

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information OMB No. 1545-0047

2023

Open to	Public I	Inspectio
---------	----------	-----------

For	the ca	llendar year 2023, or tax year beg	ginning <mark>January 01</mark> , 2	023, and ending Dec	ember 31, 2	023			
		oundation yamory Foundation				A Emplo 87-165	yer identification number 8597	r	
		nd street (or P.O. box number if mail wife Brook Parkway Sui		ress)	Room/suite	om/suite B Telephone number (see instructions) (781) 275-9261			
		n, state or province, country, and Zl ge, MA 02138	IP or foreign postal code			C If exer	nption application is pen	ding, check here	
GC	heck	all that apply: Initial return Final return Address change	Amended r		charity	2. Fore	ign organizations, check ign organizations meetin ck here and attach comp	ig the 85% test,	
		type of organization: Section					ate foundation status was n 507(b)(1)(A), check here		
	Sectio	n 4947(a)(1) nonexempt charitable	trust Other taxable priv	vate foundation					
en	d of y	ket value of all assets at ear (from Part II, col. (c), \$ 1 7 , 118	J Accounting method: Other (specify) (Part I, column (d), must be				oundation is in a 60-mor section 507(b)(1)(B), cheo		
Pa	a	analysis of Revenue and Expe mounts in columns (b), (c), and (d) may no a amounts in column (a) (see instructions	ot necessarily equal	(a) Revenue and expenses per books	(b) Net inv inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., re	eceived (attach schedule)	26,06					
	2	Check i if the foundation is not requ	uired to attach Sch. B						
	3	Interest on savings and temporary	cash investments .	()	0	0		
	4	Dividends and interest from secur		()	0	0		
	5a	Gross rents		(0	0		
	b	Net rental income or (loss)	0						
	6a	Net gain or (loss) from sale of ass	ets not on line 10	(
enu	b	Gross sales price for all assets on line 6a							
Revenue	7	Capital gain net income (from Par				0			
ů,	8	Net short-term capital gain					0		
	9	Income modifications					5,000		
	-	Gross sales less returns and allowances							
	b	Less: Cost of goods sold							
	c	Gross profit or (loss) (attach sched	dule)						
	11	Other income (attach schedule)							
		Total. Add lines 1 through 11		26,06	i	0	5,000		
		Compensation of officers, director				0	0	0	
	14	Other employee salaries and wag	· · ·	(0	0	0	
	15	Pension plans, employee benefits		(0	0	0	
ş		Legal fees (attach schedule)			, 				
Operating and Administrative Expenses		Accounting fees (attach schedule)			1				
Å.		Other professional fees (attach sc							
e e		Interest	<i>,</i>	()	0	0	0	
trati		Taxes (attach schedule) (see instru							
inis	19	Depreciation (attach schedule) an	· ·						
Adr	20	Occupancy		()	0	0	0	
pu/	21	Travel, conferences, and meetings		()	0	0	0	
дa	22	Printing and publications		(0	0	0	
ratir	23	Other expenses (attach schedule)		348	•	0	0	0	
Ope	24		ive expenses.	348		0		0	
	25	Contributions, gifts, grants paid		49,740				49,746	
		Total expenses and disbursemer		50,094		0		49,746	
	27	Subtract line 26 from line 12: .		50,05				137710	
	a	Excess of revenue over expenses		(24,029)					
	b	Net investment income(if negativ		(21,025)		0			
	_					0			
	С	Adjusted net income(if negative,	enter -0-) · ·				5,000		

For Paperwork Reduction Act Notice, see instructions.

