number of individuals (including but notin reportable compensation from the organization	nited to those lis	ted a	bov	e) w	/ho	receive			I	0
3	Did the organization list any former efficiencies employee on line 1a? If "Yes," complete Sched	ector, trustee, key	/ emp	oloy				ompensated) 3	Yes No
4	For any individual listed on line de, is the sum of the organization and related organizations great individual .	of reportable con	pens	satic						4	X
5	Did any person lister on line Tareceive or accr for services rendered to the organization? If "Ye									5	×
	tion B. Independent Contractors										
1	Complete this table for your five highest compe- compensation from the organization. Report co									tax yea	r.
	(A) Name and business add	ress						(B) Description of se	rvices	(C) Compensa	ation
											0
								<u></u>			0
											0
											0
2	Total number of independent contractors (inclu- more than \$100,000 of compensation from the			tho	se l	isteo) who received			

	990 (20			DATION, I	<u>NC.</u>			83-04654	193 Page 9
Par	t VIII	-							
		Check if Schedule O co	ntains a res	sponse or	note to any line in	h this Part VIII			
<u>. </u>		· · · ·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ះ ខ	1a	Federated campaigns			0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			0				
Ő,	C	Fundraising events			0				
ar A	d	Related organizations			0			Note and Subsection of	
s, c	е	Government grants (contrib	•		0				
r Si	t	All other contributions, gifts					目的。当福		
but	-	similar amounts not include		. <u>1f</u>	1,851,428				
d C	g	Noncash contributions inclu		4					
aŭ Co	h	lines 1a-1f			<u> </u>				
			<u> </u>	<u>· · · ·</u>	Business Code	1,851,428			
e	2a					Charles and the state of the st		<u>erendete filligensel en la s</u>	
ωŽ	b								· · · · · · · · · · · · · · · · · · ·
Sei	c					0			
me 9Ve	d					. 0			
gr. Re	е								
Program Service Revenue	f	All other program service re				d			
	g	Total. Add lines 2a-2f							
	3	Investment income (includi			, and 🛛 🔌				
		other similar amounts) .				902	902		
	4	Income from investment of	•	t bond pro	ceeds	0			
	5	Royalties		() D = =1		. <u>0</u>		CONTRACTOR CONTRACTOR OF CONT	dilindaline
	6-	Creas conto		(i) Real	(ii) Personal			たが開始する	
	6a b	Gross rents . Less: rental expenses .	6a 6b						
	C D	Rental income or (loss)	6C	0					A Constant A Cons
	d	Net rental income or (loss)				0	and the second	SV CONTRACTOR OF	
	7a	Gross amount from	()	Securities	iii) Giner				
		sales of assets							
		other than inventory	7a	28, 88	0				
nue	b	Less: cost or other basis							
		and sales expenses	. 7b	29,711	0	「「「「「「「」」」	and difference in 1953		
Re	С	Gain or (loss)	7c	1 3 3 3	0		· · · · · · · · · · · · · · · · · · ·		
Other Reve	d	Net gain or (loss)		·	<u> •</u>	-1,353			
đ	8a	Gross income from fundrais events (not including \$	sing						
		of contributions reported or	ne 1c						
		See Part IV, line 18		8a	7,000			ing - Jacob Constanting in the second	
	b	Less: direct expenses .		8b	. 7,000	1. State of the second s second second se Second second s Second second sec			
	с	Net income or (loss) from a	draising	even <u>ts .</u>	•	0			-
	9a	Gross incomentor gaming	activities.						
		See Part IV, Une 19.		. <u>9a</u>	0				
	b	Less: direct expenses		9b	0				
	C	Net income or (loss) from g		vities	<u> </u>	0			
	10a	Gross sales of inventory, le returns and allowances	55	10-	0				
	ь	Less: cost of goods sold .	• • • •	10a 10b					
	b c	Net income or (loss) from s				Caller in a state of the second s	an the state of the second	antini - territini	onindes de l'Annes Mérico.
s	Ť				Business Code				
ĩe u	11a					0			
ane	b					0			
cellaneo Revenue	c					0			
Miscellaneous Revenue	a	All other revenue				0		Savy how of the Management of the	alay and a fight the second
	<u>e</u>	Total. Add lines 11a-11d.	 Ain	<u></u>	<u> •</u>	0	1	Kisette and Kind and	
	12	Total revenue. See instruc	uons	<u></u>	<u> Þ</u>	1,850,977	902	0	I 0

Form	990 ((2021)
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DEGREGORIO FAMILY FOUNDATION, INC. Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all of Check if Schedule O contains a response or note				
Do 1 8b,	not include amounts reported on lines 6b, 7b, 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				
•	domestic governments. See Part IV, line 21	748,800	748,800		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	15,000	15,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0			
7 0	Other salaries and wages .	0			
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
-	•				
1	Fees for services (nonemployees):	40,894	40.204		
a L	Management	40,224	40,294		
b		7.030	7 050		
C A			7,050		
d	Lobbying				
e f	Investment management fees	0		adina (analanda) (a sa di	
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.)	0		0	
2	Advertising and promotion	3,485	3,485	0	
3	Office expenses	11,645	11,645		
4	Information technology	8,976	8,976		
5	Royalties	0	0,010		·
6		0			
7		0	···· · · · · · · · · · · · · · · · · ·		
8	Payments of travel or entertainment expenses				
•	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
20		0			
21	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	0	0	0	
3		1,866	1,866		
24	Other expenses. Itemize expenses not covered		, soletter - Friderick and a soletter Statistics Saletter - Statistics		
	above. (List miscelanegus expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 2455 penses on Schedule O.)				
а	processing fees	7,954	7,954		
b	Covid-19 Supplies	0			
C		0			
d		0			
е	All other expenses	0		-	
25	Total functional expenses. Add lines 1 through 24e	845,070	845,070	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				1

