Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury

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.

ritei	IIdi ACVC	TIGO OCI FIOC	_	Go to www.ns.gov/ro/msso for instructions and the latest in	iioiiiiauoii.			_	mobcor	1011
A	For th	ne 2023 d	ale	endar year, or tax year beginning , and ending						
В	Check if	applicable:	С	Name of organization MARTHA'S VINEYARD COMMUNITY		D	Employe	er identi	fication numbe	r
	Address	change		FOUNDATION, INC.		1				
一		- 1		Doing business as		1 8	34-2	084	322	
ᆜ	Name ch	nange	Г	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephor	ne numb	er	
	Initial reti	um	_	PO BOX 243		1 5	<u> 508-</u>	<u> 338</u>	<u>-4665</u>	
	Final retu			City or town, state or province, country, and ZIP or foreign postal code						
\exists		- 0		WEST TISBURY MA 02575		G	Gross rec	eipts\$	6,632	2,707
╝	Amended	d return	F	Name and address of principal officer:						
	Application	on pending		ISABELLE LEW	H(a) Is this a g	roup i	return for s	subordina	ates? Yes	X No
				P.O. BOX 243	H(b) Are all su	ıbordi	nates incl	uded?	Yes	No
				WEST TISBURY MA 02575	If "No	o," atta	ach a list.	See inst	ructions	_
	T				1					
		mpt status:	TATE		1					
J	Website		_	W.MARTHASVINEYARDCF.ORG	H(c) Group ex					3.470
-27		organization:	_		ear of formation:	190	32	M Sta	te of legal domic	ile: MA
P	art I			mary						
	1 1	Briefly de	SCI	ibe the organization's mission or most significant activities:		. 333				
ø	1			HEDULE O						
ä	'		• • •							
Ë	1						· · · · · · · · · · · · · · · · · · ·	353	1886	E 2000
Governance	2	Chack thi		ox if the organization discontinued its operations or disposed of more than 25%	of ite not see	ate.				
Ğ	1			ation marsh as a fithe assuming hads (Dath) (Line 4a)			3	11		
රා				oting members of the governing body (Part VI, line 1a)				$\frac{11}{11}$		
Ę.				ndependent voting members of the governing body (Part VI, line 1b)			4			
Activities				r of individuals employed in calendar year 2023 (Part V, line 2a)	8	20	5	_7_		
당				r of volunteers (estimate if necessary)			6	0		
-	7a	Total unre	elat	ed business revenue from Part VIII, column (C), line 12			7a			0
				d business taxable income from Form 990-T, Part I, line 11			7b			0
					Prior Ye				Current Year	
Ф	8 (Contributi	ons	s and grants (Part VIII, line 1h)	3,34	7,	979		2,487,	<u> 126</u>
Ž	9 1	Program :	ser	vice revenue (Part VIII, line 2g)						0
Revenue	10 1	nvestme	nt ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)	789		286,	823		
ď				ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			377			240
				e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,10				2,778,	
				similar amounts paid (Part IX, column (A), lines 1–3)	2,48				2,246,	
					2,40	0,	0 - 3		2,270,	210
				to or for members (Part IX, column (A), line 4)	2.0	7	711		200	(1)
benses				er compensation, employee benefits (Part IX, column (A), lines 5–10)		11	741		380,	643
Sué				fundraising fees (Part IX, column (A), line 11e)						0
ğ				sing expenses (Part IX, column (D), line 25)		53				
Ж	17 (Other exp	ens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)			845		712,	
	18 7	Fotal expe	ens	es. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,40	7,	431		3,339,	196
	19 F	Revenue	les	s expenses. Subtract line 18 from line 12	69	9,	960		-561,	007
vet Assets or und Balances					Beginning of Cu				End of Year	
sets	20 T	Total asse	ets	(Part X, line 16)	14,16	6,	157	1	5,100,	827
A Big	21 T			s (Part X, line 26)	57	1,	337		571,	682
ᇎ	22 N			r fund balances. Subtract line 21 from line 20	13,59	4.	820	1	4,529,	145
P	art !!	7		ature Block						
				ry, I declare that I have examined this return, including accompanying schedules and statemer	ate and to the h	oet o	of my kny	nulada	and helief if	ie
			•	lete. Declaration of preparer (other than officer) is based on all information of which preparer ha			n my km	Jincagi	o and belief, h	. 15
		· ·	÷					_		
. :		Signature	of of	Mean .		_	Date			
ig		-					Date			
lei	re			LLE LEW CLERK						
			_	ame and title	-					
	_	Print/Type	pre	parer's name Preparer's signature	Date		Check	if	PTIN	
aic	t	JAYNE A	Α.	ANDREWS JAYNE A. ANDREWS	07/23	/24	self-em	oloyed	P0051465	3
, rel	parer	Firm's nam	ne	ANSTISS & CO., P.C.		irm's	EIN	04	-29172	
lse	Only			6 OMNI WAY STE 201						
		Firm's add	race	CHITTMETTORD NA 01004 4107	1.	hone	no	978	-452-2	2500
lav	the IP			is return with the preparer shown above? See instructions					X Yes	No
·~y			- 441						12 Y 1 4 4 4	144

• • • • •	n 990 (2023) MARTHA'S VII		NITY 84-2		Page 2
Pa	art III Statement of Progr	am Service Accom	plishments		
	Check if Schedule O	contains a respons	se or note to any line in this	Part III	X
1	Briefly describe the organization's m	ission:			
S	SEE SCHEDULE O				
	6				00-00-000-0-0-1
_	57.0			listed on the	
2	Did the organization undertake any s				
					Yes X No
	If "Yes," describe these new services	s on Schedule O.			
3	Did the organization cease conducting	ng, or make significant ch	langes in how it conducts, any pro	gram	
	services?				Yes X No
	If "Yes," describe these changes on				
4	Describe the organization's program		s for each of its three largest progr	am services, as measured by	
•	expenses. Section 501(c)(3) and 501	· · · · · · · · · · · · · · · · · · ·			
	the total expenses, and revenue, if a	–		<u></u>	
	the total expenses, and revenue, if a	ny, for each program ser	vice reported.		
_		0.706.770	0.0	16 210 : -	
4a	(Code:) (Expenses \$	2, 126, 113	including grants of \$ 2.24	16,310) (Revenue \$	
	PUTTING CONTRIBUTION				LNEYARD
C	COMMUNITY THROUGH G	RANTS TO ISI	LAND NON-PROFIT C	RGANIZATIONS AND	
S	CHOLARSHIPS TO MAR	THA'S VINEY	ARD STUDENTS.		2.58
	*				9
	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4				
					N

					3 - 15 - 1 - 1 - 12 - 12 - 13 - 13 - 1 - 12
4h	(Code:) (Expenses \$	i	ncluding grapts of \$) (Revenue \$)
JU JU	r /-n				
IA					
	3 8 - 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
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4c	*	00 000 00 00 00 00 00 00 00 00 00 00 00	ncluding grants of \$) (Revenue \$	
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N	(Code:) (Expenses \$ // A		ncluding grants of \$) (Revenue \$	
N	(Code:) (Expenses \$ /A Other program services (Describe on	Schedule O.)			
N 4d	(Code:) (Expenses \$ /A Other program services (Describe on (Expenses \$	Schedule O.) including grants of	\$) (R) (Revenue \$)
N 4d	(Code:) (Expenses \$ /A Other program services (Describe on	Schedule O.)	\$) (R) Form 990 (2023)

			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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
Ť	candidates for public office? If "Vas." complete Schodule C. Port I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		1
	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? If "Yes," complete Schedule C, Part III	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? If			
	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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	and the Calendria D. Part III		77	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	X	_
b	of the head assessed assessed in Dort V. Line ACO IF IIVon II assessed to Colondaria D. Dort VIII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·		11c		Х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l l		7.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.	- 8	v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Χ
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		
	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	