	ached schedules and amounts in the description column	Beginning of year	End o	f year
sn	ould be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Valu
1 Cash-non-interest-be	paring	36,147	17,118	17,1
• • •	cash investments	0	0	
3 Accounts receivable				
Less. allowance for do		0	0	
4 Pledges receivable	0 ubtful accounts			
Less: allowance for do	ubtful accounts	0	0	
		0	0	
	officers, directors, trustees, and other disqualified persons			
7 Other notes and loans	receivable (attach schedule)			
Less: allowance for do	ubtful accounts			
8 Inventories for sale or u	use	0		
9 Prepaid expenses and	deferred charges	0	0	
10a Investments-U.S. and	state government obligations (attach schedule)			
	e stock (attach schedule)			
c Investments-corporate	e bonds (attach schedule)			
11 Investments—land, bu	ildings, and equipment: basis 0			
Less: accumulated dep	preciation (attach schedule)			
	e loans	0	0	
13 Investments-other (at	tach schedule)			
14 Land, buildings, and ed	quipment: basis0			
accumulated depreciat	tion (attach schedule)			
15 Other assets (describe				
	mpleted by all filers-see the			
	page 1, item I)	36,147	17,118	17,
	accrued expenses	0	0	
		0	0	
1 3				
		0	0	
	rectors, trustees, and other disqualified persons	0	0	
00	otes payable (attach schedule)			
22 Other liabilities (describ))			
23 Total liabilities (add li	nes 17 through 22)	0	0	
Foundations that follo	ow FASB ASC 958, check here			
and complete lines 24				
24 Net assets without dor	nor restrictions			
25 Net assets with donor	restrictions			
Foundations that do r and complete lines 26	not follow FASB ASC 958, check here			
26 Capital stock, trust prir	ncipal, or current funds	36,147	17,118	
27 Paid-in or capital surpl	us, or land, bldg., and equipment fund	0	0	
	cumulated income, endowment, or other funds	0	0	
	nd balances (see instructions)	36,147		
	· · · · · · · · · · · · · · · · · · ·	30,147	17,118	
	et assets/fund balances (see	36,147	17,118	
t III Analysis of Changes	in Net Assets or Fund Balances			
	ances at beginning of year-Part II, column (a), line 29 (must agree		1	26
, , ,	on prior year's return)			36,
	le 27a		2	(24,0
	d in line 2 (itemize)			5,
			4	17,
Decreases not included in line Total net assets or fund bala				
Total net assets or fund bala	ances at end of year (line 4 minus line 5)—Part II, column (b), line 2		6	17,
				Form 990-PF (

Page	3
------	---

Part	N Capital Gains and Losses for Tax on Investm	nent Income					
	(a) List and describe the kind(s) of property sold (for exa common stock, 200 sl		use; or	(b) How acquired P—Purchase D—Donation		Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a							
b							
С							
d							
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		g) Cost or other basis plus expense of sale		(h) Gain or (l ((e) plus (f) min	
а							
b							
e	Complete only for exects showing gain in column (b)	and owned by the foundation on 12	/21/60			(I) Gains (Col. (h) g	
	Complete only for assets showing gain in column (h) a (i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col. (i) over col. (j), if any	с	col. (k), but not less Losses (from c	than -0-) or
а							
b							
с							
d							
е							
2		in, also enter in Part I, line 7					
3	V If (lo Net short-term capital gain or (loss) as defined in section If gain, also enter in Part I, line 8, column (c). See instru- Part I, line 8.	uctions. If (loss), enter -0- in			2		0
Part			-see ins	tructions)	0		•
	Exempt operating foundations described in section 49			-			
iu	Date of ruling or determination letter:(at				1		0
b	All other domestic foundations enter 1.39% (0.0139) or	f line 27b. Exempt foreign organizat			1		0
2	enter 4% (0.04) of Part I, line 12, col. (b)		· · · thers. ent	er -0-).	2		
3	Add lines 1 and 2						•
4	Subtitle A (income) tax (domestic section 4947(a)(1) tru			ter -0-)	3		0
5				,	4		0
6	Tax based on investment income. Subtract line 4 from Credits/Payments:	in line 3. Il zelo ol less, enter -0	•••		5		0
a	2023 estimated tax payments and 2022 overpayment	credited to 2023	6a	о			
b	Exempt foreign organizations-tax withheld at source		6b				
с	Tax paid with application for extension of time to file (F		60 60	0			
d	Backup withholding erroneously withheld			0			
7	Total credits and payments. Add lines 6a through 6d.		6d		7		
8	Enter any penalty for underpayment of estimated tax.				7		•
9					8		0
	Tax due . If the total of lines 5 and 8 is more than line 7				9		0
10	Overpayment . If line 7 is more than the total of lines 5				10		0
11	Enter the amount of line 10 to be:Credited to 2024 es	timated tax Refu	nded		11		0

Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .	1b		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
с	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		 Image: A state of the state of
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII.	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address https://www.polyamoryfoundation.org			
14	The books are in care of Alan MacRobert Telephone no. (781) 275-9			
	Located at 160 Alewife Brook Parkway , Suite 1114 , Cambridge , MA ZIP+4 02138			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<u> </u>	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		