Form	n 990 (2	DEGREGORIO FAMILY FOUNDATI	ON, INC.			83-0465493 Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response o	r note to any line in this P	art X		
				(A)	<u> </u>	(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		. 59,103	1	78,127
	2	Savings and temporary cash investments		1,500,895	_	2,487,778
	3	Pledges and grants receivable, net			2,407,770	
	4	Accounts receivable, net		4	0	
	5	Loans and other receivables from any current of			1.2400.34	
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the			5	i LuThit i contra in de l'Astron
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons describe				
ste	7	Notes and loans receivable, net			7	0
Assets	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges			t —	
	10a	Land, buildings, and equipment: cost or		THE ACCEPTION VERSION		
		other basis. Complete Part VI of Schedule D	10a 38	,095		
	Ь	Less: accumulated depreciation		,095 0	10c	0
	11					0
	12	Investments—other securities. See Part IV, line				0
	13	Investments-program-related. See Part IV, line				0
	14	Intangible assets				0
	15	Other assets. See Part IV, line 11				0
	16	Total assets. Add lines 1 through 15 (must equ		1,559,998		2,565,905
	17	Accounts payable and accrued expenses		0	1	
	18	Grants payable		. 0	<u> </u>	
	19	Deferred revenue				
	20	Tax-exempt bond liabilities				
	21	Escrow or custodial account liability. Complete		0		
ŝ	22	Loans and other payables to any current or for				
litie		trustee, key employee, creator or founder, sub		6		
Liabilities		controlled entity or family member of any of the		• • • • • • • • • • • • • • • • • • •	22	e foot, aanta saada da faan oo faalaa ta'a ahaa oo faalaa ahaa ahaa ahaa ahaa ahaa ahaa ah
Ë	23	Secured mortgages and notes payable to unrea		0		0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, a				
		parties, and other liabilities not included on line				
		Part X of Schedule D			25	0
	26	Total liabilities. Add lines 17 this gh 25	<u></u>	. 0	26	0
S		Organizations that follow FASE ASSES58, ch	eck here ►			
ő		and complete lines 27, 28, 33, and 33.				
alaı	27	Net assets without donor postrictions			27	Constraint and the Constraint of the Constrai
ă	28	Net assets with donor restrictions		0		<u> </u>
pu		Organizations that de notifation FASB ASC	958. check here 🕨 🗙		100	
Ľ,		and complete thes 29 through 33.				
ō	29	Capital stock or trust principal, or current funds				20. Physics and Although Street on a science of graph of the street of science of the science
ets	30	Paid-in or capital surplus, or land, building, or e				
\ ss	31	Retained earnings, endowment, accumulated in				2,565,905
Net Assets or Fund Balances	32	Total net assets or fund balances				2,565,905
Ž	33	Total liabilities and net assets/fund balances .			-	2,565,905
						Form 990 (2021)

	DEGREGORIO FAMILY FOUNDATION, INC.	83-04	65493	Pag	ge 12
Pari	XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI			• •	\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,850	0,977
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,070
3	Revenue less expenses. Subtract line 2 from line 1.	3		1,005	5,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,559	9,998
5 6	Net unrealized gains (losses) on investments	5			
7	Donated services and use of facilities	·6			
8	Investment expenses	7			
9	Other changes in net assets or fund balances (explain on Schedule O)	8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32	3			
		10	:	2.565	5,905
Part	XII Financial Statements and Reporting	1			1000
	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: X Cash Accrual Conter				
	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	1.0.1.000	X
	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:		a an an Annaichean 1986 - Annaichean 1986 - Annaichean	1.1.1	
	X Separate basis Consolidated basis Both consolidated and separate basis		nder i Nation i		8. T
b	Were the organization's financial statements audited by an independent adsoundant?	•••	2b	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for theyear were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis			11 - J. K.	
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
0	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		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•••	34		<u>⊢</u>
U	required audit or audits, explain why on Schedules and describe any steps taken to undergo such audits.		3b		
		<u></u>	Form	990	(2021)
	X				
		÷			

SCHEDU	JLE 🖌
(Form 99	0)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number DEGREGORIO FAMILY FOUNDATION, INC. 83-0465493 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(1)(A)(A)(A) 6 7 X An organization that normally receives a substantial part of its support from a governmental u t or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 9 university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable Risome (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 508(a)(3). (complete Part III.) 10 11 An organization organized and operated exclusively to test of public variety. See section 509(a)(4). An organization organized and operated exclusively for the percefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in Section 509(a)(1) or section 509(a)(2). See section 509(a)(3). 12 Check the box on lines 12a through 12d that describes the type or supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. а b Type II. A supporting organization supervise concolled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. С d Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III upon-functionally integrated supporting organization. e f Enter the number of supported organizations . . 0 Provide the following to formation about the supported organization(s). g (i) Name of supported orga (ii) FIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total 0 0