Form 990 (2023) MARTHA'S VINEYARD COMMUNITY

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	-
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			37
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1 37
•.	through 24d and complete Schedule K. If "No," go to line 25a	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
С		04.		
al	to defease any tax-exempt bonds?	24c		_
d		24d		
25a		250		V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	OFh		V
	If "Yes," complete Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			3.7
	persons? If "Yes," complete Schedule L, Part III	27	VIII III	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	100		11.51
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		_X_
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	1 1		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
, Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	S		Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		HA	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		72.5	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

	1990 (2023) MARTINA D VINETARD COMMONTH					age e
-	art V Statements Regarding Other IRS Filings and Tax Compliance (cont	inuec)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				No.	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_ 7	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
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			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l accor	unt)?	4a		X
b	If "Yes," enter the name of the foreign country			[26]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		(5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	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 th	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?		. 21. 5025. 145 15 . 185	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?		500 L 20 L 2000 Jan	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			van s		Mag
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods		120		
	Oversom add ad bedinner and			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		60	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s				
•	required to file Form 8282?			7c		Х
d	15 W = 1 in direct the number of Ferror 2002 filed during the year	7d			ALC:	et.=
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	_	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization metric of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining			10.00		
0	sponsoring organizations mannaring donor advised rands. Bid a donor advised rand mannaring sponsoring organization have excess business holdings at any time during the year?	cu by i		8		Х
^	Sponsoring organizations maintaining donor advised funds.	(c)		100		
9				9a		X
a	Did the sponsoring organization make any taxable distributions under section 4966?			9b		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	i - (i · · · · ·		30	-	-21
10	Section 501(c)(7) organizations. Enter:	100				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	المعدا			85	
а	Gross income from members or shareholders	11a			106	
b	Gross income from other sources. (Do not net amounts due or paid to other sources	445			_ I	
	against amounts due or received from them.)	11b		40.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		-HUS
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			3.00	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40.		
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				1	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				3.7
4a						<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation c	or .			**
	excess parachute payment(s) during the year?		usuga esesi sarrurar	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				of F	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.				7-	- 5-1
7	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	rities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

MA 02575

508-338-4665

Form 990 (2023)

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

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

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 1 Steries any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ction A. Governing Body and Management		Yes	No
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Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12b X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization mad	D		10h		
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and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.	46				
20 State the name, address, and telephone number of the person who possesses the organization's books and records.	19				
	00				

WEST TISBURY

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.													
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or difficer em or director/trustee) Or difficer em or director/trustee					an e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	related organizations			
(1) PAUL SCHULZ													
EXECUTIVE DIRECTOR	40.00			X				125,000	0	5,000			
(2) EMILY BRAMHALL	0 00												
FRMR EXECUTIVE DIR	0.00			Х				41,460	0	417			
(3)OLLIE BECKER													
DIRECTOR	5.00	X						0	0	0			
(4) CAROL BIONDI													
DIRECTOR	5.00	Х						0	0	0			
(5) CHRISTOPHER CEL													
DIRECTOR	5.00	X						0	0	0			
(6) JULIE FAY	Alent Administra												
VICE-CHAIR	5.00 0.00	Х		X				0	0	0			
(7) ARIELLE FARIA	- 00												
DIRECTOR	5.00	Х						0	0	0			
(8) ISABELLE LEW	F 00												
CLERK	5.00	X		X				0	0	0			
(9) LUIZA MOUZINHO													
DIRECTOR	5.00 0.00	X				1	1	0	0	0			
(10) ELLEN PESCH	0.00	12					T		Ü				
DIRECTOR	5.00	X						o	0	0			
(11)LISA REAGAN													
DIRECTOR	5.00	Х						0	0	0			

DAA

(A) Name and title	(B) Average hours per week	bc of	x, unl ficer a	Pos check ess pe and a c	erson directo	than o	an iee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) MITCH RUBIN (12) DIRECTOR	5.00	Х						0	0	O
(13) ALEC WALSH (13) CHAIR	5.00 0.00	X		Х				0	0	0
(14)										
(15)	. 140 480									
(16)										
(17)	1959 · · · · · · · · · · · · · · · · · ·									
(18)										
(19)	partoner aller ret									
1b Subtotal	ets to Part VII,	Sect	tion	A . ::	ā			166,460		5,417 5,417
Total number of individuals (in reportable compensation from	cluding but not li the organization	imite	d to	thos	e list	ed a	bove	e) who received more than		Yes No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization individual 	complete Schede 1a, is the sum sizations greater	dule of re than	J for porta \$15	suci able 0,00	n ind com 0? If	ividu pens "Ye.	al atio s," c	n and other compensation to mplete Schedule J for suc	from the ch	3 X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contractor	a receive or acc ganization? If "Y	rue c	omp	ensa	ation	fron	n ang	y unrelated organization or	individual	
Complete this table for your five compensation from the organization.	re highest composition. Report co (A) business address	ensa ompe	ted i	ndep tion f	ende or th	ent c ie ca	ontr lend	lar year ending with or withi	han \$100,000 of n the organization's tax ye: (B) on of services	ar. (C) Compensation
ivame anu	Dusiness dudiess							Безлірі	OII OI Sel Piues	Compensation
Total number of independent or received more than \$100,000 or received.							thos	se listed above) who	0	
DAA	or compensation	HUII		orga	23 31 2 C	ALIUI1			U	Form 990 (2023)

	Crieck	11 30	nedule O COI	italiis	a resp	OHSE OF HOE				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
울 1	a Federated cam	paign	S	1a			He ditain			
2	b Membership du	ies	0.000.000.00	1b						
A	c Fundraising eve	ents	3.68.68	1c			112001 1100			
<u>ख</u>	d Related organiz	ations	3	1d						
Ē	e Government grants (contribut	ions)	1e	1	,349,892				
2	f All other contributions and similar amounts:	s, gifts, g not inclu	rants, ded above		1	,137,234				
2						79,936				
<u> </u>	h Total. Add line:	s 1a-1	f				2,487,126			
1						Business Code				
2	a									
0	b		had the state of t		ues romane a					
e e	C			0.10001						
Kevenue	d	-000		00.00004	GO - 1000 - F					
1 '										
	f All other progra									
	g Total. Add lines									
3		•	•		,		5.4.0. 0.5.5			2.2
١.	other similar am	nounts)				340,955			340,955
4	Income from inv									
5	Royalties									
		١.	(i) Real		(ii)	Personal				
1	Gross rents	6a			-					
1	Less: rental expenses									
	Rental inc. or (loss)	6c	1							
	Net rental incom	e or (
'`	7a Gross amount from sales of assets (i) Securities				(ii) Other				
١.	other than inventory	7a	3,800	,386						
	Less: cost or other		2 054	E 4 0						
	basis and sales exps.	7b	3,854							
4	Gain or (loss)	7c		,132			54.400			
	Net gain or (loss						-54,132			-54,132
88	Gross income from							100		
	(not including \$			1						
	of contributions rep			-						
١.	1c). See Part IV, lin	-		8a			FIRE VIEW			
	Less: direct exp			8b						
1	Net income or (I		-	events		6.831.131.13T				
9a	Gross income fr	_	_							
١.	activities. See P			9a						
	Less: direct expe			9b						
1	Net income or (l			vities					BUR BUR DE LA COMP	
108	Gross sales of ir		-							
	returns and allow			10a						
	Less: cost of god			10b						
C	Net income or (le	JSS) Tr	om sales of Inve	епогу	*********	Business Code	Service and the			Tell to Still Tell
11a	MISCELLANE	ous I	NCOME	::::::::::::::::::::::::::::::::::::::	ng	900099	4,240			4,240
b	B									
b c										
d	All other revenue									
•	Total. Add lines						4,240		a little and a second	real field and
12	Total revenue.	Caa in	atri atiana				2.778.189	\cap	O.	291.063