Par	t VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	1a(6)		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?	2a		
	If "Yes," list the years 20, 20, 20, 20,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.).	2b	✓	
с	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		
b	If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		[
	foundation had excess business holdings in 2023.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
		4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b		
		·		

Part

Par	t VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
5a	During the year, did the foundation pay or incur any amount to:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions	5a(4)		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation 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?	8		

./11	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
VII	and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
Alan MacRobert 260 Davis Rd. ,Bedford ,MA 01730	President, Clerk, director 4	0	0	0
Valerie White 156 Massapoag Ave. ,Sharon ,MA 02067	Treasurer, director 1	0	0	0
Abigail A Hafer 260 Davis Rd. ,Bedford ,MA 01730	director 1	0	0	0
Murray Schechter 11 Livingston St., 2G ,Brooklyn ,NY 11201	director 2	0	0	0

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

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

Form 990-PF (2023)		Page 7
Part VII Information About Officers, Directors, True and Contractors (continued)	stees, Foundation Managers, Highly Paid Employees,	
3 Five highest-paid independent contractors for	professional services. See instructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for p	professional services	
Part VIII-A Summary of Direct Charitable Activitie	s	
List the foundation's four largest direct charitable activities during organizations and other beneficiaries served, conferences conve	g the tax year. Include relevant statistical information such as the number of ned, research papers produced, etc.	Expenses
Grants to two nonprofits aligned out early projects	with our mission statement to help get set up and carry	23,850
2 Grants to help three academic res papers expected to be produced	earch projects at three universities, with at least three	8,000
attendees and travel/lodging expe	nal conference to provide scholarships for low-income nses for low-income presenters (\$5000 total), and nable another conference to happen (\$2000)	7,000
• –	rgs: To fund creation of educational resources for the ders to network and to plan pro-bono legal work (\$3806)	9,896
Part VIII-B Summary of Program-Related Investm	nents (see instructions)	
Describe the two largest program-related investments made by	the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3.........		
<u> </u>		0
		Form 000-DE (000

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	37,438
с	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	37,438
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	37,438
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	562
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	36,876
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,844
Parl	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	1,844
2a	Tax on investment income for 2023 from Part V, line 5	D	
b	Income tax for 2023. (This does not include the tax from Part V.)	D	
с	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,844
4	Recoveries of amounts treated as qualifying distributions	4	5,000
5	Add lines 3 and 4	5	6,844
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.	7	6,844
Parl			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	49,746
b	Program-related investments—total from Part VIII-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	49,746

Form **990-PF** (2023)

Page 8

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
Distributable amount for 2023 from Part X, line 7				6,
Undistributed income, if any, as of the end of 2023:				
Enter amount for 2022 only			2,106	
• Total for prior years: 20, 20, 20		0		
Excess distributions carryover, if any, to 2023:				
Image: From 2018	0			
From 2019	0			
From 2020 From 2021	0			
From 2022	0			
Total of lines 3a through e	0			
Qualifying distributions for 2023 from Part XI, line 4: \$49,746				
Applied to 2022, but not more than line 2a			0	
Applied to undistributed income of prior years (Election required—see instructions)				
Treated as distributions out of corpus (Election required—see instructions)				
Applied to 2023 distributable amount				
P Remaining amount distributed out of corpus	0			
Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	o			
Enter the net total of each column as indicated below:				
Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
Prior years' undistributed income. Subtract line 4b from line 2b		0		
Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		o		
Subtract line 6c from line 6b. Taxable amount – see instructions		0		
 Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions 			2,106	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024.				6,
Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	o			
Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)				
Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a .	0			
D Analysis of line 9:				
Excess from 2019	0			
• Excess from 2020	0			
Excess from 2021	0			
Excess from 2022	0			
Excess from 2023	0			

_

_

_

						0	
Parl	XIII Private Operating Foundation	s (see instructions and	Part VI-A, question 9)				
1a	If the foundation has received a ruling or foundation, and the ruling is effective for						
b	Check box to indicate whether the found	ation is a private operatin	g foundation described in	section 4942(j)(3) or	4942(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum investment return from Part IX for	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total	
	each year listed						
	85% (0.85) of line 2a						
С	Qualifying distributions from Part XI, line 4, for each year listed						
d	Amounts included in line 2c not used directly for active conduct of exempt activities .						
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the alternative test relied upon:						
а	"Assets" alternative test-enter:						
	(1) Value of all assets						
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed						
С	"Support" alternative test-enter:						
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)						
	(3) Largest amount of support from an exempt organization						
	(4) Gross investment income						
Parl	XIV Supplementary Information (C any time during the year – see		if the foundation had S	5,000 or more in assets a	t		
1	Information Regarding Foundation Ma						
	List any managers of the foundation who	have contributed more th			lation		
	before the close of any tax year (but only Alan MacRobert	if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
b	 List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 						
2							
а	The name, address, and telephone numb	er or email address of the					
b	The form in which applications should be	submitted and information	See Statemen on and materials they sho				
	Any submission deadlines:		······································				
d	Any restrictions or limitations on awards,	such as by geographical	areas, charitable fields, ki	inds of institutions, or other			
	factors:						