OMB No. 1545-0047

2021

1	dule A (Form 990) 2021 DEGREG	ORIO FAMILY FO	UNDATION, INC			83-04654	93 Page 2
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify u	nder
800	Part III. If the organization fa tion A. Public Support	ils to qualify un	ider the tests lis	sted below, plea	ase complete P	art III.)	
	ndar year (or fiscal year beginning in)	(2) 2047	(1) 0040				
1		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	553,878	591,873	843,886	252 042	1 954 400	4 400 407
2	Tax revenues levied for the	000,070		043,000	352,042	1,851,428	4,193,107
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	553,878	591,873	843,886	152,04	1,851,428	4,193,107
5	The portion of total contributions by						
	each person (other than a						•
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	estini. Annettes interior					
6	Public support. Subtract line 5 from line 4	han of these states and the second	an an an an Anna an An Anna an Anna an			NET LE REPRESENTATION : N'E CONTRACTOR : CON	4 402 407
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		20 战争地震的第三人称单数地震	ene närstenser og set	4,193,107
-	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	6 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	553,878	591,873	843,886	352,042	1,851,428	4,193,107
8	Gross income from interest, dividends,			0-10,000	002,042	1,001,420	4,100,107
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	346	-336	1,020	1,486	902	4,390
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or				1 · · · ·		
	loss from the sale of capital assets						
11	(Explain in Part VI.)					ices in the second second	4,197,497
12	Gross receipts from related activities, etc. (se		Serie Latin Frantis.	d'Angen ann Diata	a Realimple - Celini	12	4, 197,497
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here.			-			
Sec	tion C. Computation of Public S						
14	Public support percentage for 2021 (line 6 c			f)		14	99.90%
15	Public support percentage from 2020					15	99.86%
16a	33 1/3% support test-2021 of the organiz	tion did not check	the box on line 13,	, and line 14 is 33 $^{\prime}$	- 1/3% or more, cheo	k this box	
	and stop here. The organization qualities as	a publicly support	ed organization .				 🗙
b	33 1/3% support test-2020. Whe organize	ation did not check	a box on line 13 of	r 16a, and line 15 i	s 33 1/3% or more,	, check this	_
	box and stop here. The urganization qualifier	es as a publicly sup	ported organization	n			🕨 📘
17a	10%-facts-and-circumstances est-2021						
	10% or more, and if the organization meets to Part VI how the organization meets the facts						
	organization	-and-circumstance			publicly supported		
b	10%-facts-and-circumstances test-2020	. If the organization	n did not check a b	ox on line 13. 16a.	16b. or 17a. and li	ne	
-	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac	cts-and-circumstan	ces test. The orgar				·
	organization			•••••		•••••••	🏲 🛄
18	Private foundation. If the organization did r						. —
	instructions	<u></u>		<u> </u>			<u> ▶ [</u>

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Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 DEGREGO	RIO FAMILY FC	UNDATION, INC			83-046549	3 Dec 3
Ра	rt III Support Schedule for Orga	nizations Des	cribed in Sect	ion 509(a)(2)		00-040048	3Page 3_
	(Complete only if you checke	d the box on li	ne 10 of Part I	or if the organi	zation failed to	qualify under P:	art II
	If the organization fails to qua	alify under the	tests listed belo	w. please com	nplete Part II.)	quality and critic	
Sec	tion A. Public Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees				<u>, , , , , , , , , , , , , , , , , , , </u>	(0) 2021	
-	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an					•	
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0		0	0
-	Amounts included on lines 1, 2, and 3	Ű				V	0
	received from disqualified persons						0
Ь	Amounts included on lines 2 and 3						0
	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
~	Add lines 7a and 7b.	0	÷.		0	0	0
8	Public support (Subtract line 7c from						
0							0
<u>Soc</u>	tion B. Total Support			and services of the street.	J. HERRICH DE FARMEN		0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6			(0) 2019	(u) 2020 0	(e) 2021	
9		0		0	0	U	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						0
	royalties, and income from similar sources .						0
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses		▼				0
_	acquired after June 30, 1975		0	0	0	0	0
-	Add lines 10a and 10b		0	0	0		0
11	Net income from unrelated business	XN					
	activities not included on line 10b, whether						0
40	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
	(Explain in Part VI.).						0
13	Total support. (Add lines 5, 10c, The		0	0		0	0
4.4	and 12.)	U Direction's first acc				U U	0
14	First 5 years. If the Form 410 is for the organization, shock this has a literan here						
	organization, check this box anti-top here .			•••••	•••••	· · · · · · · · ·	· · · · ·
	tion C. Computation of Public Sup			<u></u>		46	0.00%
15	Public support percentage for 2021 (line 8, co		•			15	0.00%
<u>16</u>	Public support percentage from 2020 Schedu			· · · · · · · ·	<u></u>	16	0.00%
	tion D. Computation of Investmen					17	0.00%
17 19	Investment income percentage for 2021 (line		-			17	0.00%
18 19a	Investment income percentage from 2020 Sc 33 1/3% support tests—2021. If the organiz						0.00%
1 7 d	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2020. If the organiz				-		🖛 📖
-	line 18 is not more than 33 1/3%, check this I						🕨 🥅
20	Private foundation. If the organization did n	•	=	-	• • • •		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, "an lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(a, (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when another the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization has such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part of what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail ImPart VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing dosument authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the Result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Idan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(3)) of family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a bando a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete that I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 519(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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	1	3. C. S. C.
3a		
3b		
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5c		
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9c		
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IUa		
1 4 4 4	na ta	et det d
10b	L	L

