EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change THE PORTLAND FOUNDATION Name change 35-6028362 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 107 S MERIDIAN ST (260) 726-4260680,512. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PORTLAND, IN 47371 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DOUGLAS L INMAN for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.PORTLANDFOUNDATION.ORG J Website: H(c) Group exemption number Corporation X Trust Other L Year of formation: 1951 M State of legal domicile: IN K Form of organization: Association Part I Summary Briefly describe the organization's mission or most significant activities: ENHANCE THE QUALITY OF LIFE FOR Activities & Governance THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 280,051. 65,775. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 376,089. 614,737. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 680,512 656,140. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 720,391. 661,830. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 127,949. 131,757. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 178,857. 162,119. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,027,197. 955,706. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -371,057. -275,194. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year End of Year** 27,639,720. 22,364,186. Total assets (Part X, line 16) 2,093,578. 1,707,052. 21 Total liabilities (Part X, line 26) 早年 25,546,142. 20,657,134 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DOUGLAS L INMAN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SCOTT A BOLLENBACHER, CPA SCOTT A BOLLENBACHER 08/14/23 self-employed P00401897 Paid BOLLENBACHER AND ASSOCIATES, LLC Firm's EIN 20-1695613 Preparer Firm's name Firm's address 915 N MERIDIAN STREET Use Only Phone no. 260-726-4207 PORTLAND, IN 47371 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	990 (20	-	RTLAND FOUNDATION	35-6028362 Page 2
Pa		Statement of Program So	·	
	-	Check if Schedule O contains a	esponse or note to any line in this Part III	
1	ENH			OF JAY COUNTY, INDIANA, NOW
	AND	FOR GENERATIONS	TO COME, BI BUILDING COP	HIONIII ENDOWNENI
2			nificant program services during the year which	
		-orm 990 or 990-E2? s," describe these new services o	n Schedule O.	Yes 🗘 No
3		e organization cease conducting	or make significant changes in how it conducts hedule O.	s, any program services? Yes X No
4		,		est program services, as measured by expenses.
			· · · · · · · · · · · · · · · · · · ·	s and allocations to others, the total expenses, and
4a	(Code:	ue, if any, for each program servious, if any, for each program service, if any, for e	854,063. including grants of \$	661,830.) (Revenue \$
	THE	PORTLAND FOUNDAT	TION ADMINISTERS APPROXIM	MATELY 100 SEPARATE
			STABLISHED FOR THE PROVI	
			AROUND JAY COUNTY INDIAN	
			ESTABLISHED BY EACH SCHOOLSHIPS TO BETTER THE COMMU	DLARSHIP TRUST ARE FOLLOWED JNITY. ENHANCE THE QUALITY
				NA, NOW AND FOR GENERATIONS
			COMMUNITY ENDOWMENT.	NA, NOW AND FOR GENERALIONS
	10	COME, DI BOILDING	COMMONTITE ENDOWNERS	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
	` .	, , , ,		

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses 854,063.

)

) (Revenue \$

Form 990 (2022) THE PORTLAND FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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			7.7
	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		37	
	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,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		Х
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?			Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2022) THE PORTLAND FOUNDATION
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 employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Λ
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		21
30		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) THE PORTLAND FOUNDATION

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

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4			
_	filed for the calendar year ending with or within the year covered by this return	2a	4		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	v
				3a		X
	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			4a		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	CCOUITI) ·	44		21
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts	s (FRAR)			
5a			5 (1 <i>B</i> , 11 y).	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X
	, , , , , , , , , , , , , , , , , , , ,			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		red	_		37
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2	7-		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		<i>(</i>	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		21
9 h	If the organization received a contribution of qualified intellectual property, did the organization rife of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
		-		8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:					
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:	1 1				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b						
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		•			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section F01(a)(21) arganizations. Did the trust, or any diagnalified or other person engage in any action.	tiviti∼-				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
	n 100, complete i dini 0000.					