	ar or Approved for Future Payme			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year		<u> </u>		
e Statements				
tal	· · · · · · · · · · · · · · · · · · ·		3a	49,
Approved for future payment		· · · · · ·	3a	49,
			3a	49,
			3a	49,
	<u> </u>		3a	49,
			3a	49

Part XV-A Analysis of Income-Producing Activities

er gross amo	ounts unless otherwise indicated.	Unrelated but	siness income	Excluded by se	(e)	
Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
				1		
f						
	nd contracts from government agencies					
	hip dues and assessments					
	n savings and temporary cash investments					
Dividends	s and interest from securities					
Net renta	l income or (loss) from real estate:					
	nanced property					
	bt-financed property					
	income or (loss) from personal property					
	estment income					
,	ss) from sales of assets other than inventory					
	ne or (loss) from special events .					
	ofit or (loss) from sales of inventory					
Other rev	enue: a					
b						
e						
Subtotal. Total. Ac	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.		0		0	
Subtotal. Total. Ac worksheet	Add columns (b), (d), and (e)	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent
Subtotal. Total. Ac worksheet t XV-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations. Relationship of Activities to the A Explain below how each activity for which	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent
Subtotal. Total. Ac worksheet t XV-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations. Relationship of Activities to the A Explain below how each activity for which	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent
Subtotal. Total. Ac worksheet t XV-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations. Relationship of Activities to the A Explain below how each activity for which	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent
Subtotal. Total. Ac worksheet t XV-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations. Relationship of Activities to the A Explain below how each activity for which	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent
Subtotal. Total. Ac worksheet t XV-B	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations. Relationship of Activities to the A Explain below how each activity for which	.) Accomplishment c h income is reported in c	f Exempt Purposes	S ntributed important	3	ent

	990-PF ((2023)					Page 13
Par	: XVI	Information Regarding Transfe	rs to and Transactions and Relationships With Nor	ncharitable Exempt Organizations.			
1	in sect		engage in any of the following with any other organiza c)(3) organizations) or in section 527, relating to politic			Yes	No
а	Transfe	ers from the reporting foundation to	a noncharitable exempt organization of:				
					1a(1)		
	(2) Oth	her assets			1a(2)		
b			empt organization		1b(1)		
			able exempt organization		1b(2)		
			er assets		1b(3)		
	(4) Re	imbursement arrangements			1b(4)		
					1b(5)		
	(6) Pe	rformance of services or members	hip or fundraising solicitations		1b(6)		
с	Sharing	g of facilities, equipment, mailing li	sts, other assets, or paid employees		1c		
d	If the a	-	" complete the following schedule. Column (b) should	alwavs show the fair market value of the go	ods, other as	sets, or	services
		by the reporting foundation. If the for the reporting foundation of the formation of the received of the recei	oundation received less than fair market value in any t		column (d) tl	ne value	of the
(a) ∟							
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) ∟	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) ∟	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) ∟	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
(a) L	goods,	, other assets, or services received		transaction or sharing arrangement, show in			
	goods,	, other assets, or services received		transaction or sharing arrangement, show in			

b If "Yes,"	complete th	ne following schedule.							
	(a) Name of organization		(b) Type of organization			(c) De:	scription of relationship		
Sign Here	Under penalties of perjury, I declare that I have exam true, correct, and complete. Declaration of preparer (other Alan MacRobert				ion of v	which p			s return with
	Signature of officer or trustee		Date		Title			See instructions.	Yes 🗌 No
Paid Preparer	1	Print/Type preparer's name	Preparer's signa	ture			Date	Check if self-employed	PTIN
Use Only		Firm's name	·			Firm's	EIN		•
•	Firm's address		۶		Phone no				

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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



Employer identification number

87-1658597

Internal Revenue Service

Name of the organization

The Polyamory Foundation

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c) () organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1) (A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Name of the organization	
The Polyamory Foundation	

Employer identification number 87-1658597

	Tyamory Foundaction		/=1050597
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
1	Alan MacRobert 260 Davis Rd Bedford, MA 01730	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ne organization .yamory Foundation	Employer identification number 87-1658597	
art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$

Schedule E	3 (Form 990) (2023)				Page 4
	ne organization Lyamory Foundation				Employer identification number 87-1658597
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any one contribution on pleting Part III, enter the completing Part III, enter the ar. (Enter this information on	utor . Complete c e total of exclusiv	olumns (a) through ely religious, charit	(e) and
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Description of how gift is held	
		(e) Transfei	r of aift		
	Transferee's name, address, an		-	Relationship of transfer	ror to transferee
(-) No.				Γ	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desci	ription of how gift is held
	Transferee's name, address, an	(e) Transfei	-	Relationship of transfer	ror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desci	ription of how gift is held
		(e) Transfei	r of gift		
	Transferee's name, address, an	d ZIP + 4		Relationship of transfer	ror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
	Transferee's name, address, an	(e) Transfei d ZIP + 4	-	Relationship of transfer	ror to transferee

Schedule B (Form 990) (2023)

Name of the Organization

FIN

2,000

5,000

13,850

2,456

2,000

1,000

1,000

6,440

10,000

2,000

Name o	of the Organization		EIN		
The Polyamory Foundation 87-1658597				597	
Grants	s and Contributions Paid during the	e year - Part XIV Line 3a			
S. No.	Name	Address		Foundation status	Amount
1	Kaitlyn Rianne Swecker	5202 Auburn St, Lubbock, TX 79416		N/A	2
To he	Lp fund expenses for academic re	esearch project at Texas Tech Universi	ty.		
2	Loving More Nonprofit	PO Box 1658,Loveland,CO 80539		PC	5
To fu	nd scholarships and expenses for	low-income attendees and presenters	at educa	ational conference.	
3	Org for Polyamory and Ethical Nonmo	1518 Madera Ct., El Cerrito, CA 94530		PC	13
Educat	tion for the public and profession	onals, and for organizational develop	ment.		
4	Chosen Family Law Center	30 Wall St, New York, NY 10005		PC	2
To fu	nd expenses for a conference of	legal advocates.			
5	MN Poly	4135 41st Ave S., Minneapolis, MN 55406	5	PC	2
To fu	nd expenses to put on a public e	educational conference.			
6	Tessa DesMarais	612 West Belmont Ave, Chicago, IL 60657	7	N/A	1
To fu	nd expenses for academic researc	ch project at DePaul University.			
7	Natl Coalition for Sexual Freedom	822 Guilford Avenue, Box 127, Baltimore 21202-3707	e, MD	PC	1
To fu	nd printing of educational mater	rials for professionals and the public	•		
8	Incarnation Institute	124 W Mount Pleasant Ave, Philadelphia, PA 19119		PC	6
To fu	nd expenses for an educational of	conference for sexual health practition	ners and	for clergy	
9	Modern Family Institute	340 Kings Road, Brisbane, CA 94005		PC	10
Seed i	funding to help develop this new	v educational and research organization	n		

10 1213 East 8th St, Davis, CA 95616 N/A Rose Bern via UC Regents To fund expenses for Rose Bern's academic research project at University of California/Davis (funds were passed through The

Regents of the University of California). 400 Saw Mill Rd, Apt 18, Lafayette, IN 47905 N/A 11 Katie Adams 4,000 To fund expenses to carry out academic research project at Purdue University.

Name of the Organization The Polyamory Foundation				nployer -16585	identification number	
Statement name: Other Expenses - Part I Line 23			0,	10505		
Explanation:	Filing f	ee and lat	e fee. Massachus	setts S	Secretary of State's of	office
	\$186		,			
Revenue and Expenses per books:	\$0					
Net Investment Income:						
Adjusted Net Income:	\$0					
Disbursements for Charity Purpose:	\$0					
Explanation:	Pay Pal :	fees				
Revenue and Expenses per books:	\$28					
Net Investment Income:	\$0					
Adjusted Net Income:	\$0					
Disbursements for Charity Purpose:	\$0					
Explanation:	Citizens	Bank fees				
Revenue and Expenses per books:	\$36					
Net Investment Income:	\$0					
Adjusted Net Income:	\$0					
Disbursements for Charity Purpose:	\$0					
Explanation:	Amazon P	rime charit	ty listing fees			
Revenue and Expenses per books:	\$98					
Net Investment Income:	\$0					
Adjusted Net Income:	\$0					
Disbursements for Charity Purpose:	\$0					
Statement name: Changes in Net Assets - Part III Line 3						
Explanation:		0 grant gi in April 2		eching	ger in 2022 was return	ned to us
Amount:	\$5,000					
Statement name: Part VII Line 1 List of officers						
(a) Name and title		(b) Average hours per week devoted to	(c) Reportabl compensatio		(d) Health benefits	(e) Estimated amount of other compensation
Adrienne D. Pacheco director		position 1		\$0	\$0	
11 Livingston St., 2G ,Brooklyn,NY 11201						
Kenneth Haslam director		1		\$0	\$0	\$
The Forest at Duke #2021 ,Durham,NC 27705						

Form 990PF Statements

Name of the Organization The Polyamory Foundation	Employer identification number 87-1658597
Statement name: Information Regarding Co	ntribution Programs - Part XIV Line 2
Name of program:	Polyamory Foundation grants
Name of person:	The Polyamory Foundation
Address:	160 Alewife Brook Pkwy,Suite 1114,Cambridge,MA 01730
Email Address:	polyamoryfoundation@gmail.com
Phone number:	(781) 275-9261
Submission deadlines:	Submit anytime
Form name:	Apply for a grant using the instructions and application form at https://www.polyamoryfoundation.org/apply-for-a-grant
Restrictions:	We fund qualifying projects that advance our Statement of Purpose (see https://www.polyamoryfoundation.org/home). We currently only make grants in the US. If you are an individual, or an organization that is not a qualifying nonprofit, we make grants only for enumerated expenses you incur in advancing our Statement of Purpose, not for time worked.

Form E	3453-TE Tax E	Ξxe	empt Entity Declaration and Signatur for Electronic Filing	re	OMB No. 1545-0047
	For calendar year	,	or tax year beginning, , and ending,		20
		; 99C), 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8 o <i>www.irs.gov/Form8453TE</i> for the latest information.		20
Name o	f filer			EIN or SS	N .
Part	Type of Return and Ret	urn	Information		
and Fo 6a, 7a 6b, 7b	orm 5330 filers may enter dollars , 8a, 9a, or 10a below,and the amo	s ar oun lical	ng filed with Form 8453-TE and enter the applicable amound cents. For all other forms, enter whole dollars only. If you to n that line of the return being filed with this form was ble, blank (do not enter -0-). If you entered -0- on the reter in Part I.	ou check blank, t	< the box on line 1a, 2a, 3a, 4 a then leave line 1b, 2b, 3b, 4b, \$
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line	12) .	1b
2 a	Form 990-EZ check here .	b	Total revenue, if any (Form 990-EZ, line 9)		2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here .	b	Tax based on investment income (Form 990-PF, Part V, line	e 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)		5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)		6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)		7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	🔽	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)		9b

10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 2210b)

Part II	Declaration	of Officer	or Person	Subject to Ta	ах
---------	-------------	------------	-----------	---------------	----

□ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic fun 11a withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confide information necessary to answer inquiries and resolve issues related to the payment.

b 🗌 If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare tha \Box I am an officer of the above named entity \Box I am the person subject to tax with respect to (name of entity) , (EIN)

and that I have examined a copy of the 202 electronic return and accompanying schedules and statements, and, to the best of knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the to the IRS and to receive from the IRSa(a) acknowledgement of receipt or reason for rejection of the transmissible, (b) son for any delay in processing the return or refund, and (c) the date of any refund.

Sign	Alan MacRobert			
Here	Signature of officer or person subject to tax	Date	Title, if applicable	
		(

Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and inform be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File Information for Authorized IRS e-fileoviders for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are t correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO [®] s Use	ERO s signature	Date	Check if self- employed	ERO s SSN or PTIN
	Firm s name (or yours if self-employed),			EIN
Only	address, and ZIP code			Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of pwelpiareitheas any knowledge.

Paid Preparer Use Only	Print/Type preparer s name	Preparer s signature	Date	Check if self- employed	PTIN
	Firm s name	Firm s EIN			
	Firm s address			Phone no.	
For Privacy A	ct and Paperwork Reduction Act Notice	. see back of form.	No 31574T	Forn	n 8453-TE (

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-TE**(