Form 990 (2023) MARTHA'S VINEYARD COMMUNITY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) Check if Schedu		iplete all columns. All others se or note to any line in th		lete column (A).	
Do not include amounts report 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to dome	estic organizations				
and domestic governments. See Par	•	1,909,860	1,909,860		
2 Grants and other assistant					
individuals. See Part IV, lir	ne 22	336,450	336,450		
3 Grants and other assistance to					
organizations, foreign governm	- 1				
foreign individuals. See Part IV					
4 Benefits paid to or for men					
5 Compensation of current of	***********				
trustees, and key employe	L/	171,787		171,787	
6 Compensation not included ab					
persons (as defined under sect					
persons described in section 49					
7 Other salaries and wages		164,804		164,804	
8 Pension plan accruals and con	tributions (include	101,001		101,001	
section 401(k) and 403(b) emp					
9 Other employee benefits		8,749		8,749	
		35,303		35,303	
10 Payroll taxes11 Fees for services (nonemp	lovees):	33,303		33,303	
a Management	The same of the sa	2,878		2,878	
b Legal		55,014		55,014	
c Accounting		90,000	90,000	33,014	
	Osa Dari IV lina 47	90,000	90,000		
e Professional fundraising service		55 150		55 150	
f Investment management for		55,158		55,158	
g Other. (If line 11g amount exceeds 10		10 750		10 750	
(A) amount, list line 11g expenses on		13,750		13,750	
12 Advertising and promotion		17 500		17 500	
		17,520		17,520	
14 Information technology		23,038		23,038	
		0.4.050		0.4.050	
16 Occupancy		24,858		24,858	100
		180			180
18 Payments of travel or enter					
for any federal, state, or loc					
19 Conferences, conventions,	and meetings	3,950		3,950	
22 Depreciation, depletion, and	d amortization	3,471		3,471	
23 Insurance		8,022		8,022	
24 Other expenses. Itemize expens	ses not covered				
above. (List miscellaneous expe	enses on line 24e. If				
line 24e amount exceeds 10% of	of line 25, column				
(A) amount, list line 24e expens	es on Schedule O.)				
a PROJECT COSTS		390,463	390,463		
b OTHER DEVELOPME	ENT EXPENSE	15,241			15,241
c NEWSLETTER/ANNU	JAL REPORT	8,700			8,700
d					
e All other expenses					
25 Total functional expenses. Add lin	es 1 through 24e	3,339,196	2,726,773	588,302	24,121
26 Joint costs. Complete this line	only if the				,
organization reported in column from a combined educational ca fundraising solicitation. Check h	mpaign and				
following SOP 98-2 (ASC 958-7					Faces QQA (2022)

MARTHA'S VINEYARD COMMUNITY Form 990 (2023)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X . (A) Beginning of year End of year 462,354 466.084 1 Cash—non-interest-bearing 2 Savings and temporary cash investments 2 113,372 100,602 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 4,019 2,325 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 33,805 basis. Complete Part VI of Schedule D 10a 8,921 12,393 b Less; accumulated depreciation 10b 10c 14,429,057 13,486,937 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 83,104 97,816 15 Other assets. See Part IV, line 11 15 15,100,827 14,166,157 16 Total assets, Add lines 1 through 15 (must equal line 33) 16 115,588 155,402 17 Accounts payable and accrued expenses 17 42,016 130,031 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 325,718 25 374,264 of Schedule D 571,337 571,682 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 6,927,587 6,604,600 Net assets without donor restrictions 27 7,601,558 6,990,220 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 14,529,145 13,594,820 32 Total net assets or fund balances 32 14,166,157 15, 100, 827 Total liabilities and net assets/fund balances

Form 990 (2023)

Pa	art XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI					_ X						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	, 7	78,	189						
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	, 33	39,	196						
3	Revenue less expenses. Subtract line 2 from line 1	3				007						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				820						
5	Net unrealized gains (losses) on investments	5	1	, 52	25,	692						
6	Donated services and use of facilities	6										
7	Investment expenses 7											
8	Prior period adjustments											
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-(30,	360						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line											
	32, column (B))	10	14	, 52	29,	145						
Pa	art XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII					Ш						
					Yes	No						
1	Accounting method used to prepare the Form 990:											
	If the organization changed its method of accounting from a prior year or checked "Other," explain on											
	Schedule O.					No.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					67						
	reviewed on a separate basis, consolidated basis, or both.					100						
	Separate basis Consolidated basis Both consolidated and separate basis				3	R						
þ	Were the organization's financial statements audited by an independent accountant?			2b	X							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				3							
	separate basis, consolidated basis, or both.		133	13								
	X Separate basis Consolidated basis Both consolidated and separate basis				0.0							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2000 - 1000 -		2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain on		100	ř.								
	Schedule O.											
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		- 1									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>L</u> i	3a	Χ							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the											
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits] ;	3b	Χ							
				Form	990	(2023)						

DAA

SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

MARTHA'S VINEYARD COMMUNITY FOUNDATION, INC.

Employer identification number 84-2084322

-	200		C D III OI 17	404 4 (AII - 1 41		200	1 11: 11:0								
-	art			y Status. (All organization				ctions.							
The	orga		·	se it is: (For lines 1 through 12		-									
1		A church, co	onvention of churches, or ass	sociation of churches described	d in sectio	n 170(b)(1)(A)(i).								
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	om 990).)										
3		A hospital or	a cooperative hospital serv	ice organization described in s	ection 17	D(b)(1)(A)	(iii).								
4		A medical re	search organization operate	d in conjunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter the	hospital's name,							
		city, and stat	te:												
5		An organizat		of a college or university owner		ted by a g	overnmental unit described in		51.54.555						
		section 170	(b)(1)(A)(iv). (Complete Pa	rt II.)											
6				overnmental unit described in	section 1	70(b)(1)(A	4)(v).								
7	X	-		substantial part of its support t				ic							
	لتــــا	_	section 170(b)(1)(A)(vi). (0	•	v										
8		A community	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	П	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 university:													
10) more than 33 1/3% of its sup				oss							
	Ш	•	-	npt functions, subject to certain	-			,							
		support from	gross investment income a	nd unrelated business taxable	income (le	ss section	511 tax) from businesses								
		acquired by t	the organization after June 3	0, 1975. See section 509(a)(2	2). (Compl	ete Part II	f.)								
11		_	_	exclusively to test for public sa											
12				exclusively for the benefit of, to											
				ions described in section 509											
			•	scribes the type of supporting of	_		•								
	а	<u> </u>		erated, supervised, or controlle	•			ring							
				wer to regularly appoint or elec		y of the di	rectors or trustees of the								
			* -	complete Part IV, Sections A			at a disconnection of the section of	_							
	b			pervised or controlled in conne											
				ting organization vested in the Part IV, Sections A and C.	same per	sons mai (control of manage the support	ieu							
	_		•	supporting organization operat	od in conn	ection wit	h and functionally integrated	with							
	С			tructions). You must complet				WILLS,							
	d			d. A supporting organization of				ion(s)							
	_			e organization generally must s	•		• • • •								
		requirem	ent (see instructions). You r	nust complete Part IV, Section	ons A and	D, and F	Part V.								
	е	Check th	is box if the organization rec	eived a written determination f	rom the IR	S that it is	a Type I, Type II, Type III								
		functiona	lly integrated, or Type III nor	n-functionally integrated suppo	rting orgar	nization.									
	f		nber of supported organizati				.0000								
	g	Provide the fo	ollowing information about the	e supported organization(s).	-										
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amoun							
	org	anization		(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support instruction	-						
				above (see instructions))	Yes	No	msuccions)	ilistraction:	15)						
/ A \					169	NO									
(A)															
					+										
(B)															
(C)															
					ļ										
(D)															
/ E\					-										
(E)															