Form 990 (2022) THE PORTLAND FOUNDATION 35-6028362 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800							X	
Sec	tion A. Governing Body and Management							
		١.	1	ما		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a		9				
	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	1b		9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			.	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			[3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х	
6	Did the organization have members or stockholders?			т Г	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?				7a		Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
					7b		Х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			.				
		-	_		8a	Х		
_						X		
b	Each committee with authority to act on behalf of the governing body?				8b	Λ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v	
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
				Г		Yes	No	
	Did the organization have local chapters, branches, or affiliates?			.	10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?		11a	X		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe					
	on Schedule O how this was done			. [12c	X		
13	Did the organization have a written whistleblower policy?			. [13	X		
14	Did the organization have a written document retention and destruction policy?				14	X		
15	Did the process for determining compensation of the following persons include a review and approva							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•					
а	The organization's CEO, Executive Director, or top management official				15a	Х		
	Other officers or key employees of the organization				15b	X		
	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 arrangen	nent w	rith a					
	taxable entity during the year?				16a		Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			.	iou			
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization the organization the organiza	-	·					
					16h			
Sec	exempt status with respect to such arrangements? tion C. Disclosure				16b			
17		-1 000	T ((O) -			.1.	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ıa 990	-ı (section 501(c)	(၁)S	oniy) i	avallat	ле	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		,		_			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy,	and	financ	cial		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	DOUGLAS L INMAN - (260) 726-4260							
	107 S MERIDIAN ST, PORTLAND, IN 47371							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

(A)	(B)	l		(C		•	iout	(D)	(E)	(F)
Name and title	Average hours per		not c	heck ı	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		box, unless perso officer and a direc					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (420)	and related
	below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
· · · · · · · · · · · · · · · · · · ·	line)	nd.	Inst	Officer	Key	Hig	Fori			
(1) DOUGLAS L INMAN	40.00			3,7				72 725	0	0
EXECUTIVE DIREC	1 00			Х				73,725.	0.	0.
(2) ADAM HOMAN DIRECTOR	1.00	X						0.	0.	0
(3) KRISTA MUHLENKAMP	1.00	Λ						0.	0.	0.
SECRETARY/TREASURER	1.00			х				0.	0.	0.
(4) AUDREY MUHLENKAMP	1.00			22				0.	0.	<u></u>
DIRECTOR	1,00	х						0.	0.	0.
(5) KALEB HEMMELGARN	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN MOORE	1.00									
DIRECTOR		X						0.	0.	0.
(7) TAMMY HANLIN	1.00									
PRESIDENT				Х				0.	0.	0.
(8) JOSHUA ATKINSON	1.00									
DIRECTOR		X						0.	0.	0.
(9) JEREMY GULLEY	1.00								_	_
VICE PRESIDENT				Х				0.	0.	0.
(10) ANGELA PAXSON	1.00									
DIRECTOR		X						0.	0.	0.
-										
_										

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	HIÇ	gnes	t Co	ompensated Employee	s (continued)					
(A)	(B)			(((D)	(E)			(F)		
Name and title	Average	(do not check r						Reportable	Reportable			timate		
	hours per week					s both r/trust		compensation	compensation	ו		ount o	of	
	(list any	tor						from the	from related organizations			other oensat	ion	
	hours for	r direc				pa		organization	(W-2/1099-MIS			om the		
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on	
	organizations below	ıal trus	onal tı		oloyee	comp		1099-NEC)				l relate nizatio		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
	,	=	=	0	~	Ξ ω	ш.							
		-												
		-												
1b Subtotal								73,725.		0.			0.	
c Total from continuation sheets to Part VII								0.		0.			0.	
d Total (add lines 1b and 1c)								73,725.		0.			0.	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable					
compensation from the organization													0	
												Yes	No	
3 Did the organization list any former officer,	•		•		•		_	·	•				v	
line 1a? If "Yes," complete Schedule J for su											3		X	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х	
5 Did any person listed on line 1a receive or a	,		,											
rendered to the organization? If "Yes," com									ida for services		5		Х	
Section B. Independent Contractors	oicte concaat	<i>,</i> 0 / (<i>31</i> 30	CIT	20/3	<u> </u>						Į.		
Complete this table for your five highest cor	npensated ind	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of comp	ensatio	on fro	m		
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.					
(A)								(B)			(C)		
Name and business	address	NC	ONE	3			_	Description of s	ervices	Co	mper	satior	1	
							_							
							+		+					
2 Total number of independent contractors (in	cluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than					
\$100,000 of compensation from the organiz	ration				C)								