Schedule A (Form 990) 2021

	ule A (Form 990) 2021 DEGREGORIO FAMILY FOUNDATION, INC. 83-	0465493		Page 5
Par	V Supporting Organizations (continued)			aye 🥥
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b	11c below, the governing body of a supported organization?	11a	_	<u> </u>
c	A family member of a person described on line 11a above?	11b		
U	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provid detail in Part VI.			1
Sect	ion B. Type I Supporting Organizations	11c		L
	ion D. Type roupporting organizations		Vee	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	Little in	Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization"s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th			10 Base
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tayyear.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		n er	
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also amegody of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	din and and a second		
	or management of the supporting organization was vested in the same persons that controlled or managed			an a
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			• <u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, of trustees either (i) appointed or elected by the supported	년 1997년 1997년 - 1997년 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 1997년 - 1997년 -		
	organization(s) or (ii) serving on the governing body of asupported organization? If "No," explain in Part VI how	v 🔬 🖓		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, shove, did the organization's supported organizations have	in 1 s		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? ""Yes," describe in Part VI the role the organization's			
	supported organizations played in this repard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations		_	
1	Check the box next to the method / Het the organization used to satisfy the Integral Part Test during the year (se	e instruction	is) .	
а	The organization satisfied the activities Test. Complete line 2 below.			
b	The organization is the parents of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntitu (coo instruc	tionel	
U		may (see asauc		.
2	Activities Test. Answer linesea and 2b below.		Yes	No
а	Did substantially at of the organization's activities during the tax year directly further the exempt purposes of			t
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		n Nigelian Registre	•
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2a</u>	t adv of	<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		184	1.076
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		d de Sil	a shafa Sha
2	these activities but for the organization's involvement.	<u>2b</u>	a parta pr	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			1

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

3a

Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	<u></u>	83-0	9465493 Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying the second	Organ	ten Nev 20, 1070 (augleis	
instructions. All other Type III non-functionally integrated supporting orga	ng uus mizatio	on Nov. 20, 1970 (<i>explain</i>)	In Part VI). See
	II NZauc	ins must complete Sections	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	(
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	(
	-		(B) Current Year
Section B - Minimum Asset Amount		(A) Piles Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		en proteste management de la seconda de l
b Average monthly cash balances	110		
c Fair market value of other non-exempt-use assets	1c	R	· · · · · · · · · · · · · · · · · · ·
d Total (add lines 1a, 1b, and 1c)	Ia	0	(
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	renier alender alen er er einen iste iste iste iste in der eine sollte iste iste iste iste iste iste iste is	
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for creater amount,			
see instructions).	4	o	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
			L. L
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section 8, Inte 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Sestion B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		(
	- 4		
5 Income tax imposed in prior year			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		(
7 Check here if the current year is the organization's first as a non-functional	illy inte	egrated Type III supporting of	organization (see
instructions).			
		Sci	hedule A (Form 990) 202

Part V	A (Form 990) 2021 DEGREGORIO FAMILY FOUN		8	3-0465493 Page
	Type III Non-Functionally Integrated 509(a)(a)	3) Supporting Organ	zations (continued)	
				Current Year
1	Amounts paid to supported organizations to accomplish ex		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part V) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		▲ 7	
8	Distributions to attentive supported organizations to which	the organization is respo	nsive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	0.00
			(ii)	(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pro-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а				NAMES THE STREET
b	From 2017			
C				
d			in a start and the second start of the second start of the second start of the second start of the second start	Ang Samara San Ang San Ang San Ang San Ang San Ang San
e	From 2020			
	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years		0	
<u> </u>			U 	
<u>h</u>	Applied to 2021 distributable amount			
<u> </u>	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3t		i di di la constante di la la constante di la c	
4	Distributions for 2021 from			
	Section D, line 7: \$	0		
a	Applied to underdistributions of prior years		0	
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from the second	0		
5	Remaining underdistributions for trears prior to 2021, if		•	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For regard the eater than zero, explain			
	in Part VI. See instructions			
7	Excess distributions canyover to 2022. Add lines 3j			
	and 4c.	0		
8	Breakdown of Ine			
a		0	A CARLES AND A CARLES	
b		0 0		
 C		0		
 d				and a state of the second s
		0	LUMBAR STATISTICS	