Schedule A (Form 990) 2023

84-2084322 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support			·			
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	933,098	1,373,842	1,960,363	3,347,979	2,487,126	10,102,408
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	933,098	1,373,842	1,960,363	3,347,979	2,487,126	10,102,408
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)						420,343
6	Public support. Subtract line 5 from line 4					STATE OF THE STATE	9,682,065
_	ction B. Total Support						9,002,003
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	933,098	1,373,842	1,960,363	3,347,979	2,487,126	10,102,408
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	343,703	175,362	194,415	357,603	340, 955	1,412,038
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,156	11,016	58,230	-20,350	4,240	57,292
11	Total support. Add lines 7 through 10						11,571,738
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						45
	organization, check this box and stop her	e					
Sec	tion C. Computation of Public S						
14	Public support percentage for 2023 (line 6			(f))			83.67%
15	Public support percentage from 2022 School						80.08%
	33 1/3% support test — 2023. If the organization qual	ifies as a publicly su	ipported organizati	on			X
b	33 1/3% support test — 2022. If the orga				15 is 33 1/3% or m	ore, check	
	this box and stop here. The organization						L
17a	10%-facts-and-circumstances test — 2	=					
	10% or more, and if the organization meet						
	Part VI how the organization meets the fac						
h		022 If the organizat					F
b	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the						
			•	•			
18	Private foundation. If the organization die						
	-						
	instructions				9		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	quality artaci	the tests listee	below, piease	complete r al	t II.j	
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(3) = 0.10	(3) 2020	(3) 2021	(3) = 422	(0) 2020	1./ 10.001
2	received. (Do not include any "unusual grants.") 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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here			•		(3)	
Sec	tion C. Computation of Public Sເ						
15	Public support percentage for 2023 (line 8,	column (f), divided	d by line 13, colum	n (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	e 15				%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2023 (lin			, column (f))			%
	Investment income percentage from 2022 Se						%
19a	.,					=	
I-	17 is not more than 33 1/3%, check this box	=		-			65
b	33 1/3% support tests — 2022. If the organized the set more than 33 1/3%, shock this						
20	line 18 is not more than 33 1/3%, check this	-	_			-	
20	Private foundation. If the organization did	not check a box o	in line 14, 19a, or	i ad, check this bo	x and see instruction	Uris	Sec. 135.

Part IV Supporting Organizations

(Complete only if you checked a box on 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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 had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 VI 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.
- 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 in Part 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 document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- 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.
 - 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
1		
2		
3a		
Y. S.		
3b		
3с	SOU 1	
4a		
	D.W.	
4b		
4c		
40	(Tri LV)	
5a		
5b		
5c	Linesiisi	
6	3 3# B	
		S.V.
7		
8		Tari
9a		
9b		
9c		- 1
10a		
		53 1

S

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		W. T.	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	100		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	Mark 1		
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	ELLEN)		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		E S B	
	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 supported		N. Van	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	10000000	EU EV
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,	#	8 11	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		· · ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$7.4		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		13-111	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-	Vac	No
		1	Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		156	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		S	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		IDE I	SI DE
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	6		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	2		SHEWAY.
	how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	\$ 2.5		
	a significant voice in the organization's investment policies and in directing the use of the organization's	2. 8.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
0 4	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	1 3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	:)		
1_	The organization satisfied the Activities Test. Complete line 2 below.	·)·		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete in a governmental entity (see instruction of the organization supported a governmental entity (see instruction).	uctions)	i.	
C	Activities Test. Answer lines 2a and 2b below.	ĺ	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	8-3-1	H F IA	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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		

Sched	tule A (Form 990) 2023 MARTHA'S VINEYARD COMMUNITY		84-20843	322 Pag	e 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 1	970 (explain in Part VI). Se	ee	
	instructions. All other Type III non-functionally integrated supporting organizations mu-	st comp	lete Sections A through E.		
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current 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			
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	1 1			
	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			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current 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):				X
á	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	I Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors	E A E			Ü
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C – Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
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-functionally integrated T	ype III s	supporting organization		
	(see instructions).				

Schedule A (Form 990) 2023

	t V : Type III Non-Functionally Integrated 509(a)(3		ations (continue		022
	ion D - Distributions	, , , , , ,			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses	N	1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		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 organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	ıs	(iii) Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount		villed III a mile		
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result			8	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.			-30	
8	Breakdown of line 7:				
а	Excess from 2019		Caphachina		
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (For	m 990) 2023		MAR	THA'S	VINEYA	RD COM	MUNITY	7	84-2084	322	Page 8
Part VI	Supplen III, line 13 B, lines 1 3a, and 3	2; Part I\ I and 2; I Bb; Part \	formatio /, Sectior Part IV, S /, line 1;	n. Provid A, lines ection C, Part V, Se	e the expl 1, 2, 3b, 3 line 1; Pa ection B, li	anations r c, 4b, 4c, rt IV, Sect ine 1e; Pa	equired b 5a, 6, 9a, tion D, line rt V, Sect	y Part II, Ii , 9b, 9c, 1 es 2 and 3 tion D, line	ine 10; Part II, lii 1a, 11b, and 11d I; Part IV, Sectio is 5, 6, and 8; ar e instructions.)	ne 17a or 1 c; Part IV, on E, lines	17b; Part Section 1c, 2a, 2b,
-	illies Z, J	, and o.	AISO COITI	piete tins	part for a	ily addition	iai iiiiOiiii	iation. (Se	e instructions.)		
PART I	I, LIN	E 10 ·	- OTHE	R INCO	DME DET	TAIL	30.000			225	3
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MARTHA'S VINEYARD COMMUNITY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

2023

84-2084322 FOUNDATION, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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 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 instructions for Form 990, 990-EZ, or 990-PF.

PAGE 1 OF 1

Page 2

Name of organization
MARTHA'S VINEYARD COMMUNITY

Employer identification number 84-2084322

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
. 1		\$ 130,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$ 60,000		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$ 210,467	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Fullis a	\$ 1,139,425	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ 60,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
* ****		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

	section 501(c)(4), (5), or (6) organizations. Complete Part	III			
Nam	e of organization MARTHA'S VINEYARD	COMMUNITY		Employer iden	tification number
	FOUNDATION, INC.			84-20843	
Pa	rt I-A Complete if the organization is ex	empt under section 50°	1(c) or is a sec	ction 527 organiza	ation.
1	Provide a description of the organization's direct and ind	lirect political campaign activitie	es in Part IV. See i	nstructions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions	S		\$	
3	Volunteer hours for political campaign activities. See ins				
Pa	rt I-B Complete if the organization is ex	empt under section 50°	1(c)(3).		
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955		\$	i
2	Enter the amount of any excise tax incurred by organization	tion managers under section 49	955	\$	6 80
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV.				·· U
Pa	rt I-C Complete if the organization is ex	empt under section 50°	(c), except se	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt ful	nction		
	activities			\$	
2	Enter the amount of the filing organization's funds contril				
	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	nter here and on Form 1120-P	OL,		
	line 17b			\$	
4	Did the filing organization file Form 1120-POL for this year	ear?			Yes No
5	Enter the names, addresses, and employer identification	number (EIN) of all section 52	7 political organiza	tions to which the filing	
	organization made payments. For each organization liste	ed, enter the amount paid from	the filing organizat	ion's funds. Also enter	
	the amount of political contributions received that were p	romptly and directly delivered t	o a separate politic	cal organization, such	
	as a separate segregated fund or a political action comm	nittee (PAC). If additional space	is needed, provide	e information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(m) · ·······	(2)	(1, =	filing organization's	contributions received and
		1		funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(4)		-	1	1	in rional onto:
(1)					
(2)			1		
(2)					
(2)					
(3)					
(4)				-	
(4)					
(5)			-	-	
(5)					
(0)			-	+	
(6)					