35-6028362

Form 990 (2022) THE PORTLAND FOUNDATION

Part VIII Statement of Revenue

			Chack if Schodula O	onto	oino o	roonon	000 Or	noto to any lin	o in this Dort VIII			
			Check if Schedule O	onta	airis a	respon	ise or	note to any lin	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt	Unrelated	Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
[560110115 5 12 - 5 14
nts	1					1a						
Sra Ton			Membership dues			1b						
is, (Fundraising events			1c						
Contributions, Gifts, Grants and Other Similar Amounts						1d						
S, iii		е	Government grants (contr	ibutio	ons)	1e						
r io		f	All other contributions, gifts,	grant	s, and							
ğ ‡			similar amounts not included	abov	'e	1f		65,775.				
할		g	Noncash contributions included in	lines 1	a-1f	1g \$						
ರ್ಣ		h	Total. Add lines 1a-1f				<u></u>		65,775.			
							L	Business Code				
ġ.	2	а					_ L					
۳ <u>چ</u>		b					_ L					
Sci		С					_ L					
am		d					_ L					
Program Service Revenue		е										
P.		f	All other program service	rever	nue		[
			Total. Add lines 2a-2f									
	3		Investment income (include									
			other similar amounts)	Ū					614,737.			614,737.
	4		Income from investment of					ſ				
	5		Royalties			-		i				
			,) Real		(ii) Personal				
	6	а	Gross rents	6a		-						
	•		Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss)									
	7		Gross amount from sales of	,		ecuritie		(ii) Other				
	•	_	assets other than inventory	7a	- ()			()				
		h	Less: cost or other basis	74								
o l			and sales expenses	7b								
Z		_	Gain or (loss)	7c								
Revenue			Net gain or (loss)	$\overline{}$								
er F	٥		Gross income from fundraising			ſ						
ğ	Ü	u	including \$	ig cvc	•	of						
			contributions reported on	line '		-						
			Part IV, line 18		,		8a					
		h	Less: direct expenses				8b					
			Net income or (loss) from									
	٥		Gross income from gamin		_	ſ						
	J	a	Part IV, line 19	-			9a					
		h	Less: direct expenses				9a 9b					
			Net income or (loss) from									
	10		Gross sales of inventory, I									
	iU	a					100					
		h	and allowances				10a 10b					
			Less: cost of goods sold									
_		Ü	Net income or (loss) from	saleS	OI III	entory		Business Code				
ns	44	_					F	Dadiness Oode				
e e	11											
Miscellaneous Revenue		b	-									
Sce		C	All able an university									
Ξ̈́			All other revenue									
	12		Total. Add lines 11a-11d Total revenue. See instruction						680,512.	0.	0	614,737.
			TOTAL LEVELINE DEE INSTRUCTIO	IIIS					UUU, JIL	· U •	. U .	U , J •

Part IX Statement of Functional Expenses

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

00011	Check if Schedule O contains a respons		*	• • • • • • • • • • • • • • • • • • • •	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	437,905.	437,905.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	223,925.	223,925.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	·	·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	73,725.	36,863.	36,862.	
6	Compensation not included above to disqualified	7377231	30,0031	30,0021	
0					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	42,356.	24,381.	17,975.	
7	Other salaries and wages	42,330.	24,301.	17,975.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	E 430	2 542	2 510	
9	Other employee benefits	7,438.	3,719.	3,719.	
10	Payroll taxes	8,238.	4,738.	3,500.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	136.	136.		
С	Accounting	4,843.	4,843.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,595.	25,595.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	85,850.	85,850.		
12	Advertising and promotion	2,188.	1,222.		966.
13	Office expenses	2,008.		2,008.	
14	Information technology				
15	Royalties				
16	Occupancy	17,632.		17,632.	
17	Travel	650.		650.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,269.		3,269.	
23	Insurance	1,112.		1,112.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LILLY SCHOLARSHIP	4,886.	4,886.		
b	DUES AND SUBSCRIPTIONS	3,926.		3,926.	
С	MAINTENANCE	3,508.		3,508.	
d	PRINTING	2,240.			2,240.
е	All other expenses	4,276.		4,276.	
25	Total functional expenses. Add lines 1 through 24e	955,706.	854,063.	98,437.	3,206.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000
232010) 12-13-22				Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			511,271.	1	576,040.
	2	Savings and temporary cash investments			43,411.	2	19,819.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	585,926.			
	b	Less: accumulated depreciation	10b	265,300.	319,500.	10c	320,626.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	26,761,738.	12	21,383,246.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,800.	15	64,455.		
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	27,639,720.	16	22,364,186.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line	s 17-24).	Complete Part X	2 002 570		1 707 050
		of Schedule D			2,093,578.		1,707,052.
	26			V	2,093,578.	26	1,707,052.
တ္က		Organizations that follow FASB ASC 958, ch	eck nere	· X			
nce		and complete lines 27, 28, 32, and 33.			448,413.	07	-122,568.
alaı	27	Net assets without donor restrictions		25,097,729.	27	20,779,702.	
d B	28	Net assets with donor restrictions			23,031,123.	28	20,119,102.
Ë		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	958, cne	ck nere			
ē	200					29	
ets	29	Capital stock or trust principal, or current funds					
SSE	30	Paid-in or capital surplus, or land, building, or e			30 31		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			25,546,142.	31	20,657,134.
ž	32	Total liabilities and not assets fund balances			27,639,720.	33	22,364,186.
	33	Total liabilities and net assets/fund balances			41,000,140.	ა ა	22,304,100.