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Schedule A (Form 990) 2021

Schedule A (Fe	DEGREGORIO FAMILY FOUNDATION, INC.	83-0465493	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IB, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lin 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	or 17b; Part V, Section es 1c, 2a, 2b,	Page O
	and a set of the set part of any deditional information. (See instructions.)		
			•••••
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Schedule B

Schodula of Contrib

OMB No 1545-0047

(Form 990)	Schedule of Contributors	OMB ND. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021
Name of the organization		Employer identification number
DEGREGORIO FAMIL		83-0465493
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	•
	4947(a)(1) nonexempt charitable trust not treated as a private four	dation
	527 political organization	$\langle \rangle$
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
or more (in mo	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution ney or property) from any one contributor. Complete Parts I and II. See instructions	
	tal contributions.	·
Special Rules		
regulations und	ation described in section 501(c)(c) filing Form 990 or 990-EZ that met the 33 1/3 d der sections 509(a)(1) and 1/0(b)(t)(A)(vi), that checked Schedule A (Form 990), F eceived from any one contributor, during the year, total contributions of the greater mount on (i) Form 990, Sert Vm, tine 1h; or (ii) Form 990-EZ, line 1. Complete Par	Part II, line 13, 16a, or
contributor, dui literary, or educ	ation described in seption 591(c)(7), (8), or (10) filing Form 990 or 990-EZ that reco ring the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, chari cational purposes, so for the prevention of cruelty to children or animals. Complete n (b) instead of the contributor name and address), II, and III.	itable, scientific,
contributor, due contributions to during the year General Rule	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recerring the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but in the year, contributions the box is checked, enter here the total contributions the r for an exclusively religious, charitable, etc., purpose. Don't complete any of the parapplies to this organization because it received <i>nonexclusively</i> religious, charitable, or more during the year.	no such nat were received arts unless the e, etc., contributions
must answer "No" on F	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sch Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on n't meet the filing requirements of Schedule B (Form 990).	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. HTA

Schedule B (Form 990) (2021)

	ganization DRIO FAMILY FOUNDATION, INC.		Employer identification number 83-0465493
art II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additiona	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	593 SHS BROOKFIELD ASSET MANAGEMENT		
		\$26,	<u>191 3/31/2021</u>
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(C) HMV (or estimate) (See instructions.)	(d) Date received
		\$	·····
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	· (d) Date received
		\$	
a) No. from Part I	Description of Moncash property given	(c) FMV (or estimate) (See instructions.)	(d) ∞ Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

 Complete if Part IV, line 6, 			nental Financial Stateme the organization answered "Yes" on Form 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, ▲ Attach to Form 990.	OMB No. 1545-0047 2021 Open to Public						
	ment of the Treasury I Revenue Service	Go to www.irs.gov	/Form990 for instructions and the latest in	formation.	Inspection					
	of the organization			Employer identi	fication number					
		Y FOUNDATION, INC.			83-0465493					
Part			dvised Funds or Other Similar Funds	nds or Accou	unts.					
	Completer	i the organization answere	d "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) E	unds and other accounts					
1	Total number at e	end of year	(a) bonor auvised runus	(b) F						
2		contributions to (during year) .		•						
3		grants from (during year) .								
4		at end of year								
5			or advisors in writing that the assets held in							
6			the organization's exclusive legal control? and donor advisors in writing that grant		Yes No					
0			efit of the donor or donor advisor, or for ar							
		missible private benefit?		ly other purpos	Yes No					
Part		tion Easements.								
		f the organization answere	d "Yes" on Form 990, Part IV, line 7.							
1			the organization (check all that apply)							
	Preservation	of land for public use (for exampl	e, recreation or education)	n of a historica	Ily important land area					
	Protection of	f natural habitat	Rreservatio	n of a certified	historic structure					
		of open space	*							
2			n held a qualified conservation contribution	in the form of	a conservation					
		last day of the tax year.			Held at the End of the Tax Year					
a		conservation easements		2a						
b c	and the second se	stricted by conservation easem	ents	2b 2c						
			(c) acquired after 7/25/06, and not on a	20						
		listed in the National Register		2d						
3		ervation easements modified, to	ansferred, released, extinguished, or term	inated by the c	organization during					
	the tax year									
4 5		where property subject to con	arding the periodic monitoring, inspection,	handling of						
5		nforcement of the conservation		-	Yes No					
6			pecting, handling of violations, and enforcing of							
	•	1								
7	Amount of expense	es incurred in monitoring, inspecti	ng, handling of violations, and enforcing conse	ervation easeme	nts during the year					
	▶ \$			-						
8			line 2(d) above satisfy the requirements o							
9	and section 170(rts conservation easements in its revenue							
· ·			xt of the footnote to the organization's fina							
		counting for conservation ease								
Part			ons of Art, Historical Treasures, or	Other Simil	ar Assets.					
			d "Yes" on Form 990, Part IV, line 8.							
1a			FASB ASC 958, not to report in its revenue							
			r assets held for public exhibition, education e footnote to its financial statements that d							
b			FASB ASC 958, to report in its revenue sta							
			r assets held for public exhibition, education							
	public service, pr	ovide the following amounts re	elating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1									
2										
2			, historical treasures, or other similar asse r FASB ASC 958 relating to these items:	ts for financial	gain, provide the					
а					► \$					
			· · · · · · · · · · · · · · · · · · ·		▶ \$					
For P		on Act Notice, see the Instruct			Schedule D (Form 990) 2021					
HTA										