Page 2

Pa	rt II-A	Complete if the organiz section 501(h)).	ation is exempt under section 501(c)(3)	and filed Form 5768 (el	ection under
Α	Check	if the filing organization b	elongs to an affiliated group (and list in Part IV	each affiliated group membe	er's name,
		address, EIN, expenses,	and share of excess lobbying expenditures).		
В	Check	if the filing organization of	checked box A and "limited control" provisions a	oply.	
		Limits on Lobb (The term "expenditures" m	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobb	ying expenditures to influence pub	lic opinion (grassroots lobbying)	0	
t		ying expenditures to influence a le		90,000	
c	Total lobb	ying expenditures (add lines 1a an	d 1b)	90,000	
c		empt purpose expenditures	2 104 020		
e	Total exe	mpt purpose expenditures (add line	3,284,038		
1			unt from the following table in both		
	columns.			314,202	
	If the amo	unt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$5	500,000,	20% of the amount on line 1e.		
- 1	over \$500,	000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,00	0,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
]	over \$1,50	0,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,0	00,000,	\$1,000,000.		
g	Grassroot	s nontaxable amount (enter 25% o	f line 1f)	78,551	
h	Subtract I	ine 1g from line 1a. If zero or less,	enter -0-	0	
i		ine 1f from line 1c. If zero or less, e		0	
j	If there is	an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
	reporting	section 4911 tax for this year?		. 644 (408)	Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount			319,772	314,202	633,974
 b Lobbying ceiling amount (150% of line 2a, column (e)) 					950,961
c Total lobbying expenditures			80,000	90,000	170,000
d Grassroots nontaxable amount			79,943	78,551	158,494
e Grassroots ceiling amount (150% of line 2d, column (e))					237,741
f Grassroots lobbying expenditures				0	

Schedule C (Form 990) 2023

	(election under section 501(h)).	(4	a)		(b)		
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
_	referendum, through the use of:						
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C							
	Mailings to members, legislators, or the public?						_
e	Publications, or published or broadcast statements?						
1	Grants to other organizations for lobbying purposes?						
q	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	i Other activities?						
j	j Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?						ly.
	o If "Yes," enter the amount of any tax incurred under section 4912						
	: If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			والتار	US		
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5), or s	ection	n		
	σστ(σ)(σ).			(2		Yes	Nc
1	Were substantially all (90% or more) dues received nondeductible by members?	51			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year				3		
	complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (o) Par			e 3, i	3
1	Dues, assessments and similar amounts from members	aa	1				_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).		0-				
	Current year		2a 2b		-		
D	Carryover from last year		2c				
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	·····	3				
J 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						_
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
		ľ	4				
	and political expenditures next year?						
5							
	Taxable amount of lobbying and political expenditures. See instructions		5				_
Pa	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information		5	d			
Pai Prov	Taxable amount of lobbying and political expenditures. See instructions		5	d			
Pai Provi 2 (se	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is instructions); and Part II-B, line 1. Also, complete this part for any additional information.	II-A, lin	5	d			
Pai Provi 2 (se	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part	II-A, lin	5	d	- 0.00		
Par Provi (se	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is instructions); and Part II-B, line 1. Also, complete this part for any additional information.	II-A, lin	es 1 an	po 150a · · ·	AR	rain paras	
Par Proving (see	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is enstructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING ACTIVITY IS NEW FOR THIS ORGANIZATION, THERE WERE INCORPORTING TRADELING.	II-A, lin	5 es 1 an	R YE			
Par Proving (see	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is enstructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING.	II-A, lin	5 es 1 an	R YE			
Par Proving (see	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is enstructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING ACTIVITY IS NEW FOR THIS ORGANIZATION, THERE WERE INCORPORTING TRADELING.	II-A, lin	5 es 1 an	R YE			
Pai Provi 2 (se .S(Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is enstructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING ACTIVITY IS NEW FOR THIS ORGANIZATION, THERE WERE INCORPORTING TRADELING.	II-A, lin	5 es 1 an	R YE		5 · · · · 5	
Pai Provi 2 (se	Taxable amount of lobbying and political expenditures. See instructions rt IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part is enstructions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING ACTIVITY IS NEW FOR THIS ORGANIZATION, THERE WERE INCORPORTING TRADELING.	II-A, lin	5 es 1 an	R YE		5 · · · · 5	

Schedule C (For	m 990) 2023	MARTHA'S	VINEYARD	COMMUNITY	84-2084322	Page 4
Part IV	Supplementa	I Information (continued)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

MAR	THA'S VINEYARD COMMUNITY			
FOU	NDATION, INC.			2084322
Part	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	inds or Other Similar Funds or Form 990, Part IV, line 6.	Accol	unts
-		(a) Donor advised funds		b) Funds and other accounts
1 To	otal number at end of year	6		
	gregate value of contributions to (during year)	126,661		
	gregate value of grants from (during year)	39,950		
		118,062		
5 Di	gregate value at end of year d the organization inform all donors and donor advisors in writing that			
	nds are the organization's property, subject to the organization's exclu			X Yes No
	d the organization inform all grantees, donors, and donor advisors in t		ā	Λ les [] No
	ly for charitable purposes and not for the benefit of the donor or dono			
	•			X Yes No
	nferring impermissible private benefit? Conservation Easements			21 162 NO
Part	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1 Pu	rpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (for example, recreation or education of land for public use (for example, recreation or education		importani	t land area
	Protection of natural habitat	Preservation of a certified his	•	
	Preservation of open space			
2 Co	implete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a conse	vation	
	sement on the last day of the tax year.			Held at the End of the Tax Yea
	tal number of conservation easements		2a	
	tal acreage restricted by conservation easements			
	mber of conservation easements on a certified historic structure inclu			
	imber of conservation easements included on line 2c acquired after J			
			2d	
2 M	a historic structure listed in the National Register	nguished or terminated by the organizati	on during	the
		nguisited, or terminated by the organizati	on dann	y tile
	: year imber of states where property subject to conservation easement is lo	cated		
	es the organization have a written policy regarding the periodic monit			
	lations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
	aff and volunteer hours devoted to monitoring, inspecting, handling of			
6 218	arrand volunteer nours devoted to morntoring, inspecting, handling or	violations, and entorcing conservation ea	12611161112	during the year
	nount of expenses incurred in monitoring, inspecting, handling of viola	tions and anforcing concernation accom	onte duri	ng the year
7 An	nount of expenses incurred in monitoring, inspecting, nanding of viola	mons, and emorcing conservation easem	ents dun	ng the year
		requirements of section 170/b)(4)(P)(i)		
9 DO	es each conservation easement reported on line 2d above satisfy the	requirements of section 170(11)(4)(B)(1)		Ves No.
and	d section 170(h)(4)(B)(ii)? Part XIII, describe how the organization reports conservation easeme	nto in its revenue and evenue statement	and hale	[] 103 [] NO
	eet, and include, if applicable, the text of the footnote to the organization			ance
	panization's accounting for conservation easements.	on a mandar statements that describes t	iiic	
Part I		Historical Treasures or Other	Simila	r Assets
, sample of	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.		
	ne organization elected, as permitted under FASB ASC 958, not to re			rorks
	art, historical treasures, or other similar assets held for public exhibition		of public	
	vice, provide in Part XIII the text of the footnote to its financial statem			
	ne organization elected, as permitted under FASB ASC 958, to report			
art,	historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public se	rvice,
pro	vide the following amounts relating to these items.			
(i)	Revenue included on Form 990, Part VIII, line 1			\$ 1531.111.1111.551
	Assets included in Form 990, Part X			

b Assets included in Form 990, Part X.