Pai	rt 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			5, 5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		-275		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,546		
5	Net unrealized gains (losses) on investments	5	– 4	, 435	5,8	63.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-17	7,9	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	20	, 65	7,1	34.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			-		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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 Inspection

Employer identification number Name of the organization THE PORTLAND FOUNDATION 35-6028362 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

360	tion A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	197,443.	33,805.	191,364.	280,051.	65,775.	768,438.					
2	Tax revenues levied for the organ-											
	ization'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	197,443.	33,805.	191,364.	280,051.	65,775.	768,438.					
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)						41,592.					
6	Public support. Subtract line 5 from line 4.						726,846.					
_	ction B. Total Support						0 / 0 _ 0 0					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
	Amounts from line 4	197,443.	33,805.	191,364.	280,051.	65,775.	768,438.					
	Gross income from interest,	,		,	, , , , ,							
Ū	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	406,455.	320,108.	323,992.	376.089.	614,737.	2041381.					
۵	Net income from unrelated business	200, 2001	320,2001	323,3321	3,0,0030	02277070						
9	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	•											
44	assets (Explain in Part VI.)						2809819.					
	Total support. Add lines 7 through 10					40	2007017.					
	Gross receipts from related activities,	•	,			12						
13	First 5 years. If the Form 990 is for the	· ·		,		` ' '						
Sac	organization, check this box and storetion C. Computation of Publi											
				actions (f))		14	25.87 %					
	Public support percentage for 2022 (I		•	***		14	25 22					
	Public support percentage from 2021					15						
Ioa	33 1/3% support test - 2022. If the content have The argenization qualifies											
	stop here. The organization qualifies		-		line 45 in 00 4 /00/							
D	33 1/3% support test - 2021. If the	~										
4-	and stop here. The organization qual											
1/a	10% -facts-and-circumstances test	-										
	and if the organization meets the fact		•	-	•	vi now the organiz	ation					
	meets the facts-and-circumstances te	-	•		-							
b	10% -facts-and-circumstances test	-					10% or					
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the											
	organization meets the facts-and-circu		-		•							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 000) 2000					

Schedule A (Form 990) 2022 THE PORTLAND FOUNDATION 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	tion A. Public Support	siow, picase comp	olete i art ii.j				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
		4) 22/2	# N 22.42	()	(1) 222 (() 0000	(0
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	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						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's fi	rot googled thind	fourth or fifth to	Voor oo o costicis	501(0)(2) 0=00===+:-	
	First 5 years. If the Form 990 is for the check this box and stop here	•		•	•		. —
	tion C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		15	%
	Public support percentage from 2021	, (),				16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hoy on line 14 19	a or 19h check th	nis how and see in	etructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3a		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3b		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4c 5a 5b 5c 6 7 8 9a 9b 9c	4a		
5a 5b 5c 6 7 8 9a 9b 9c	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c			
6 7 8 9a 9b 9c 10a	5a		
6 7 8 9a 9b 9c 10a			
7 8 9a 9b 9c	5c		
7 8 9a 9b 9c			
9a 9b 9c	6		
9a 9b 9c	7		
9a 9b 9c	1		
9b 9c 10a	8		
9b 9c 10a	9a		
9c 10a	Ju		
10a	9b		
	9c		
10b	10a		
· · · · · · · · · · · · · · · · · · ·	10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		prization, describe now the powers to appoint and or renove officers, directors, or trustees were allocated among the powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (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			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	\square	The organization satisfied the Activities Test. Complete line 2 below.			
b	Н	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
h		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below.	ZÜ		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		te organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(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	ion 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-function	nally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		(sommass)	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1					
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details 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 to	the organization is responsive						
	(provide details in Part VI). See instructions.		8					
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) Underdistributions	(iii) Distributable				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greate	er		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE PORTLAND FOUNDATION

Employer identification number 35-6028362

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	organization answered Tes Off Official Soc, Farthy, inte	(a) Donor advised funds	(b) Fui	nds and other accounts		
1	Total number at end of year	3				
2	Aggregate value of contributions to (during year)	0.				
3	Aggregate value of grants from (during year)	35,564.				
4	Aggregate value at end of year	870,348.				
5	Did the organization inform all donors and donor advisors in w	•	ed funds			
	are the organization's property, subject to the organization's e	_		X Yes No		
6	Did the organization inform all grantees, donors, and donor ac			··········· —		
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?			X Yes No		
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically	important land area		
	Protection of natural habitat	Preservation of	a certified hi	storic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conserva	tion easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax		
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	ervation eas	ements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion easemer	ts during the year		
•	, and an expense meaned in membering, inspecting, hard	ing of violations, and officing concorvat		is daring the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			Yes No		
9	In Part XIII, describe how the organization reports conservatio			nd		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that des	cribes the		
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Simila	r Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement ar	nd balance s	heet works		
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	rtherance of	public		
	service, provide in Part XIII the text of the footnote to its finance					
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and b	alance shee	t works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pu	blic service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provid	e		
	the following amounts required to be reported under FASB AS	S .				
а	Revenue included on Form 990, Part VIII, line 1					
h	Assets included in Form 990 Part X			\$		

a legisling the organizations acquisition, accession, and other records, check any of the following that make significant use of its collections times (cineck all that apply): a Public exhibition b Public exhibition c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part IX, line 9, or reported an amount on Form 900, Part X, line 21. Is is the organization an agent, trustee, custodina or other intermediary for contributions or other assets not included on Form 900, Part X, line 21, for escribing table:	Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contir	nued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other reported a description of thurse generations Part VI Except and the report of the organization scollections and explain how they turber the organization's exempt purpose in Part XIII. Part IV Except and the organization of the to be maintained as part of the organization can severed "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is 1s the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, six explain the arrangement in Part XIII and complete the following table: Ves	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
b Scholarly research e Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to to so did to raise funder starting day a part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount to Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance D Birthutions during the year I d I D Birthutions during the year I Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? D If "Yes," explain the arrangement in Part XIII C theck here if the explanation has been provided on Part XIII D If "Yes," explain the arrangement in Part XIII C heck here if the explanation has been provided on Part XIII D If the organization includes an amount on Form 990, Part X, line 21, for escrow or custodial account liability? D I W Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. D Contributions C Sc, 761, 738, 239, 391, 141, 22, 904, 880, 19, 848, 750, 22, 905, 909, 900, 900, 900, 900, 900, 900		collection items (check all that apply):								
c Preservation for shure generations 4 Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Part XIII. 7 Point IV Excord and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 8 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 8 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 9 If "Yes," explain the arrangement in Part XIII and complete the following table: 1	а	Public exhibition	d	Loan or excl	nange program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts To be sold to raise funds; atther than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or received an amount on Form 990. Part X iii.e.?	b	Scholarly research	е	Other						
5	С	Preservation for future generations								
5	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpo	se in Part)	KIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	ures, or other simil	ar assets				
Teported an amount on Form 990, Part X, line 21. Yes No No Tyes, "explain the arrangement in Part XIII and complete the following table:		to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			Yes		No
Teported an amount on Form 990, Part X, line 21. Yes No No Tyes, "explain the arrangement in Part XIII and complete the following table:	Par	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes" o	n Form 990), Part IV, li	ne 9, or		
on Form 990, Part X? Ves										
Beginning balance Complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets no	t included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d 1d 1d 1d 1d 1d 1d 1		on Form 990, Part X?						Yes		No
C Beginning balance 1c	b									
Additions during the year Elistributions during the year Fanding blaince Fan								Amoun	t	
E plistributions during the year 1 1 1 1 1 1 1 1 1	С	Beginning balance				1c				
E plistributions during the year 1 1 1 1 1 1 1 1 1	d	Additions during the year				1d				
Tending balance										
2a bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No bid Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided here if the explanation has been provided here. It is a subject to the provide here if the explanation has been provided here. It is a subject to the provide here in the part XIII the intended uses of the organization that are held and administered for the provide here in line 3(ii). A subject to the provide here in line 3(ii) are the related organizations listed as required on Schedule R? Ves No No No No No No No N	f									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four y	2 a					oility?		Yes		No
Column C	b									
Table Beginning of year balance 26,761,738 23,933,141 22,904,880 19,848,750 22,055,690	Par	rt V Endowment Funds. Complete	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.				
b Contributions 65,775, 280,051, 191,364, 33,805, 197,443. c Net investment earnings, gains, and losses d'a,164,698, 3,604,360, 1,655,787, 3,738,069, -1,427,232. d Grants or scholarships 727,351, 720,391, 714,904, 493,634, 678,712. e Other expenditures for facilities and programs f Administrative expenses 552,218, 335,423, 103,986, 222,110, 96,447. g End of year balance 21,383,246, 26,761,738, 23,933,141, 22,904,880, 19,848,750. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginning of year balance	26,761,738.	23,933,141.	22,904,880	. 19,8	348,750.	22	,055,	690.
C Net investment earnings, gains, and losses	b	Contributions	65,775.	280,051.	191,364	,	33,805.		197,	443.
E Other expenditures for facilities	С		-4,164,698.	3,604,360.	1,655,787	. 3,7	738,069.	-1	,427,	232.
and programs f Administrative expenses 552,218, 335,423, 103,986, 222,110, 96,447, g End of year balance 21,383,246, 26,761,738, 23,933,141, 22,904,880, 19,848,750, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships	727,351.	720,391.	714,904	. 4	193,634.		678,	712.
F Administrative expenses 552,218. 335,423. 103,986. 222,110. 96,447. g End of year balance 21,383,246. 26,761,738. 23,933,141. 22,904,880. 19,848,750. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	е	Other expenditures for facilities								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Permanent endowment		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses	552,218.	335,423.	103,986	. 2	222,110.		96,	447.
a Board designated or quasi-endowment	g	End of year balance	21,383,246.	26,761,738.	23,933,141	. 22,9	04,880.	19	,848,	750.
b Permanent endowment	2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:					
Tem endowment	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Percentages on line 3a(ii) are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 220,423. Buildings C Leasehold improvements 351,385. 255,054. 96,331. d Equipment 14,118. 10,246. 3,872. e Other	b	Permanent endowment	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Related organizations (iv) Relate	С	Term endowment	%							
Ves No Vi Unrelated organizations Sa(i) Unrelated organizations Sa(i) X X X X X X X X X		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (d) Book value 1b Buildings (d) Book value 1c Leasehold improvements (d) Book value 1d Land (d) Book value	За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	d administered for	the		_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 220,423. b Buildings c Leasehold improvements 351,385. 255,054. 96,331. d Equipment 6 Other		organization by:							Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 220,423. 220,423. b Buildings c Leasehold improvements 351,385. 255,054. 96,331. d Equipment 6 Other		(i) Unrelated organizations						3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 220,423. b Buildings c Leasehold improvements d Equipment d Equipment e Other		(ii) Related organizations						3a(ii)		X
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings Land Leasehold improvements Equipment Equipment Other Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 220, 423. 220, 423. 220, 423. 351, 385. 255, 054. 96, 331. 14, 118. 10, 246. 3,872.						3b				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 220,423. b Buildings c Leasehold improvements d Equipment e Other				vment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par									
tall Land basis (investment) basis (other) depreciation 1a Land 220,423. 220,423. b Buildings 351,385. 255,054. 96,331. c Leasehold improvements 14,118. 10,246. 3,872. e Other 0ther 0ther 0ther 0ther		Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part)	K, line 10.				
b Buildings 351,385. 255,054. 96,331. c Leasehold improvements 14,118. 10,246. 3,872. e Other 0 <		Description of property	` '	', '	,			(d) Boo	k value	е
b Buildings 351,385. 255,054. 96,331. c Leasehold improvements 14,118. 10,246. 3,872. e Other 0ther	1a	a Land 220,423. 220,423.						23.		
c Leasehold improvements 351,385. 255,054. 96,331. d Equipment 14,118. 10,246. 3,872. e Other 30,246. 3,872.	_									
d Equipment 14,118. 10,246. 3,872. e Other	С			35	1,385.	255,0	54.	9	6,3	31.
e Other	_			1	4,118.	10,2	46.		3,8'	72.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<u>e</u>									
	Total			(. column (B). line 10	Oc.)			32	0,6	26.

Concadio B (1 01111 000) 2022 =============================		TO TO THE TAGE
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	1,742,912.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS	19,129,293.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET FUNDS	511,041.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	21,383,246.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD FOR OTHERS	1,690,987.
(3) LEASE ROU LIABILITY	16,065.
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,707,052.

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

	dule D (Form 990) 2022 THE PORTLAND FOUNDATION				6028362 Page
Par			h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	-3,755,351.
1				1	-3,733,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	0-	-4,435,863.		
а	Net unrealized gains (losses) on investments	1 1	-4,433,003.	-	
b	Donated services and use of facilities			-	
С.	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				1 125 062
_	Add lines 2a through 2d			2e	-4,435,863
3	Subtract line 2e from line 1			3	680,512.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	. 4b			•
С	Add lines 4a and 4b			4c	600 510
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	onto M	th Evnences new F	5	680,512
Par	t XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				055 706
1				1	955,706.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments	1 1		-	
С	Other losses	1 1			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	955,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	955,706
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines	1b and 2b; Part V, line 4	; Part 2	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inf	ormation.		
PAR	T V, LINE 4:				
SCE	OLARSHIPS AND GRANTS FOR THE BETTERMENT O	F JAY	COUNTY.		
PAR	T X, LINE 2:				
MAN	AGEMENT EVALUATES ALL SIGNIFICANT TAX POS	ITION	S AS REQUIRE	D B	Y
ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN	THE U	NITED STATES	OF	AMERICA.
AS	OF YEAR END, THE FOUNDATION BELIEVES THAT	IT H	AS APPROPRIA	TE :	SUPPORT
FOR	ANY TAX POSITIONS TAKEN, AND AS SUCH, DO	ES NO	T HAVE ANY II	NCE	RTATN TAX

POSITIONS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED

DISCLOSURES.

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service						•	Inspection		
Name of the organization THE PORTLAND FOUNDATION							Employer identification nu 35-60283		
Part I General I	nformation on Grants a	ınd Assistance							
criteria used to	ization maintain records award the grants or assi t IV the organization's pr	stance?		······································		•	•	on X Yes	No
	nd Other Assistance to that received more than					anization answered "\	es" on Form 990, Part	t IV, line 21, for any	
	ddress of organization overnment	(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	
								ENHANCE THE QUALITY C	F
ARTS PLACE, INC								LIFE FOR THE PEOPLE C	F
131 E WALNUT STRE	EET							JAY COUNTY, INDIANA,	NOW
PORTLAND, IN 4737	71		501(C)(3)	0.	133,406.			AND FOR GENERATIONS T	.'O
								ENHANCE THE QUALITY C	F
GLASS MUSEUM OF I	DUNKIRK							LIFE FOR THE PEOPLE C	F
309 S FRANKLIN								JAY COUNTY, INDIANA,	NOW
DUNKIRK, IN 47336	6		501(C)(3)	0.	11,134.			AND FOR GENERATIONS T	.'O
								ENHANCE THE QUALITY C	F
JAY COUNTY COMMUN	NITY CENTER							LIFE FOR THE PEOPLE C	F
115 E WATER STREE	ET							JAY COUNTY, INDIANA,	NOW
PORTLAND, IN 473	71		501(C)(3)	0.	57,523.			AND FOR GENERATIONS T	.'O
								ENHANCE THE QUALITY C	F
JAY COUNTY DRUG I	PREVENTION							LIFE FOR THE PEOPLE C	F
COALIATION - MERI	IDIAN STREET -							JAY COUNTY INDIANA	NOW

0.

0.

0.

25,000.

18,120.

13,411.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

11.

AND FOR GENERATIONS TO

ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF

JAY COUNTY, INDIANA, NOW

AND FOR GENERATIONS TO

ENHANCE THE QUALITY OF

LIFE FOR THE PEOPLE OF

AND FOR GENERATIONS TO

JAY COUNTY, INDIANA, NOW

501(C)(3)

501(C)(3)

501(C)(3)

PORTLAND, IN 47371

903 E MAIN STREET

PORTLAND, IN 47371

315 N SHIP STREET

PORTLAND, IN 47371

JAY COUNTY HISTORICAL SOCIETY

JAY COUNTY PUBLIC LIBRARY

(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 non-cash assistance	(h) Purpose of grant or assistance
							ENHANCE THE QUALITY OF
AY RANDOLPH DEVELOPMENTAL							LIFE FOR THE PEOPLE OF
ERVICES - 901 E WATER STREET -							JAY COUNTY, INDIANA, NO
ORTLAND, IN 47371		501(C)(3)	0.	12,363.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
OHN JAY CENTER FOR LEARNING							LIFE FOR THE PEOPLE OF
01 S MERIDIAN STREET							JAY COUNTY, INDIANA, NO
ORTLAND, IN 47371		501(C)(3)	0.	77,987.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
AY SCHOOL CORPORATION							LIFE FOR THE PEOPLE OF
072 WEST ST. RD 67							JAY COUNTY, INDIANA, NO
PORTLAND, IN 47371		501(C)(3)	0.	12,800.			AND FOR GENERATIONS TO
·				·			ENHANCE THE QUALITY OF
NITED WAY OF JAY COUNTY							LIFE FOR THE PEOPLE OF
01 S MERIDIAN STREET							JAY COUNTY, INDIANA, NO
ORTLAND, IN 47371		501(C)(3)	0.	10,340.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
JEST JAY COMMUNITY CENTER							LIFE FOR THE PEOPLE OF
.25 HOOVER STREET							JAY COUNTY, INDIANA, NO
OUNKIRK, IN 47336		501(C)(3)	0.	8,500.			AND FOR GENERATIONS TO
SARTIAL, IN 17000		501(0)(3)		3,300.			TON OZNZANITONO TO

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARS	SHIPS	131	223,925.	0.		
Part IV	Supplemental Information. Provide the information re	equired in Part I, lin	ie 2; Part III, column	(b); and any other ac	dditional information.	
PART	I, LINE 2:					
WHEN	A GRANT IS AWARDED TO A NOT-I	FOR-PROFIT	ORGANIZAT	TION, THE F	OUNDATION	
HAS P	ROCEDURES IN PLACE TO ENSURE	PROPER US	SAGE OF THE	E GRANT FUN	DS. THE	
RECIP	IENT ORGANIZATION MUST SHOW I	PROOF OF E	XPENDITURE	FOR THE P	ROJECT, AND	
THEN	MUST SIGN A GRANT AGREEMENT,	WHEREBY T	HEY AGREE	TO USE THE	GRANT FUNDS	
ONLY	FOR THE PROJECT FOR WHICH THI	E GRANT WA	S AWARDED.	,		
ONCE	THE GRANT FUNDS ARE EXPENDED	, THE RECI	PIENT ORGA	ANIZATION M	UST COMPLETE	
	TTEN FINAL GRANT REPORT, WHIC					
	LY, THE FOUNDATION CONDUCTS (-	

ORGANIZATIONS AS A WAY TO FURTHER ENSURE PROPER USAGE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARTS PLACE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: ASBURY UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: GLASS MUSEUM OF DUNKIRK

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY DRUG PREVENTION COALIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE

PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY RANDOLPH DEVELOPMENTAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JOHN JAY CENTER FOR LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: MIDWEST PET REFUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY SCHOOL CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE

PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PORTLAND FOUNDATION

Employer identification number 35-6028362

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
BY BUILDING COMMUNITY ENDOWMENT					
FORM 990, PART VI, SECTION B, LINE 11B:					
THE TAX RETURN WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS					
FORM 990, PART VI, SECTION B, LINE 12C:					
THE ORGANIZATION REQUIRES EACH MEMBER TO COMPLETE AND SIGN A CONFLICT OF					
INTEREST DISCLOSURE STATEMENT ANNUALLY					
FORM 990, PART VI, SECTION B, LINE 15:					
THE BOARD OF DIRECTORS APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR BASED					
ON COMPARABILITY, LENGTH OF EMPLOYMENT, ETC.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, POLICIES, AND FINANCIALS					
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST					
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:					
TRANSFER PORTLAND FOUNDATION - CORPORATION 35-2019497 -177,951.					
PART XII, LINE 2C					
NO CHANGES					