	ule D (Form 990) 2021 DEGREGORIO FAMILY F			83-046		F	Page 2
Par	III Organizations Maintaining Collect	tions of Art, Histori	cal Treasures, or (Other Similar Asset	s (contin	nued)	
3	Using the organization's acquisition, accession	on, and other records, ch	eck any of the followi	ng that make significan	t use of its	5	
	collection items (check all that apply):	-					
а	Public exhibition		Loan or exchange pro	ogram			
b	Scholarly research	e 🔄	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co XIII.	llections and explain how	w they further the orga	anization's exempt purp	ose in Pa	rt	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Ye	s 🗔	No
Part	IV Escrow and Custodial Arrangeme	ents.					
	Complete if the organization answe 990, Part X, line 21.		0, Part IV, line 9, o	r reported an anoun	t on Forr	n	
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or ot	her essets not			
b	included on Form 990, Part X?		ng table:		Ye:	s 🗌	No
					Amount		
С	Beginning balance			1c			0
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21,	for estrow as custodia	al account liability?	Ye:	s 🔟	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explan	nation has been provid	ded on Part XIII			
Part		•					
	Complete if the organization answe						
		Current year (b) Pror	·			ur years	
1a ⊾	Beginning of year balance	0	0	0	이		0
b c	Contributions		,				
v	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	0	0	0	0		0
2	Provide the estimated percentage of the corre		ie 1g, column (a)) hel	d as:			
a b	Board designated or quasi-endowment	% %					
c	Term endowment						
•	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
3a	Are there endowment funds not in the posses		that are held and adr	ninistered for the	_		
	organization by:					Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		<u> </u>
ь 4	If "Yes" on line 3a(hp.ere the related organiza Describe in Part XIII the intended uses of the				3b		
Part		organization's endowing					
i arc	Complete if the organization answe	red "Yes" on Form 99	0. Part IV. line 11a	See Form 990 Par	t X line '	10	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		ok value	 e
		(investment)	(other)	depreciation	(2) 20		
1a	Land	0	0				0
b	Buildings	0	0	0			0
C	Leasehold improvements	0	0	0			0
d		0	0	0		<u> </u>	0
e Total	Other	0 Tual Form 990 Part X o	38,095	38,095			0
		1441 I VIIII 990. I CILA. 6	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				

(Forn Departm Internal	EDULE G n 990) nent of the Treasury Revenue Service of the organization		he organization and organization enter	swered "Yes" red more than ach to Form 99	9, or if the	OMB No. 1545-0047 2021 Open to Public Inspection		
		FOUNDATION, IN	IC.				Employer identificat 83-04	
Par						ered "Yes" on For	m 990, Part IV, li	ne 17.
1		-EZ filers are not				ng activities. Check		
a	X Mail solicitati					of non-government		
b	X Internet and	email solicitations				of government grant		, ita
С	Phone solicit	ations		g 🔀 SI	pecial fund	raising events		
d	In-person so						And a state of the	
2a	Did the organiza	tion have a written	or oral agreeme	ent with any	individual	(including officers, o	lirectors, trustees,	
b	If "Yes," list the 1		viduals or entitie	es (fundraise		n professional fundra ant to agreements u		Yes X No
12	(i) Name and addres or entity (fund		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to · (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1				Yes	No		0	0
2	3				+	0	0	0
3	(1967)	27				•		
4			v. v.			0	0	0
5	ж.,			C .	•	0	0	0
6		i		V		0	0	0
7	e.					0	0	0
8		3 2	.0			0	0	0
9	54. J	7				0	0	0
10	24 11 21	C	5			0	0	0
Total		0.				0	0	0
3			ion is registered	d or licensed	to solicit	contributions or has	been notified it is e	
	registration or lic	ensing.						
NY								
								·····