following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Sche	edule D (Form 990) 2023 MARTHA S						Page Z
7. 9	art (((' Organizations Maintaini	-					s (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records	, check any of the folk	owing that make signi	ficant use	e of its	
а	Public exhibition	d 🗍 L	oan or exchange prog	ram			
b	Scholarly research	e 🗍 C	Other				
С	Preservation for future generations		* * * * * * * * * * * * * * * * * * * *		0.000 100.0 1.000		
4	Provide a description of the organization's of	collections and explain	how they further the o	rganization's exempt	purpose	in Part	
	XIII.	·	•				
5	During the year, did the organization solicit						Yes No
D	art IV Escrow and Custodial A		irt of the organization	s collection?			i res i No
F	art IV Escrow and Custodial A Complete if the organization		" on Form 990, Pa	art IV, line 9, or re	eported	l an amoun	t on Form
	990, Part X, line 21.		•		•		
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ary for contributions or	other assets not			
							Yes No
b	If "Yes," explain the arrangement in Part XII						
			v				Amount
С	Beginning balance					1c	
	Additions during the year				192	1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on I						Yes No
	If "Yes," explain the arrangement in Part XII						The second second
	rt V Endowment Funds						
	Complete if the organization	n answered "Yes"	on Form 990, Pa	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	ee years back	(e) Four years back
1a	Beginning of year balance	11,831,270	14,294,047	13,439,417	12,	,058,298	11,640,378
	Contributions	317,086	330,239	382,444		234,090	339,070
	Net investment earnings, gains, and	,	,				
	losses	1,873,909	-1,935,514	1,556,154	1.	,849,502	2,079,275
d	Grants or scholarships	902,054	827,573	733,062		474,194	1,794,929
	Other expenditures for facilities and						
·	programs	-593,135	29,929	350,906		228,279	205,496
f	Administrative expenses	0307100	22,222				
	End of year balance	13,713,346	11,831,270	14,294,047	13.	439.417	12,058,298
2	Provide the estimated percentage of the cur				137	133,111	1270007230
a	Board designated or quasi-endowment	45.24%	(IIII 19, 00Iaii III (a)) II	iola ao.			
	Permanent endowment 4.89 %	.1.9.1.1.10					
	Term endowment 49.87 %						
•	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%					
3а	Are there endowment funds not in the posse		on that are held and a	dministered for the			
	organization by:						Yes No
	20 11 1-1 - 1						3a(i) X
	/// D. I. (. I						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiz						3b
	Describe in Part XIII the intended uses of the					tea	
	rt VI Land, Buildings, and Equ						
	Complete if the organization	-	on Form 990, Pa	art IV, line 11a. Se	e Forn	n 990, Part	X, line 10.
	Description of property	(a) Cost or other bas			cumulated		(d) Book value
		(investment)	(other)) der	reciation		
1a	Land						
	Buildings						
С	Leasehold improvements						
	Equipment						
	Other		3	3,805	24,	884	8,921
	Add lines 1a through 1e (Column (d) must				-		8 921

Part VII	Investments – Other Securities		
	Complete if the organization answered "	Yes" on Form 990, Part IV,	line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives	09006-61	
	eld equity interests	d - 1650-c	
TO THE STATE OF TH			
		CANA SECULO 18	
		532 S2 E	
20069			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		Water But the First of March 19
Part VIII	Investments - Program Related		
	Complete if the organization answered "\	Yes" on Form 990. Part IV.	line 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))	****	
Part IX	Other Assets		
	Complete if the organization answered ")		
	(a) Descri	ption	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)		= = =	
	(b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "\	es" on Form 990. Part IV. I	ine 11e or 11f. See Form 990. Part X.
	line 25.		,
1.	(a) Description	of liability	(b) Book value
	ncome taxes		
	Y ENDOWMENT LIABILITY		300,84
	LIABILITIES		73,42
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(6)			

374,264

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Pe	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Returi	n
_				1	4,218,364
1	70	U			4,210,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a	1,525,692		
a b			1,525,052		
C					
ď					
				2e	1,525,692
3	Subtract line 2e from line 1			3	2,692,672
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		55,158		
b		4b	30,359		05 517
_	Add lines 4a and 4b	. 666 6		4c 5	85,517 2,778,189
5 Da				-	
Га	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990,			INCL	2111
1				1	3,284,038
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			37/2	
а	Donated services and use of facilities	2a		BUR	
b	Prior year adjustments	2b		122	
С	Other losses	2c			
d	7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0-	
	Add lines 2a through 2d			2e	3,284,038
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		3	3,204,030
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	55,158		
	Other (Describe in Part XIII.)		00/100		
	A 1 4 1 4 5			4c	55,158
С	Aug illies to and to			4C	55,150
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	g		5	3,339,196
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,339,196
Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b a	and 2b; Part V, line 4; Part V, line V	5	3,339,196
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	, lines 1b a	and 2b; Part V, line 4; Panal information.	5	3,339,196
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b a	and 2b; Part V, line 4; Panal information.	5	3,339,196
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 — INTENDED USES FOR ENDOWMEN	, lines 1b a any additio	and 2b; Part V, line 4; Panal information.	5 art X, li	3,339,196 ne
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	, lines 1b a any additio	and 2b; Part V, line 4; Panal information.	5 art X, li	3,339,196 ne
Provi 2; Pa PA	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 — INTENDED USES FOR ENDOWMEN	, lines 1b a any additio IT FUN	and 2b; Part V, line 4; Panal information. IDS STMENTS SER	art X, li	3,339,196 ne
Provi Provi 2; Pa PA BI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY	, lines 1b a any additio IT FUN INVE	and 2b; Part V, line 4; Panal information. IDS STMENTS SER SACTIONS IN	art X, li VES	3,339,196 ne AS ORDANCE WITH
Provi Provi 2; Pa PA BI II	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY NVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS	, lines 1b a any additio IT FUN INVE	and 2b; Part V, line 4; Panal information. IDS STMENTS SER SACTIONS IN	art X, li VES	3,339,196 ne AS ORDANCE WITH
Provi Provi 2; Pa PA BI II	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMENT ROWN ADVISORY IN CONJUNCTION WITH FIDELITY NVESTMENT MANAGER AND EXECUTES INVESTMENT	, lines 1b a any additio IT FUN INVE	and 2b; Part V, line 4; Ponal information. IDS STMENTS SER SACTIONS IN	art X, li VES	3,339,196 ne AS ORDANCE WITH
Provi Provi 2; Pa PA BI II	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 — INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS.	, lines 1b a any additio IT FUN INVE TRANS	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE	s art X, li VES ACCO	3,339,196 ne AS ORDANCE WITH UNDATION'S
Provide Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 — INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY NVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS.	, lines 1b a any additio IT FUN INVE TRANS	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE	s art X, li VES ACCO	3,339,196 ne AS ORDANCE WITH UNDATION'S
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Provi Pa Provi 2; Pa P? BI IN TI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS.	, lines 1b a any additio IT FUN INVE TRANS	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE	s art X, li VES ACCO	3,339,196 ne AS ORDANCE WITH UNDATION'S
Provi Pa Provi 2; Pa Pr BI IN TI BC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 — INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS. ART X — FIN 48 FOOTNOTE	Ines 1b a any addition IT FUN INVE	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE	s art X, li VES ACCO	3,339,196 ne AS ORDANCE WITH UNDATION'S R 180 OF THE
Proving Part Part Part Part Part Part Part Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS. ART X - FIN 48 FOOTNOTE HE FOUNDATION, RECOGNIZED AS A TAX-EXEMPT	, lines 1b a any additio IT FUN INVE TRANS APPR	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER BACTIONS IN ROVED BY THE	s art X, li VES ACCO FOU	3,339,196 ne AS ORDANCE WITH UNDATION'S R 180 OF THE UNDER
Provi Pa Provi 2; Pa Pr BI IN TH BC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS. ART X - FIN 48 FOOTNOTE HE FOUNDATION, RECOGNIZED AS A TAX-EXEMPT ASSACHUSETTS GENERAL LAWS, HAS BEEN GRANTE	Ines 1b a any addition IT FUN INVE	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE 'Y UNDER CHA I—EXEMPT STA	s art X, li VES ACCO FOU	3,339,196 ne AS ORDANCE WITH UNDATION'S R 180 OF THE UNDER O AS A PUBLIC
Provi Pa Provi 2; Pa Pr BI IN TH BC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a ART V, LINE 4 - INTENDED USES FOR ENDOWMEN ROWN ADVISORY IN CONJUNCTION WITH FIDELITY INVESTMENT MANAGER AND EXECUTES INVESTMENT HE INVESTMENT POLICY AND ASSET ALLOCATIONS DARD OF DIRECTORS. ART X - FIN 48 FOOTNOTE HE FOUNDATION, RECOGNIZED AS A TAX-EXEMPT ASSACHUSETTS GENERAL LAWS, HAS BEEN GRANTE INTERNAL REVENUE CODE (IRC) SECTION 501(C) (Ines 1b a any addition IT FUN INVE	and 2b; Part V, line 4; Panal information. IDS ESTMENTS SER SACTIONS IN ROVED BY THE 'Y UNDER CHA I—EXEMPT STA ID IS CLASSI THEREFORE	TUS	3,339,196 ne AS ORDANCE WITH UNDATION'S R 180 OF THE UNDER O AS A PUBLIC

	Part XIII : Supplemental Information (continued)	
	PROVISION FOR INCOME TAXES HAS BEEN PROVIDED FOR IN THE ACCOMPANYING	
or or	FINANCIAL STATEMENTS.	- 25
		-
	THE FOUNDATION IS REQUIRED BY ASC 740-10, "ACCOUNTING FOR UNCERTAINTY IN	30
	INCOME TAXES," TO EVALUATE AND DISCLOSE TAX POSITIONS THAT COULD HAVE AN	
į.	EFFECT ON THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION REPORTS	6.0
	ITS ACTIVITIES TO THE INTERNAL REVENUE SERVICE AND TO THE COMMONWEALTH OF	
	MASSACHUSETTS ON AN ANNUAL BASIS. THE INFORMATIONAL RETURNS ARE GENERALL	Y.
	SUBJECT TO AUDIT AND REVIEW BY THE GOVERNMENTAL AGENCIES FOR A PERIOD OF	٠.
	THREE YEARS AFTER FILING. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO	
	REVIEW BY TAXING AUTHORITIES FOR PERIODS PRIOR TO 2020. SUBSTANTIALLY AL	Ļ
	OF THE FOUNDATION'S INCOME, EXPENDITURES, AND ACTIVITIES RELATE TO ITS	• 33
. 7	EXEMPT PURPOSE. THEREFORE, MANAGEMENT HAS DETERMINED THAT THE FOUNDATION	•
ŝ	IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAXES AND WILL CONTINUE TO	
	QUALIFY AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY.	4.0
93		34
ĒĠ.	PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	
S.	GIFTS TO AGENCY ENDOWMENT FUNDS \$ 30,359	
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(Form 990) SCHEDULE I

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Open to Public OMB No. 1545-0047 Inspection

(8) GREAT POND FOUNDATION (7) GARDEN GATE CHILD DEVELOPMENT (6) FIRST CONGREGATIONAL CHURCH OF VINEYARD HAVEN (5) DUKES COUNTY REGIONAL HOUSING (4) COMMUNITY ACTION COMMITTEE OF CAPE WEST TISBURY (3) CIRCUIT ARTS (2) CHILMARK POND FOUNDATION (1) CAMP JABBERWOCKY Part II Name of the organization (9) HARBOR HOMES OF MV WEST TISBURY VINEYARD HAVEN VINEYARD HAVEN EDGARTOWN HYANNIS VINEYARD HAVEN VINEYARD HAVEN Part I P.O. BOX 2666 P.O. BOX 4538

MA 02568 P.O. BOX 3000 455 STATE ROAD P.O. BOX 3000 372 NORTH STREET 200 GREENWOOD AVENUE P.O. BOX 4795 P.O. BOX 9000 Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (a) Name and address of organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 General Information on Grants and Assistance or government MARTHA'S VINEYARD COMMUNITY FOUNDATION, MA 02568 MA 02539 MA 02601 MA 02575 MA 02568 MA 02568 MA 02568 02539 INC. 83-2996138 501C3 04-3470389 04-6001422 04-2396835 501C3 03-0550258 82-5083098 501C3 23-7188764 501C3 04-3446891 501C3 04-2555954 (b) EIN GOV 501C3 501C3 501C3 section (d) Amount of cash 117,993 34,000 20,000 10,000 10,000 13,000 10,000 25,000 6,000 noncash assistance (e) Amount of (f) Method of valuation (book, FMV, appraisal, noncash assistance (g) Description of 84-2084322 Employer identification number PROJECT PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT PROJECT PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT (h) Purpose of grant or assistance SUPPORT SUPPORT Yes \times Z

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Grants and Other Assistance to Organizations,

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

Open to Public Inspection OMB No. 1545-0047

NAME OF THE STAND COMMONITY OF THE SAME OF	T.T. T. NI O IMIMO.					——————————————————————————————————————	Employer Identification number	
	Assistance					C	770107	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for	e amount of the gr	ants or assi	stance, the grantees'	eligibility for the grants	the grants or assistance, and			
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	itoring the use of	grant funds i	n the United States.			20002 20002 5	Yes	Z
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV. line 21, for any recipient that received more than \$5,000. Part II can be displicated if additional space is peeded.	mestic Organ	izations	and Domestic G	overnments. Co	mplete if the on	ganization an	swered "Yes" on Form 9	9
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant	
		(ii applicable)	grant	noncash assistance	other)	noncash assistance	or assistance	
1) HAVENSIDE CORPORATION								
145 MAIN STREET VINEYARD HAVEN MA 02568	04-3117050	501C3	9.350				PROJECT SUPPORT	
2) HEALTH IMPERATIVES, INC.			- 1					
517 STATE RAOD VINEYARD HAVEN MA 02568	04-2609177	50103	45,000				PROJECT SUPPORT	
1 S.I			- 1					
111 EDGARTOWN ROAD VINEYARD HAVEN MA 02568	04-2301598	501C3	16,000				PROJECT SUPPORT	
(4) HOSPICE AND PALLIATIVE CARE OF MV			- 1					
P.O. BOX 1748 VINEYARD HAVEN MA 02568	04-2770996	501C3	10,200				PROJECT SUPPORT	
(5) ISLAND AUTISM GROUP			- 1					
P.O. BOX 2786 EDGARTOWN MA 02539	30-0661116	501C3	15,000				PROJECT SUPPORT	
(6) ISLAND GROWN INITIATIVE			- 4					
P.O. BOX 622 VINEYARD HAVEN MA 02568	20-5773892	501C3	917,145				FOOD INSECURITY	
7) ISLAND HEALTH CARE								
P.O. BOX 9000 EDGARTOWN MA 02539	47-0870772	501C3	113,900				PROJECT SUPPORT	
(8) MARTHA'S VINEYARD BOYS AND								
P.O. BOX 654 EDGARTOWN MA 02568	04-2104167	501C3	133,680				PROGRAM SUPPORT	
(9) MARTHA'S VINEYARD CANCER SUPPORT								
P.O. BOX 2214	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0))))				PROJECT SUPPORT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations lister	in the line						

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Grants and Other Assistance to Organizations,