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. HTA

		G (Form 990) 2021 D	EGREGORIO FAMILY FO	DUNDATION, INC.		83-0465493 Page 2
Ρ	art I		Complete if the organiz	ation answered "Yes'	on Form 990, Part IV	line 18, or reported
		more than \$15,000 of fu	undraising event contri	butions and gross inc	come on Form 990-EZ	, lines 1 and 6b. List
		events with gross recei				
	1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				(event type)	NONE	(add coi. (a) through col. (c))
ane				(event type)	(total number)	
Revenue	1	Gross receipts	35,845			35,845
Re						
	2	Less: Contributions	28,845	•		28,845
	3	Gross income (line 1 minus	7 000			
		_ line 2)	7,000			7,000
	4	Cash prizes				0
						*
	5	Noncash prizes				00
es		Dest/facility acate				
ens	6	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		0 0
ğ	7	Food and beverages				0
Direct Expenses		Ũ				1
Dire	8	Entertainment				00
			7.000		ノ)	
	9	Other direct expenses	7,000			7,000
	10	Direct expense summary. Add	l lines 4 through 9 in colur	nn (d)	•	(7,000)
	11	Net income summary. Subtract	t line 10 from line 3, colur	nn (d)	· · · · · · · · · · ·	0
Pa	art II	Gaming. Complete if th	e organization answer	ee Yes" on Form 99	0, Part IV, line 19, or r	eported more than
		\$15,000 on Form 990-E	Z, line 6a.			.
Jue			(a) Bingo	bingo/grogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Å	1	Gross revenue	• (1		0
-						
Expenses	2	Cash prizes				0
Den	2	Nonench prizon				
Ш	3	Noncash prizes				0
Direct	4	Rent/facility costs				0
ā						
	5	Other direct expenses				0
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	_			<i>4</i> W		
	7	Direct expense summary Add	nnes 2 through 5 in colur	nn (d)	🕨	(0)
	8	Net gaming incommisummary.	Subtract line 7 from line	1. column (d)	•	0
		V				-l
9) E	inter the state(s) in Waion the org	ganization conducts gamin	ng activities:		
		s the organization licensed to co				
	b lf	"No," explain:				
	••					
10	 ∖a V	Vere any of the organization's ga	amina licenses revoked, s			
		"Yes," explain:				
	· - ·					

Schedule G (Form 990) 2021

Sched	ule G (Form 990) 2021 DEGRE	GORIO FAMILY FOUNDATION, INC. 83-046	5493 Page	3
11	Does the organization conduct ga	ning activities with nonmembers?	Yes 🗌 No	_
12		ficiary or trustee of a trust, or a member of a partnership or other entity ming?	Yes 🗌 No	
13	Indicate the percentage of gaming			
а	The organization's facility	· · · · · · · · · · · · · · · · · · ·	(%
b	An outside facility	••••••••••••••••••••••••••••••••••••••		%
14		e person who prepares the organization's gaming/special events books and		
	records:			
	Name ►			
	Address ►			
15a		ract with a third party from whom the organization receives gamme	Yes 🗌 No	
b		ng revenue received by the organization ► \$ 0 and the		
		d by the third party 🕨 \$0		
С	If "Yes," enter name and address of	of the third party:		
	Name 🕨	<u> </u>		
	Address ►	\sim		
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation	▶ \$		
	Description of services provided	►		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
а	•	state lawto make charitable distributions from the gaming proceeds to		
b	retain the state gaming license? .	equires under state law to be distributed to other exempt organizations or	Yes 🗌 No	
		activities during the tax year \$		0
Part	V Supplemental Informat Part III, lines 9, 9b, 10b	ton. Revide the explanations required by Part I, line 2b, columns (iii) and 15b 15c, 16, and 17b, as applicable. Also provide any additional informati		Ť
	See instructions.			_
	·····			
	·····			
	······			1
			•••••••	
	•••••••••••••••••••••••••••••••••••••••			

Schedule G (Form 990) 2021

SCHEDULE I (Form 990)		Governmer	d Other Assist its, and Individ ganization answered "Y Attach to Fo	uals in the Un es" on Form 990, Par	ited States		OMB No. 1545-0047 2021 Open to Public
Department of the Treasury Internal Revenue Service		► Go t	o www.irs.gov/Form9901		ion.		Inspection
Name of the organization						Employer ide	entification number
DEGREGORIO FAMILY FOUNDA	FION, INC.						83-0465493
Part I General Information	on Grants	and Assistance					
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	awarte the grant	s or assistance? . lures for monitoring	the use of grant funds i	n the United States.	••••		
Part II Grants and Other 990, Part IV, line 21	Assistance to I, for any recip	Domestic Orga	mizations and Dom more than \$5,000. F	estic Government Part II can be dupli	ts. Complete if the or cated if additional spa	ganization answe	ered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IR esection (if explication	(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) CASE WESTERN RESERVE 10900 EUCLID AVE CLEVELAND, OF	34-1018992		100,000				
(2) WEILL CORNELL MEDICAL			115 000				
418 E 71ST ST UNIT 21 NWE YORK,			115,000				
(3) DANA FARBER CANCER INSTITU 450 BROOKLINE AVE BOSTON, MA			100,000				
(4) COLUMBIA UNIVERSITY]					· , <u></u>	
615 WEST 131 ST NEW YORK, NY 1	ð		146,350				
(5) UNIVERSITY OF PA				// •			
1 COLLEGE HALL PHILADELPHIA, P	23-1352685		125,000				
(6) BOSTON UNIVERSITY				1/5			
120 ASHFORD ST BOSTON, MA 022	04-2103547		125,000				
(7) CEDARS SINAI MEIDCAL CENTE	1						
8700 Beverly Blvd Los Angeles, CA 90	1	· · · · · · · · · · · · · · · · · · ·	37,500				
(8)							
(9)							
(10)						1.	
(11)							
(12)							
2 Enter total number of section	n 501(c)(3) and g	jovernment organiz	ations listed in the line 1	table			•
3 Enter total number of other of					<u> </u>	<u></u> .	▶ 7
For Paperwork Reduction Act Notic	e, see the Instru	ctions for Form 990).				Schedule I (Form 990) 2021

DEGREGORIO FAMILY FOUNDATION, INC. Form 930) 2021	and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	ed if additional space is needed.	(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other)	ESERACH 6 15.000		S.		Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
DEGREGORIO FAMIL) Schedule I (Form 990) 2021	Part III Grants and Othe	Part III can be du	(a) Type of grant or as:	MEDICAL RESERACH	5	4		Part IV Supplemental In

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	ons on	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization		Employer identif	
DEGREGORIO FAMI	LY FOUNDATION, INC.	83-0465493	
Form 990, Part VI, Se	ction B, Line 11b. The organization's accountant prepares the Form 990	4	
from information prov	ided by the organization. The organization then reviews the form at its	•	
board meeting. The fi	nal copy is file with the Internal Revenue Service.	6	
	ction C, Line 19: The organization's governing documents and financial	0)) .
statements are availa	ble upon request.		
Form 990, Part VI, Se	ction B, Line 12C: EACH DIRECTOR, OFFICER AND COMMITTEE MEME	BER MUST SIGN	
THE CONFLICT OF I	NTEREST POLICY EACH YEAR.		
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and a second	(`		0
	*		
	$\mathbf{\nabla}$		
	87 		

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
DEGREGORIO FAMILY FOUNDATION, INC.	83-0465493
	00-0400400
	•
	4 >
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Form 8879-TE		RS <i>e-file</i> Signature for a Tax Exem		on	c	MB No. 1545-0047
	For calendar year 2					
Department of the Treasury	For calendar year 2	 Do not send to the IRS. Keep 	o for your records.	, 20		2021
Internal Revenue Service		<u>Go to www.irs.gov/Form8879TE fo</u>	•	on.		
Name of filer				EIN or SSN		_
DEGREGORIO FAMILY Name and title of officer or person		·		83	-0465493	3
Lynn DeGregorio	son subject to tax			PRESIDENT		
	Return and Return	Information		- TREGIDENT		
CP and Form 5330 filers n 5a, 6a, 7a, 8a, 9a, or 10a	nay enter dollars and ca below, and the amount o, whichever is applicab not complete more than re X here	ing this Form 8879-TE and enter the ents. For all other forms, enter whole ton that line for the return being filed ble, blank (do not enter -0-). But, if you n one line in Part I. b Total revenue, if any (Form 990 b Total revenue, if any (Form 990 b Total tax (Form 1120-POL, line to b Tax based on investment inco b Balance due (Form 8868, line 3	dollars only. If you ch with this form was bla u entered -0- on the re , Part VIII, column (A), -EZ, line 9) 22) me (Form 990-PF, Pa	eck the box on line nk, then leave line turn, then enter -0- line 12) t V, line 5)	1a, 2a, 3 1b, 2b, 3 on the 1b 2b 3b 4b	a, 4a, b, 4b,
6a Form 990-T check h		b Total tax (Form 990-T, Part III, li			6h	
7a Form 4720 check he		b Total tax (Form 4720, Part III, lir	•		7b	
8a Form 5227 check he		b FMV of assets at end of tax ye			8b	
9a Form 5330 check he	ere 🕨 🔲	b Tax due (Form 5330, Part II, line	19)		9b	
10a Form 8038-CP chec	*k here 🕨 🔲	b Amount of credit payment requested	(Form 8038]CP, Part III, lin	e 22)	10b	
Part II Declarati	on and Signature	Authorization of Officer or	Person Subject	to Tax		
the date of any refund. If a (direct debit) entry to the fi return, and the financial in 1-888-353-4537 no later th processing of the electroni	applicable, I authorize the inancial institution account stitution to debit the ent an 2 business days pri- ic payment of taxes to re- ted a personal identifica	on of the transmission, (b) the reason ne U.S. Treasury and its designated unt indicated in the tax preparation s try to this account. To revoke a paym ior to the payment (settlement) date. receive confidential information nece ation number (PIN) as my signature f	Financial Agent to initia oftware for payment o lent, I must contact the I also authorize the fin ssary to answer inquiri	the an electronic func- the federal taxes of U.S. Treasury Fina ancial institutions in es and resolve issues	nds withd owed on t ancial Age nvolved in ues relate	rawal his ent at h the d to
PIN: check one box on	ily					
I authorize		RT J CREAMER PC	to enter my PIN	11112 Enter five number do not enter all ze	s, but	s my signature
a state agency enter my PIN	y(ies) regulating chari on the return's disclos		program, I also auth	orize the aforeme	entioned	ERO to
electronically f	filed return. If I have in	ax with respect to the entity, I will ndicated within this return that a RS Fed/State program, I will enter	copy of the return is	peing filed with a	state age	encv(ies)
Signature of officer or person s	ubject to tax			Date 🕨	5/16/	2022
	tion and Authentio					
ERO's EFIN/PIN. Enter number (EFIN) followed				93111112 enter all zeros	·]
I certify that the above n that I am submitting this IRS <i>e-file</i> Providers for I	return in accordance	IN, which is my signature on the a with the requirements of Pub. 4	2021 electronically fi 163, Modernized e-F	led return indicate ile (MeF) Informa	ed above ition for A	e. I confirm Authorized
ERO's signature			Date ►	_		
		O Must Retain This Form— mit This Form to the IRS U				