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

Open to Public Inspection OMB No. 1545-0047

FOUNDATION, INC.	COMMONT'T'Y					Υ • •	Employer Identification number $84-208432$	
اجا	Assistance						100000000000000000000000000000000000000	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e amount of the gr	ants or ass	istance, the grantees'	eligibility for the grant	s or assistance, and			;
be !	itoring the use of	grant funds	in the United States.			Property Contractor	Tes	0
Part II Grants and Other Assistance to Domestic Organizations and Domestic Government Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated than \$5,000.	mestic Organ	i zations than \$5,	and Domestic G	Sovernments. Co	ents. Complete if the organization ted if additional space is needed.	ganization a	ents. Complete if the organization answered "Yes" on Form 990, ated if additional space is needed.	ő
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) MARTHA'S VINEYARD CENTER FOR LIVING	63				durch			
P.O. BOX 1729 VINEYARD HAVEN MA 02568	04-2545770	501C3	25,000				PROGRAM SUPPORT	
(2) MARTHA'S VINEYARD COMMISSION								
1447							PROGRAM SUPPORT	
OAK BLUFFS MA 02568		GOV	32,500					
(3) MARTHA'S VINEYARD COMMUNITY SERVIC 111 EDGARTOWN ROAD	[4]							
VINEYARD HAVEN MA 02568	04-2301598	501C3	59,460					
(4) MARTHA'S VINEYARD HOSPITAL								
OAK BLUFFS MA 02557	04-2104691	501C3	31,960				PROGRAM SUPPORT	
SEUM			-					
151 LAGOON POND ROAD VINEYARD HAVEN MA 02568	04-2160642	501C3	10,000				ORAL HISTORY PRESERV	RV
(6) MARTHA'S VINEYARD SHELLFISH GROUP								
P.O. BOX 1552 OAK BLUFFS MA 02557	04-2612898	501C3	19,800				PROJECT SUPPORT	
(7) MV AGRICULTURAL SOCIETY								
WEST TISBURY MA 02575	04-6112356	501C3	8,000				PROJECT SUPPORT	
(8) MISTY MEADOWS EQUINE LEARNING			111					
55 MISTY MEADOWS LANE WEST TISBURY MA 02575	81-0774854	л 01 СЗ	12 400				PROJECT SUPPORT	
(9) MV FISHERMEN'S PRESERVATION TRUST			15					
D. BOX 96							PROJECT SUPPORT	
ΙŻ	45-3546941	501C3	25,000					
	organizations listed	in the line	1 table					
3 Enter total number of other organizations listed in the line 1 table	1 table			30 80				-

SCHEDULE (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Open to Public OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		Go	to www.irs	Go to www.irs.gov/Form990 for the latest in	e latest information.			Open to Public inspection
Name of the organization MZ	MARTHA'S VINEYARD OF	COMMUNITY					π <u>π</u>	Employer identification number
Part General		Assistance						7704007
1 Does the organization the selection criteria L	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance?	e amount of the gr	ants or ass	stance, the grantees'	eligibility for the grants	r the grants or assistance, and	10-14-19-19-19-19-19-19-19-19-19-19-19-19-19-	Yes
art II	The Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organ	izations than \$5.	and Domestic G	overnments. Co	mplete if the or	ganization a	Complete if the organization answered "Yes" on Form 990, additional space is needed.
1 (a) Name and a or g	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MV OCEAN ACADEMY 75 SUMMER STREET	LE							PROJECT SUPPORT
NEYARD HA	- 1	81-4752116	501C3	10,000				
P.O. BOX 161) 3 3 0 0 0 1	1	i i				PROJECT SUPPORT
(3) SAIL MARTHA'S	- 1	\rightarrow						
VINEYARD HAVEN	MA 02568	22-3240911	501C3	13,000				PROJECT SUPPORT
(4) SASSAFRAS EARTH EI 5 CHURCH STREET AOUTUNNAH	H EDUCATION	7 7 7 7 7 7 7 7)))					PROJECT SUPPORT
(5) SHERIFF'S MEADOW P.O. BOX 1088	FOUN							PROJECT SIIDDORT
	II :	04-6111529	501C3	25,860				
P.O. BOX 1287	L CHU							PROJECT CITADOT
11-11-	MA 02539	04-2380952	501C3	20,610				1
(7) THE TOWN OF AQUINNAH 955 STATE ROAD								PROJECT SUPPORT
AQUINNAH	MA 02535	34-2084322	GOV	9,303				
P.O. BOX								PROJECT SUPPORT
EDGARTOWN	MA 02539	04-6001422	501C3	17,500				
(9) VINEYARD HOUSE				- 1				
VINEYARD HAVEN	MA 02568	04-3375934	501C3	10,000				PROJECT SUPPORT
2 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line	1 table				
	Enter total number of other organizations listed in the line 1 table	1 table		200000000000000000000000000000000000000				Section of the sectio

Schedule I (Form 990) 2023 MARTHA'S VINEYARD	EYARD COMMUNITY	TY 84	84-2084322		Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	Domestic Individua onal space is needed	als. Complete if the	organization answe	red "Yes" on Form 990, Pa	-
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS FOR EDUCATIO	131	336, 450			
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4					
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6					
7					
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT	FOR MONITORI	NG THE USE O	OF GRANT FUNDS)S.	
GRANT CRITERIA AND APPLICATION REQUIREMENTS INCLUDE THE COMPLETION OF	ION REQUIREME	INTS INCLUDE	THE COMPLET	ION OF	
NARRATIVE AND FINANCIAL REPORTING REGARDING	ORTING REGARI		THE USE OF FUNDS ANNUALLY.	NUALLY.	
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	0.0000000000000000000000000000000000000				

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

	FOUNDATIO	ON, II	NC.			84-2084	322		
Pa	art I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determi noncash contribution a	_		
1	Art — Works of art			-					
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities — Publicly traded	Х	6	79,936	OUOTED	MARKET I	PRICE		
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic structures								
14	Qualified conservation								
	contribution — Other		(
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by t	-	-						
	which the organization completed Fo	rm 8283, F	Part V, Donee Acknowle	dgement	29				
								Yes	No
30a	During the year, did the organization	-							
	28, that it must hold for at least 3 year						200		
	used for exempt purposes for the ent		period?		000 000 + 000 + 000 000	se too reso too	30a		X
	If "Yes," describe the arrangement in						100		
31	Does the organization have a gift acc	eptance p	olicy that requires the re	view of any nonstandard				7,7	
	contributions?						31	X	
32a	Does the organization hire or use thin	rd parties o	r related organizations t	o solicit, process, or sell no	ncash			.,	
							32a	X	
	If "Yes," describe in Part II.						12.45	FIFE	
33	If the organization didn't report an arr	nount in co	lumn (c) for a type of pro	perty for which column (a)	ıs checked,				
	describe in Part II.								

Faith	the organ	ization is re pination of l	eporting ir	n Part I,	column	(b), the i	number o	of contrib	utions, t	he num			
PART	I, LINE	32B -	THIRD	PART	Y USE	D TO	PROCES	SS NON	ICASH	CONT	RIBU	TIONS	8
BROWN	ADVISO	RY SERV	ES AS	THE	INVES'	TMENT	MANA	GER AN	ID EXI	ECUTE	S PU	RCHAS	ES AND
SALES	IN ACC	ORDANCE	WITH	THE	INVES'	TMENT	POLIC	CY APE	PROVEI) BY	THE	FOUND.	ATION'S
BOARD	OF DIRE	ECTORS.				ğ			g		ā		(***)5*******
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Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

MARTHA'S VINEYARD COMMUNITY

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. 179

Identifying number

FOUNDATION, INC. 84-2084322 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2,890,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 3,471 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 17 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property MM S/L 27.5 yrs. Residential rental MM property S/I 27.5 yrs. MM S/L 39 yrs. Nonresidential real MM S/L property Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/I 12-year 12 yrs. S/I 30-year 30 yrs. MM C 40-year 40 yrs. MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3.471 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs