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Department of the Treasury Internal Revenue Service

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



B Check C Number of organization D Employer identification number Image: Address THE PORTAGE FOUNDATION 34-1176817 Image: Address Doing business as 34-1176817 Image: Address Description number 53-01 Image: Address Fragment of Construction of the construct	AI	For th	and and a second	enaing						
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Number and street (0 ⁺ V). Dox if mails no delivered to street address) Nommber and street (0 ⁺ V). Dox if mails no delivered to street address) Nommber and street (0 ⁺ V). Dox if mails no delivered to street address) Proc. BOX 623 City or town, state or province, country, and ZIP or foreign postal code KENT, OH 44240 Government of the street of VI. Dox if mails no delivered to street address) Appendent Famme and address of principal officer.JANICE SIMMONS-MORTIMER SAME AS C ABOVE Yes X No I mark and address of principal officer.JANICE SIMMONS-MORTIMER SAME AS C ABOVE Yes X No Website: DOR: Toxic Tox		chang	e Doing business as		34-1176817					
Image: Second		return		Room/suite						
Argended Benden Penden Soft KENT, OH 44240 F Name and address of principal officer: JANICE SIMMONS-MORTIMER F Name and address of principal officer: JANICE SIMMONS-MORTIMER SAME AS C ABOVE H(a) is this a group return for subordinates included? Wes No I Taxeexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5277 J Website: PORTAGEFOUNDATION-ORG H(b) eval subordinates included? H(b) eval subordinates included? Yes No J Website: PORTAGEFOUNDATION-ORG H(c) Group exemption number H(c) Group exemption number Part I Summary I Briefly describe the organization's mission or most significant activities: THE MISSION OF THE PORTAGE 2 Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) A 11 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 4 6 Total number of independent voting members of the governing body (Part VI, line 2a) 5 4 7 a Total unrelated business revenue from Form 990-T, Part I, line 11 7b 0. 0. 9 Program service revenue (Part VIII, column (A), line 3, 4, and 7c) 10 10, lines 13) 284 4, 287. 200, 697. 14 <		return			330-470-8					
Impediation	_		, , , ,		G Gross receipts \$	3,891,553.				
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J Website: PORTAGEFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1975 M State of legal domicile: OB Part II Summary Enropy describe the organization's mission or most significant activities: THE MISSION OF THE PORTAGE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 1 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 7a 0. 0. 7a Total number of volunteers (estimate if necessary) 7a 695, 707. 191, 805. 9 Program service revenue (Part VIII, line 1h) Prior Year 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 363, 543. 24, 090. 0. 0. 0. 0. 0. 0. 0. 0. <td< th=""><th></th><th></th><td>SAME AS C ABOVE</td><td></td><td>H(b) Are all subordinates in</td><td>cluded? Yes No</td></td<>			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e) 13.00, 131.0 500, 320.0 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 558, 925.0 421, 421.0 19 Revenue less expenses. Subtract line 18 from line 12 500, 325.0 -205, 526.0 20 Total assets (Part X, line 16) 8, 175, 102.0 6, 528, 359.0 21 Total liabilities (Part X, line 26) 1, 793, 591.0 1, 362, 090.0	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
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19 Revenue less expenses. Subtract line 18 from line 12 500,325. -205,526. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,175,102. 6,528,359. 21 Total liabilities (Part X, line 26) 1,793,591. 1,362,090.	ш	17								
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,175,102. 6,528,359. 21 Total liabilities (Part X, line 26) 1,793,591. 1,362,090.		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)			Revenue less expenses. Subtract line 18 from line 12							
20 Total assets (Part X, line 16) 8,175,102. 6,528,359. 21 Total liabilities (Part X, line 26) 1,793,591. 1,362,090. 22 Net assets or fund balances. Subtract line 21 from line 20 6,381,511. 5,166,269.	s or			Be						
21 Total liabilities (Part X, line 26) 1,793,591. 1,362,090. 22 Net assets or fund balances. Subtract line 21 from line 20 6,381,511. 5,166,269.	sset	20	Total assets (Part X, line 16)							
Ž코 22 Net assets or fund balances. Subtract line 21 from line 20 6, 381, 511. 5, 166, 269.	it As	21	Total liabilities (Part X, line 26)							
	N ⁿ	22	Net assets or fund balances. Subtract line 21 from line 20		6,381,511.	5,166,269.				

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.

							<u> </u>				
		Barnes Wendling	MORTIMER,	EXECUTIVE	DIRECTOR		Date				
CLIENT COPY Wenc		Wendling	MORTIMER,	EXECUTIVE	DIRECTOR						
		BUILDING AND MAINTAINING YOUR NET WORTH		Preparer's signature	1	Date		Check	PTIN		
		TOOK NET WORTH	N, CPA	Troparor 5 Signature		11/13			P013	3991	20
Preparer	Firm's name	BARNES	WENDLING C	PAS INC.			Firm's	EIN 34-	1463	3411	
Use Only	Firm's addre	ss 5050 WZ	ATERFORD DF	RIVE							
	SHEFFIELD VILLAGE, OH 44035 Phone no. (440) 934-3850										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
232001 12-1	X32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		1176817	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: THE MISSION OF THE PORTAGE FOUNDATION IS TO BUILD A THRIVING	G AND	
	DYNAMIC COMMUNITY FOR PORTAGE COUNTY. ACTING AS A "BRIDGE" H		
	DONORS AND CHARITABLE ACTIVITIES, WE STRIVE TO INSPIRE PHILZ	ANTHROPY	,
	BUILD ENDOWMENTS, IMPACT CAUSES, AND FOSTER PROJECTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t		
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 250,734. including grants of \$ 200,697.) (Revenue \$)
4a	(Code:) (Expenses \$ 250,734 including grants of \$ 200,697.) (Revenue \$ THE PORTAGE FOUNDATION IS A CHARITABLE ORGANIZATION CREATED	BY AND	
	A COMMUNITY OF PEOPLE. IT IS SUPPORTED BY LOCAL DONORS AND (
	A BOARD OF PRIVATE CITIZENS WHO WORK TOWARD THE GREATER GOOD		
	COMMUNITY. WITH FUNDING PRIORITIES THAT SPAN EIGHT KEY AREAS		
	ANIMAL WELFARE, ARTS AND CULTURE, CHILDREN'S PROGRAMS, EDUCA	-	DING
	ENVIRONMENT, ECONOMIC DEVELOPMENT, HEALTH, AND HUMAN SERVICI		
	FOUNDATION PROVIDED \$122,947 IN GRANTS TO NON-PROFIT ORGANIZ		TN
	NORTHEAST OHIO WITH PROGRAMS TARGETING PORTAGE COUNTY RESID		
	2022, SUPPORT FOR LOCAL FOOD BANKS, FOSTER CHILDREN, AND ART		
	PROGRAMMING WERE SOME OF THE TOP GRANT RECIPIENTS. OUR FOUNI		
	PROVIDED \$77,750 IN SCHOLARSHIPS TO AREA HIGH SCHOOL AND COL		061
	STUDENTS IN 2022.	10565	
			```
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 250,734.		
		Form 9	<b>90</b> (2022)
23200	02 12-13-22		(= <b> )</b>
	3		
021	113 758268 3652-001 2022.05000 THE PORTAGE FOUNDATION	3652	2-001

Form 990 (2022)

Part IV Checklist of Required Schedules

THE PORTAGE FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	-77	
•	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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	4.5		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	10		
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	(2000)
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2022.05000 THE PORTAGE FOUNDATION

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Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

24         Did the organization have a tax-event bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," to to line 25a.         24a         24b           D Did the organization invost any proceeds of tax-eventy bonds beyond a temporary pared exception?         24a         24b           D Did the organization invost any proceeds of tax-eventy bonds?         24d         24d           D Did the organization invost any non-balif of "issue" for bonds outstanding at any time during the year?         24d           Z5a         Section \$01(c)(3), 601(c)(4), and \$01(c)(22) organizations. Did the organization engage in an excess benefit transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person in a prior year, and that the transaction with a disquified person with a disquified person in a prior year, and that the organization prior agrant or then assistance to any content terms of rolow, resolution, or obtain a discussion. To a 35% controlled entity or founding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part I.         2a         X           28         Did the organization prioride gardia contributor or employee thereof, a gardia selection committee member, or to a 35% controlled entity				Yes	No
23     Did the organization answer "Ver" to Part VII, Secton A, Line S, 4, or 6, about compensation of the organization's current schedule J, Wark to complete Schedule J, Wark to complete Schedule J, Wark to complete Schedule J, Wark to Schedule J, Wark L, Schedule J, Part I     24a     24a       25     Sector Schedule J, Schedule J, Schedule J, Part I     25a     XK       25     Schedule J, Part I     25a     XK       26     Kark Schedule J, Part I     26a     XK       27     ZK     ZK     ZK     ZK       28     Did the organization report any summation of Park J, Nie S or 22, Gir receivables from or physice schedule J, Part II     26a     XK       28     Did the organization report and subines transaction with a discustifical controlloci or 35% controlled entity or thanky member of any of these person? IV Yes, "complete Schedule L, Part II     26a     XK       29     Did the organization any o	22		22	x	
Schedule J     28     Did the organization have a tax essempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' 'go to line 25a.     24a     24a       b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     24a       c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     24a       c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     24a       d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     24a       d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?     24a     24a       d Did the organization in a point year, and that the transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     25a     X       d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payaolies to any current or former officer, director, trustes, ley and or the assistance to any ourset for former officer, director, trustes, ley and polyae, assistance to any ourset for former officer, director, trustes, ley and polyae, enterior to former officer, director, trustes, ley and polyae, enterior or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part I'     27a       d Did the organization aver to a business transance ton with or the following partice schedule L, Part I'	23				
Part Diction of the organization have a tax exempt bonds used with an outstanding principal amount of more than \$100,000 as of the schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, M Na, Ya to line 25a.         Part Schedule K, Part I         Part Schedule L, Part I </td <td></td> <td></td> <td>23</td> <td></td> <td>x</td>			23		x
Schedule K. If You, 'go to line 25a         24a         24b           D bit the organization monitation an encrow account other than a refunding encrow at any time during the year?         24c           D bit the organization maintain an encrow account other than a refunding encrow at any time during the year?         24c           D bit the organization acts as non behalf of 'Issuer for bonds outstanding at any time during the year?         24c           D bit the organization acts as non behalf of 'Issuer for bonds outstanding at any time during the year?         24c           D bit the organization avare that 1 engaged in an excess benefit transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with a disqualified person in a provy ear, and that the transaction with the second trans the provide schedule L, Part I         26         X           D d 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 threes persons? If Yes, 'complete Schedule L, Part I V.         28a         X           Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?     24b       c Did the organization minitan an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?     24c       d Did the organization at as an "on behalf of "issuer for bonds outstanding at any time during the year?     24c       d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?     24c       d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?     24c       d Did the organization access 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 900 or 900 E27 If "Yes," complete Schedule L, Part I     25a     X       d 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 as 3% controlled entity finduding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II     28a     X       d Did the organization provide a grant or other assistance to any current or founder, or substantial contributor or to a 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part IV     28a     X       d Did the organization provide a grant or other assistance to any current or founder, or substantial contributor? II     28a     X       d Did the organization experimention the second of the folowing parties (see the Schedule L, Part IV     28a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
e) bit the organization matrix an encove account other than a refunding escrew at any time during the year to defease any tax-event bonds?     24c       24. Bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24d       25. Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the organization any tax serves that the transaction with a disqualified person in a prior year, and that the organization any ot the organization's prior Forms 900 or 990-227 (11 'ves,' complete Schedule L, Part I)     28       26. Did the organization mount on Part's, line 5 or 22, for recelvables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II     28       27     X     X       28     A current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any or these persons? If 'Yes,' complete Schedule L, Part IV.     28a       29     A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 'Yes,' complete Schedule L, Part IV.     28a       29     A family member of any rid/Wall described in line 28a? If 'Yes,' complete Schedule L, Part IV.     28a       20     A family member of any rid/Wall described in line 28a? If 'Yes,' complete Schedule N, Part I.			24a		X
any tax-exempt bonds?     24d       d Did the organization acts as n'on behaft of' issuer for bonds outstanding at any time during the year?     24d       25     Section 501c((3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     24d       26     Section 501c((3), 501(c)(4), and 501(c)(20) organizations. Did the organization regose in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I     26     X       27     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or six%     26     X       27     Did the organization party to a business transaction with anot the following particle (see the Schedule L, Part II)     28     X       28     Was the organization a party to a business transaction with nor the following particle (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     28     X       29     Was the organization cerve ent that \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV, 'est and 'es	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d) bit the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     Part 1       25a Section 597(6)(3), 501(6)(4), and 507(6)(29) organizations. Not the organization repage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I     Part 1       b) Is the organization report of any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I     Part 1       26     X       27     Did the organization report of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereol f a grant selection committee member, or to a 35% controlled entity for business transaction with one of the following parties (see the Schedule L, Part IV, instructions for organizations report fored filter, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV, instructions for organization report of the organization report of any individual described in line 28a ? If 'Yes,' complete Schedule L, Part IV, 'Se, 'Complete Schedule L, Part IV,	С				
25:         Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I         25:         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 tas not been reported on any of the organization's prior Forms 900 or 900 E27 If "Yes," complete Schedule L, Part I         26:         X           26:         Difference of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II         26:         X           27:         Difference of the organization aptrophyse thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II         28:         X           28:         Was the organization aptrophyse thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptione):         a carent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.         28:         X           30:         Did the organization nearbids, thresholds, conditions, and exceptione):         a carent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.<					
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 C27 If 'Yes," complete Schedule L, Part I     25b     X       controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II     26b     X       do 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 35% corrolled entity (including an employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol of anni) member of any of these persons? If 'Yes," complete Schedule L, Part IV     28a     X       28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes," complete Schedule L, Part IV.     28a     X       29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule L, Part IV.     28a     X       40 Did the organization receive enore than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M     29     X       30 Did the organization receive enore than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M     30     X       31 Did the organization receive enore than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M     30     X			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disquillied person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 ergot 22? If 'Yes,' complete Schedule I, Part I     26     X       6 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, trustes, levy employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II     26     X       7 Did the organization party to a business transaction with one of the following parties (see the Schedule L, Part III, instructions for applicable filing thresholds, conditions, and exceptions):     27     X       8 Was the organization 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):     280     X       9 A starting the partial or approximation party to a business transaction with one or more individual described in line 28a? II' Yes,' complete Schedule L, Part IV     28a     X       9 A starting the member of a ray individual described in line 28a? II' Yes,' complete Schedule N, Part I     28a     X       9 Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I     31     X       10 Did the organization inguitate, terminate, or dissolve and cease operations? II' Yes,' complete Schedule N, Part I     33     X       3 Did the organiza	5a		05-		v v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete     25b     X       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 contribution, or 35% controlled entity or naily member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       7     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 employee thereof, a grant selection committee member, or to a 35% controlled entity lincituding an employee thereof or faing in these persons? If "Yes," complete Schedule L, Part IV,     27     X       8     Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,     28a     X       8     A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV,     28a     X       9     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Ses," complete Schedule L, Part I     28a     X       9     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Ses," complete Schedule L, Part II     30     X       9     Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Part I	h		25a		
6     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 39% controlled entity for anily member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       7     Did the organization report a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     27     X       8     Was the organization receive controlled entity of one or more individuals and/or organization selescribed in line 28a or 28b? If "Yes," complete Schedule L, Part IV.     28a     X       2     A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.     28a     X       2     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.     29     X       0     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II     30     X       1     Did the organization receive any paryment treasures, or other similar assets? If "Yes," complete Schedule N, Part II     31     X       2     Did the	D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       27     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereo() a grant selection committee member, or to a 35% controlled entity (including an employee thereo() or amployee thereo() argant selection committee member, or to a 35% controlled entity (including an employee thereo() or amployee, creator or founder, creator or founder, substantial contributor? If     28       28     Was the organization provide, key employee, creator or founder, or substantial contributor? If     28a     X       29     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     28a     X       20     A tarmit or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     28a     X       20     A Strict or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     28a     X       20     A Strict or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If     28a     X       20     Did the organization inquicita, terminatar, or organizations described in line 28a or 28b7/If     "Yes," complete Schedule M     30     X       21     Did the organization inquicita, terminatar, or dissolve and cease operat	26				
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       7     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     a Acurent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.     28a     X       8     A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.     28a     X       9     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I     28a     X       9     Did the organization inceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions 71 If "Yes," complete Schedule N, Part I     30     X       10     Did the organization isel, exchange, dispose of, or transfer more than 25% of its net asset?/If "Yes," complete Schedule N, Part I     33     X       21     Did the organization netated to any tax-exempt or transfer more than 25% of its net asset?/If "Yes," complete Schedule N, Part II     34     X       32     Did the organization netated to any tax-exempt or transfer throe of angaization unde					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including a menjoyee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 9 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a /1 If 'Yes, "complete Schedule L, Part IV. c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule N, Part I 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 30 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, III a ' 4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, III a ' 5 Did the organization conduct more than 5% of its activities through an enty transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIII 2 5 Did the organization conduct more than 5% of its activi			26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.     27     X       90 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     a     a       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.     28a     X       b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.     28b     X       c A 35% controlled entity of one or more individuals and/or organizations celeve wore than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.     29     X       9D Id the organization receive wore than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.     29     X       10 Id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I     31     X       12 Did the organization negliculate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iime 1     33     X       13 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iime 1     34     X       14 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iime 1     35a     X       15a Did the organization related to an	27				
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): <ul> <li>A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.</li> <li>A A atmily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.</li> <li>A A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/I</li> <li>Yes, '' complete Schedule L, Part IV.</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,'' complete Schedule M</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,'' complete Schedule M.</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/I 'Yes,'' complete Schedule N, Part I</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/I 'Yes,'' complete Schedule N, Part I</li> <li>Did the organization nelated to any tax-exempt or taxable entity? If 'Yes,'' complete Schedule R, Part I, III, or IV, and Part V, line 1</li> <li>Dif ves ito line 35a, did the organization neceive any payment from o regage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'' complete Schedule R, Part V, line 2</li> <li>Did the organization. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If 'Yes, '' complete Schedule R, Part V</li> <li>Did the organization complete Schedule O a</li></ul>		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       image: controlled control of the contro		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
*Yes, "complete Schedule L, Part IV       28a       X         b A tamily member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If       'Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         33       Did 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       35a       X         35a       Did the organization neated the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization complete Schedule C or ant V, line 2       35a       X         36 <td< td=""><td>28</td><td></td><td></td><td></td><td></td></td<>	28				
c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?!/f       **es, "complete Schedule L, Part IV       28e       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         21       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         22       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I       31       X         23       Did 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       33       X         24       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         25a       Did the organization action streeve any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         26       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?		"Yes," complete Schedule L, Part IV	28a		x
"Yes," complete Schedule L, Part IV     28c     X       29     Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     29     X       30     Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M     30     X       31     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I     31     X       32     Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I     33     X       33     Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I     33     X       34     Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X       35a     Did the organization nave a controlled entity within the meaning of section 512(b)(13)?     35a     X       36     Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?     36     X       37     Did the organization complete Schedule R, Part V, line 2     36     X       38     Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b			28b		X
P3       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         00       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         11       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         12       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         13       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.37 If "Yes," complete Schedule R, Part I       33       X         14       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34       X         15a       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         16       be?vse." 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)?       36       X         16       be?vs." complete Schedule R, Part V, line 2       36       X         17       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated a	С		28c		x
contributions? If "Yes," complete Schedule M     30     X       31     Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I     31     X       32     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I     32     X       33     Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I     33     X       34     Was the organization netlated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X       35a     Did the organization have a controlled entity within the meaning of section 512(b)(13)?     35a     X       b     If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?     35b     35b       36     Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?     37     37       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 V, line 2     37     37     38       38     Did the organization complete Schedule O     Oad provide explanations on Schedule O for Part VI, lines 11b	29		29		X
11       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         22       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         44       Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         55a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36       X         6       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         7       Did the organization complete Schedule 0 and provide explanations on Schedule O for Part VI, line 31       37       X         8       Did the organization complete Schedule 0       27       38       X         7       Did the organization complete Schedule 0	0		30		x
Schedule N, Part II       32       X         13       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         14       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         15a       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         15a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       15a       X         16       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         16       Section 501(c)(3) 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 V       37       X         18       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         18       Did the organization complete Schedule O       38       X       14       2       14       2       16       16       16       17       X	81		31		X
3       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         44       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         55a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       X       Note: All Form 990 filers are required to complete Schedule O.       Yes       Note: All Form 990 filers are required to complete Schedule O.       38       X         10       the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         12       Enter the number reported in box 3 of Form 1096. Enter -0-	2		32		x
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule C        Yes       Yes       Yes         41       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1a       2       1b       0         42       Ib in organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Part V, line 1       34       X         55a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35b       X         b6       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         if "Yes," complete Schedule R, Part V, line 2       36       X         b7       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         b7       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         b7       Statements Regarding Other IRS Filings and Tax Compliance       2       38       X         check if Schedule O contains a response or note to any line in this Part V       14       14       2       14       2         b       Enter the number reported in box 3 of Form 1096. Enter -0: if not applicable       16       16       16       0       12       X         c		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?     35a X       b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2     35b X       36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?     36 X       37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V     37 X       38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?     38 X       9 Note: All Form 990 filers are required to complete Schedule O     38 X       9 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a 2       9 be there the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1a 2       9 be there the number of prize winners?     1c X       32004 12-13-22     5	34				
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         66       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         77       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         88       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         97       Note: All Form 990 filers are required to complete Schedule O       38       X         98       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O       38       X       2       38       X         990       filers are required to complete Schedule O       11a       2       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12		Part V, line 1			
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?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X       X         90       Statements Regarding Other IRS Filings and Tax Compliance       2       38       X         14       2       1       0       1       1       2       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1			35a		
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         94       Statements Regarding Other IRS Filings and Tax Compliance       38       X         95       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       21       Yes       Yes         93       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         930       12-13-22       5	b		054		
B7       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         B8       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes       Yes         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1b       0       1c       X         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         store       5	86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
Big Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         Storm 990 (202	37		36		X
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       Note: All Form 990 filers are required to complete Schedule O         In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Inter to the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Inter to the number of Portable gaming       Inter to the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Inter to the number of Portable gaming       Inter to the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Inter to the number of Portable gaming       Inter to the nu	20		37		X
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       1a       2       1a       1a       1a       2       1a		Note: All Form 990 filers are required to complete Schedule O	38	X	
1a       1a       2       1a       1a       2       1a       1a       2       1a       1a <t< td=""><td>r ai</td><td></td><td></td><td><u></u></td><td></td></t<>	r ai			<u></u>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         (gambling) winnings to prize winners?       1c       X         32004       12-13-22       5			\	Yes	No
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         (gambling) winnings to prize winners?       1c       X       1c       X         32004       12-13-22       5       Form 990 (202)			4		
(gambling) winnings to prize winners?			4		
32004 12-13-22 Form <b>990</b> (202 5	С			v	
5					(0000)
-	32004		Form	1990	(2022
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?	2b	Х	
			 3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		0.0		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х
h	If "Yes," enter the name of the foreign country		та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
Fa		· · · ·	Ea		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	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 contribut	U U			
	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 set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a	Bid the second second section reaction to the second second second second second second second second second se		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		55		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	•		
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	<b>o i j</b>				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	it income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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THE PORTAGE FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>			Σ			
Sec	tion A. Governing Body and Management								
		1 1	11		Yes	1			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	11						
	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		11						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any other							
	officer, director, trustee, or key employee?			2					
3	Did the organization delegate control over management duties customarily performed by or under								
	of officers, directors, trustees, or key employees to a management company or other person?			3					
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?		4					
5	Did the organization become aware during the year of a significant diversion of the organization's a			5					
6	Did the organization have members or stockholders?		L	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or							
	more members of the governing body?		L	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		L	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	/ear by the following:							
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-		Γ						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)				_			
			_		Yes				
0a	Did the organization have local chapters, branches, or affiliates?		L·	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the	form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
	on Schedule O how this was done		-	12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14		F			
15	Did the process for determining compensation of the following persons include a review and appro								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision								
а	The organization's CEO, Executive Director, or top management official		-	15a					
	Other officers or key employees of the organization			15b		┢			
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					┢			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a							
iou				16a					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		·····	10a		$\vdash$			
0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		' I						
				16b					
	exempt status with respect to such arrangements?								
17	List the states with which a copy of this Form 990 is required to be filed OH								
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section	501(c)(3)e	only	avail	ah			
.0	for public inspection. Indicate how you made these available. Check all that apply.	210 556 1 (500101	001(0)(0)3	Offiy)	avan	ac			
		in on Schedule O)							
10		,	policy and	finar					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	connict of interest	Julicy, and	inar	icial				
20	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 b JANICE SIMMONS-MORTIMER - 330-470-8950	DOOKS and records							
32006	<b>P.O.</b> BOX 623, KENT, OH 44240			Form	990	(2			
_	7			<b>.</b> -		_			
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compensated
	Employees, and Independe	ent 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.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ľ		(0	C)			(D)	(E)	(F)
Name and title	Average	(da	Position (do not check more than			thon	000	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	<u> </u>			irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldr	st con yee	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SCOTT TAYLOR	40.00	-	-	0	$\mathbf{x}$	노	ш.			
EXECUTIVE DIRECTOR		1		x				51,250.	0.	0.
(2) TOBY ANN WEBER	40.00									
INTERIM EXECUTIVE DIRECTOR		1		Х				33,000.	0.	0.
(3) DEBORAH SMEILES	1.00									
PRESIDENT		X		Х				0.	0.	0.
(4) ELIZABETH BARRY	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) LINDA ZUCCA	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) ANGELA DEJULIUS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) AMY ADAMS	1.00									_
TRUSTEE		Х						0.	0.	0.
(8) DENISE BABA	1.00									
TRUSTEE		Х						0.	0.	0.
(9) COLIN BOYLE	1.00									
TRUSTEE		X						0.	0.	0.
(10) TONY BUENO	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(11) KATHY CHUDAKOFF	1.00									
TRUSTEE	1 00	X						0.	0.	0.
(12) STEVE FISHER	1.00							0		0
TRUSTEE	1 00	X						0.	0.	0.
(13) JEN HAYES	1.00							0		0
TRUSTEE	1 00	X						0.	0.	0.
(14) ANNE JORGENSEN	1.00	v						0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(15) BETH PADISAK	1.00	x						0.	0.	0.
TRUSTEE (16) BRENT PFEIFFER	1.00	<u>^</u>						0.	0.	0.
	1.00	x						0.	0.	0.
TRUSTEE (17) AMY PAPESH	1.00	<u> </u> ▲						0.	0.	
(17) AMY PAPESH TRUSTEE	1.00	x						0.	0.	0.
								0.	0.	Form <b>990</b> (2022)
232007 12-13-22						~				Form <b>990</b> (2022)

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	990 (2022) THE PORTA									34-11	76	817	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box,	not cl	(C Posi heck i ss per	;) ition more rson i		one n an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatior from related	ı	an	(F) timate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS/ 1099-NEC)		com fr org and	pensa om the anizati d relate	e on ed
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							84,250. 0. 84,250.		0.0.0.			0.0.
2	Total number of individuals (including but n compensation from the organization								-	0,000 of reportable	-		Vee	0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		-	•			Ŭ	phest compensated emp	-	[	3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	Jf	for such individual	-		4		X
-	rendered to the organization? <i>If</i> "Yes," <i>com</i>											5		X
1	Complete this table for your five highest con the organization. Report compensation for t (A)										pens			
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	С		nsatio	<u>า</u>
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	tho: (		ted	above) who received n	nore than		Form	<b>990</b> (2	2022)

232008 12-13-22

Pa	rt \	/111									
			Check if Schedule O	contain	s a respo	onse	or note to any lir	e in this Part VIII	( <b>D</b> )	(0)	<u>L</u>
								(A) Total revenue	(P) Related or exempt	Unrelated	Revenue excluded
										business revenue	from tax under sections 512 - 514
s s	4		Federated campaigns		1a						3000013 012 014
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Ū,			Fundraising events								
ifts ar A			Related organizations								
s, G mik			Government grants (contr								
Si			All other contributions, gifts,								
but		•	similar amounts not included				191,805.				
d di		g	Noncash contributions included in			3					
anc		-	Total. Add lines 1a-1f					191,805.			
							Business Code				
8	2	а									
e ric		b									
Program Service Revenue		с									
leve		d									
ю́. Н		е									
đ		f	All other program service	revenu	e						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	•							
			other similar amounts)					99,647.			99,647.
	4		Income from investment of								
	5		Royalties	·····							
					(i) Rea		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss)								
	7	а	Gross amount from sales of		i) Securit		(ii) Other				
			assets other than inventory	7a	3,600,3	101.					
Ð		b	Less: cost or other basis		2 675	5 5 0					
Revenue		_	and sales expenses	7b 7c	3,675,0 -75,						
Sev.			· / ······				•	-75,557.			-75,557.
e			Net gain or (loss) Gross income from fundraisin					15,557.			15,557.
oth	0	a	including \$								
•			contributions reported on								
			Part IV, line 18		,	82					
		b	Less: direct expenses			8b					
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19	-							
		b	Less: direct expenses			9b					
			Net income or (loss) from			s	•				
	10		Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales o	f invento	ry					
S							Business Code				
eon	11	а									
enu		b									
Miscellaneous Revenue		с									
Mis		d	All other revenue								
_		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				215,895.	0.	0.	24,090.
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Form 990 (2022)

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organization	IS	·		·
and domestic governments. See Part IV, line 21	122,947.	122,947.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	77,750.	77,750.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreig	n			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	84,250.	28,083.	28,084.	28,083
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	20.200	12 104	12 102	12 102
7 Other salaries and wages	39,370.	13,124.	13,123.	13,123
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)		0.001		0.001
9 Other employee benefits		2,261.	2,262.	2,261
10 Payroll taxes				
Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	10 702		10 702	
c Accounting			18,793.	
d Lobbying				
e Professional fundraising services. See Part IV, line 1			26 220	
f Investment management fees	36,238.		36,238.	
g Other. (If line 11g amount exceeds 10% of line 25,	\ \			
column (A), amount, list line 11g expenses on Sch C				
12 Advertising and promotion	10 000	1,500.	5,309.	4,097
13 Office expenses		I, 500.	5,509.	4,097
14 Information technology				
15 Royalties	22 027	5,069.	11,952.	6,816
16 Occupancy		5,005.	11, 552.	0,010
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials <b>19</b> Conferences, conventions, and meetings				
20 Interest     21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance     24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	,			
a BAD DEBT EXPENSE	546.		546.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	421,421.	250,734.	116,307.	54,380
26 Joint costs. Complete this line only if the organizatio				,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
32010 12-13-22	I			Form <b>990</b> (2022

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Form **990** (2022)

12 2022.05000 THE PORTAGE FOUNDATION

THE PORTAGE FOUNDATION

	rt X	Balance Sheet	0112	11101		<u> </u>	II/OOI/ Page II
		Check if Schedule O contains a response or not	e to ar	v line in this Part X			
		· ·		,	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			86,223.	1	45,057.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	<b>B</b>				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,064.			
	b	Less: accumulated depreciation	10b	12,695.	1,117. 8,087,762.	10c	<u>11,369.</u> 6,471,933.
	11	Investments - publicly traded securities			8,087,762.	11	6,471,933.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			8,175,102.	16	6,528,359.
	17	Accounts payable and accrued expenses			2,550.	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	antial	contributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
-	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X			
		of Schedule D			1,791,041.		1,362,090.
	26	Total liabilities. Add lines 17 through 25			1,793,591.	26	1,362,090.
s		Organizations that follow FASB ASC 958, che	ck her	e X			
alances		and complete lines 27, 28, 32, and 33.			1 0 4 0 0 0 0		100 505
alar	27	Net assets without donor restrictions			1,343,830.	27	123,723.

Forr

Net Assets or Fund Balances

28

29

30

31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

000	(0000)	

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5,042,546.

5,166,269.

6,528,359.

Form 990 (2022)

28

29

30

31

32

33

5,037,681.

6,381,511.

8,175,102.

	1 990 (2022) THE PORTAGE FOUNDATION	34-1	176817	Page	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5 <u>,89</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,42	
3	Revenue less expenses. Subtract line 2 from line 1	3	-205		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,381		
5	Net unrealized gains (losses) on investments	5	-997	7,71	.5.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-12	2,00	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,166	,26	59.
Pa	rt XII Financial Statements and Reporting			r	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	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?				Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

						identification number $4-1176817$			
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								4-11/001/
		ization is not a private found			-			S.	
1	Ď	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	-			· · ·	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).		
4		A medical research organiz						(iii). Enter	the hospital's name.
-		city, and state:	,	, ,				. ,	, ,
5		An organization operated for section 170(b)(1)(A)(iv). (0		ollege or university owner	d or opera	ted by a g	overnmental u	init descrik	oed in
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
	Χ	An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi). (C			5			5	I.
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or				ed in coniu	unction with a	land-grant	college
		or university or a non-land-							
		university:		,					
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersł	nip fees, a	nd gross receipts from
		activities related to its exer							
		income and unrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 5	i09(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	/ giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		_ organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	n(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally interest	egrated. A supportin	g organization operated	in connec	tion with,	and functional	ly integrat	ed with,
		its supported organizatio							
d		☐ Type III non-functionally							
		that is not functionally inf	• •	• •				d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or Type III non-functionally integrated supporting organization.							
t		er the number of supported	•						
g		vide the following information i) Name of supported	ii) EIN	ed organization(s).	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi Yes	ng document?	support (see in	-	support (see instructions)
		-		above (see instructions))	163				
			1	1					1

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.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	ſ							
	include any "unusual grants.")		264,059.	1324056.	666,522.	191,805.	2446442.		
2	Tax revenues levied for the organ-	ſ							
	ization's benefit and either paid to	l							
	or expended on its behalf								
3	The value of services or facilities	l							
	furnished by a governmental unit to	l							
	the organization without charge					101 005			
4	Total. Add lines 1 through 3		264,059.	1324056.	666,522.	191,805.	2446442.		
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,						00 1 5 2		
-	column (f)						89,153. 2357289.		
	Public support. Subtract line 5 from line 4.						235/289.		
	ction B. Total Support	() 0010	(1) 0010	( ) 0000	( 1) 0001	( ) 0000	(0 T )		
	ndar year (or fiscal year beginning in)	(a) 2018	(b)2019 264,059.	(c) 2020 1324056.	(d) 2021 666,522.	(e)2022 191,805.	(f) Total 2446442.		
-	Amounts from line 4	1	204,039.	1324030.	000,522.	191,003.	2440442.		
8	Gross income from interest,	l							
	dividends, payments received on	ſ							
	securities loans, rents, royalties,	ſ		51,389.	363,543.	99,647.	514,579.		
•	and income from similar sources			51,505.	505,545.	JJ,047•	514,575.		
9	Net income from unrelated business	l							
	activities, whether or not the	ſ							
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital	ſ							
	•	ſ							
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						2961021.		
	Gross receipts from related activities,	etc. (see instructi	one)			12	29010210		
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax					
10	organization, check this box and stop	-			•				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2022 (		-	column (f))		14	79.61 %		
	Public support percentage from 2021					15	83.17 %		
						nore, check this bo			
	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         Image: Imag								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and <b>stop here.</b> The organization qual								
17a									
	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 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-circumstances te			-		5			
b	10% -facts-and-circumstances tes	•	•		•				
	more, and if the organization meets th	-							
	organization meets the facts-and-circ								
18	Private foundation. If the organization								
	¥						(Form 990) 2022		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	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							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second third	fourth or fifth tay	vear as a section	501(c)(3) orga	nization.	
	check this box and <b>stop here</b>	0						
Sec	ction C. Computation of Publ							
	Public support percentage for 2022 (			column (f))		15	%	
16	Public support percentage from 202	I Schedule A, Part	III, line 15			16	%	
Sec	ction D. Computation of Inve	stment Incom	e Percentage	•				
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by	line 13, column (f))	)	17	%	
	Investment income percentage from					18	%	
	33 1/3% support tests - 2022. If the							
	more than 33 1/3%, check this box a							
h							3% . and	
~	<b>b 33 1/3% support tests</b> - <b>2021.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization							
	23 12-09-22			, e e.e., on ook			ule A (Form 990) 2022	
_0202				16		Concu		

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# 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.)

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	dule A (Form 990) 2022	THE	PORTAGE	FOUNDATION
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Part IV Supporting Organizations (continued)

Sche

1

2

Yes

No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

supported organizations and what conditions or restrictions if any applied to such powers during the tax year

Section C	. Type I	I Supporting	Organizations	

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

		_	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	L	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	L	2
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		l
	significant voice in the organization's investment policies and in directing the use of the organization's		ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		l
	supported organizations played in this regard.	3	

### Section E. Type III Functionally Integrated Supporting Organizations

1 Checl	the box next to the method t	nat the organization used	to satisfy the Integral Part	Test during the yea(see in	structions).
---------	------------------------------	---------------------------	------------------------------	----------------------------	--------------

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990) 2022

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Schedule A (Form 990) 202
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# Schedule A (Form 990) 2022 THE PORTAGE FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

I ype III Non-Functionally integrated 509(a)(3) Supporting Organizations     Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction			
All other Type III non-functionally integrated supporting organizations mu	0		
Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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		
Section 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	ally integrate	d Type III supporting or	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D -	Distributions				Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amou	ints paid to acquire exempt-use assets			4	
5	Qualit	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distril	outions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provi	de details in Part VI). See instructions.			8	
9	Distril	outable amount for 2022 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distril	outable amount for 2022 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2022 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2022				
a	From	2017				
b	From	2018				
с	From	2019				
d	From	2020				
е	From	2021				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2022 distributable amount				
i	Carry	over from 2017 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	outions for 2022 from Section D,				
	line 7	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2022 distributable amount				
c	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2022, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than a	zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2022. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part V	I. See instructions.				
7	Exce	ss distributions carryover to 2023. Add lines 3j				
	and 4	С.				
8	Break	down of line 7:				
а	Exces	ss from 2018				
b	Exces	ss from 2019				
С	Exces	ss from 2020				
d	Exces	ss from 2021				
е	Exces	ss from 2022				

Schedule A (Form 990) 2022

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**Schedule A** 

# Identification of Excess Contributions Included on Part II, Line 5

2022

# ** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JAMES TINNIN	147,573.	88,353
DAVE AND SHERRY JOY	60,020.	800
Total Excess Contributions to Schedule A, Part II, Line 5		89,153

# Schedule B

(Form 990)

#### Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

2			1	1	-	~	~	1	-
3	4	-	Т	Т	1	6	8	Т	7

THE PORTAGE	FOUNDATION
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

### **General Rule**

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

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

### Schedule B (Form 990) (2022)

THE PORTAGE FOUNDATION

Name of organization

Employer identification number

34-1176817

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ROGER DIPAOLO X Person Payroll 50,000. 2714 SANDRUN PKWY. Noncash \$ (Complete Part II for FAIRLAWN, OH 44333 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 JAMES TINNIN X Person Payroll 66,453. 3860 IRONWOOD LN. Noncash \$ (Complete Part II for BRADENTON, FL 34209 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X BENEVITY Person Payroll 611 MEREDITH RD. NE #700 6,084. Noncash (Complete Part II for CALGARY, CANADA noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х DEERFIELD AG Person Payroll PO BOX 155 5,000. Noncash \$ (Complete Part II for DEERFIELD, OH 44411 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 PORTAGE PARK DISTRICT X Person Payroll PO BOX 2327 5,164. Noncash (Complete Part II for STREETSBORO, OH 44241 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 JOHN PERRY X Person Pavroll 125 S. MANTUA ST. 6,184. Noncash \$ (Complete Part II for KENT, OH 44240 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23

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### Schedule B (Form 990) (2022)

Name of organization

Employer identification number

34-1176817

## THE PORTAGE FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (a) No No

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	MEIJER PO BOX 1610 GRAND RAPIDS, MI 49501	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
223452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule	В	(Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

34-1176817

# THE PORTAGE FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

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Schedule	B (Form 990) (2022)				Page 4
Name of c	organization			Employer identifica	tion number
THE P	ORTAGE FOUNDATION			34-117681	.7
Part III	Exclusively religious, charitable, etc., contribut				000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of <b>\$1,000 o</b>	ntry. For organization <b>r less</b> for the year. (Ei	ter this info. once.) \$	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
Part I					
		(e) Transfer of g	jift		
	Transferee's name, address, a	nd <b>ZIP</b> + 4	Relation	hip of transferor to transferee	4
			Tiolation		<u>.</u>
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
		e) Transfer of g	uift		
			,		
	Transferee's name, address, a	nd ZIP + 4	Relation	hip of transferor to transferee	)
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
Part I					
		(e) Transfer of g	jift		
	Transferee's name, address, a	nd 7ID + 4	Polation	hip of transferor to transferee	
			neiation		;
(a) No.		I			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	held
		e) Transfer of g	uift		
			, <del>.</del>		
	Transferee's name, address, a	nd ZIP + 4	Relation	hip of transferor to transferee	<del>)</del>
		[			
		[			
223454 11-1	5-22			Schedule B (F	orm 990) (2022)
		26			

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**SCHEDULE D** 

# (Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

# THE PORTAGE FOUNDATION

Employer identification number 34 - 1176817

Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete organization answered "Yes" on Form 990, Part IV, line 6.         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts. Complete organization answered "Yes" on Form 990, Part IV, line 6.         2       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts. Complete organization and the race of the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only							
(a) Donor advised funds       (b) Funds and other additional actional actionactional actional actionactional actional actional actionactionacti	No						
1       Total number at end of year         2       Aggregate value of contributions to (during year)         3       Aggregate value of grants from (during year)         4       Aggregate value at end of year         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	No						
2       Aggregate value of contributions to (during year)         3       Aggregate value of grants from (during year)         4       Aggregate value at end of year         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?							
<ul> <li>3 Aggregate value of grants from (during year)</li> <li>4 Aggregate value at end of year</li> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</li> </ul>							
<ul> <li>4 Aggregate value at end of year</li> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes</li> </ul>							
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?							
are the organization's property, subject to the organization's exclusive legal control?							
5 I I <i>J</i> , <i>J</i> 5 5							
	No						
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	No						
impermissible private benefit?							
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1 Purpose(s) of conservation easements held by the organization (check all that apply).							
Preservation of land for public use (for example, recreation or education)	irea						
Protection of natural habitat							
Preservation of open space							
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of	on the last						
day of the tax year. Held at the End of							
a Total number of conservation easements 2a							
b Total acreage restricted by conservation easements 2b							
c Number of conservation easements on a certified historic structure included in (a)							
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a							
historic structure listed in the National Register 2d							
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax							
year							
4 Number of states where property subject to conservation easement is located							
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of							
violations, and enforcement of the conservation easements it holds?	No No						
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during t	ie year						
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	ar						
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)							
and section 170(h)(4)(B)(ii)?	└── No						
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and							
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
organization's accounting for conservation easements.           Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works							
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public							
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
provide the following amounts relating to these items:							
(i) Revenue included on Form 990, Part VIII, line 1							
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>							
the following amounts required to be reported under FASB ASC 958 relating to these items:							
a Revenue included on Form 990, Part VIII, line 1         \$           b Assets included in Form 990, Part X         \$							
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Fo	rm 990) 2022						
	550) 2022						

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Par	t III Organizations Maintaining C							nued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that ma	ke signif	ficant use of its	6		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's ca	ollections and explain	how they further th	ne organization's	exempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations o	f art, historical trea	sures, or other sir	nilar ass	sets			
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes	" on For	m 990, Part IV,	line 9, o	r	
1a	Is the organization an agent, trustee, custod	ian or other intermedi	arv for contribution	s or other assets	not incl	uded			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
			ernig tablet		Г		Amoun	ıt	
c	Beginning balance				F	1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					16 1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	····· —			Ī
Par									
		(a) Current year	(b) Prior year	(c) Two years bac		hree years back	(e) Fou	r years	back
1a	Beginning of year balance	5,939,163.	4,996,168.			5,222,151.		,050	
	Contributions	118,855.	507,270.		_	132,708,			,609.
	Net investment earnings, gains, and losses	-1,012,275.	693,157.	596,17	_	-1,725,713,		200	,
		39,452.	51,500.	125,59	_	1,120,110	•		
	Grants or scholarships	55,452.	51,500.	123,35	<u>.</u>				
е	Other expenditures for facilities	329,481.	205,932.	152,15	5				
	and programs	525,401.	205,552.		<u>.</u>	15,049.		11	,563.
	Administrative expenses	4,676,810.	5,939,163.	4,996,16	9	3,614,097			
-	End of year balance				••	5,014,097,	·	, 222,	,151.
2	Provide the estimated percentage of the cur	1.7700		a)) neid as:					
	Board designated or quasi-endowment Permanent endowment 98.2300		_%						
	0000	%							
С									
-	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered 1	or the			Yes	No
	organization by:							res	No X
	(i) Unrelated organizations								X
	(ii) Related organizations								<u> </u>
	If "Yes" on line 3a(ii), are the related organiza						. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm		Devit IV line 11e C		d V line	10			
	Complete if the organization answere								
	Description of property	(a) Cost or ot		•	c) Accur		(d) Boo	k valu	е
		basis (investm	ent) basis	(other)	deprec	lation			
	Land								
	Buildings								
	Leasehold improvements						- 4	1 2	<u> </u>
	Equipment		2	4,064.	12	2,695.	1	1,3	. ۲٥
	Other						~	1 ^	<u> </u>
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part >	K, column (B), line 1	0c.)				1,3	
						Schedul	e D (Forr	n 990)	) 2022

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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Port IV line	11a Saa Form 000 Dart V line 12	
Complete if the organization answered "Yes" (a) Description of investment		(c) Method of valuation: Cost or end	d of yoor morket yolyo
	(b) Book value	(c) Method of Valuation: Cost of end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (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.	
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
-		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (b) Provide the organization of the little	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4) (5)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4) (5)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4) (5) (6)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) AGENCY FUNDS (3) (4) (5) (6) (7)	Description		(b) Book value

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... X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 THE PORTAGE FOUNDATION			34-	1176817 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	-809,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-997,715.		
b	Donated services and use of facilities	. 2b	9,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-988,715.
3	Subtract line 2e from line 1			3	179,657.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		36,238.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	36,238.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				215,895.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		in Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				394,183.
1	Total expenses and losses per audited financial statements			1	594,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		9,000.		
a	Donated services and use of facilities		9,000.		
	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)			-	9,000.
-	Add lines 2a through 2d			2e	385,183.
3	Subtract line <b>2e</b> from line <b>1</b>			3	505,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	26 220		
	Investment expenses not included on Form 990, Part VIII, line 7b		36,238.		
					36 330
_c	Add lines <b>4a</b> and <b>4b</b>			4c	36,238.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )			5	421,421.
Pal	t XIII Supplemental Information.				

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

# PART X, LINE 2:

THE FOUNDATION COMPLIES WITH THE REQUIREMENTS OF INTERNAL REVENUE FOR

EXEMPTION FROM INCOME TAX CODE SECTION 501(C)(3). HOWEVER, THE INTERNAL

REVENUE SERVICE DOES REQUIRE A TAX BE PAID ON CERTAIN LOBBYING

EXPENDITURES AND UNRELATED BUSINESS INCOME TAX.

THE FOUNDATION EVALUATES AT EACH BALANCE SHEET DATE UNCERTAIN TAX

POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR

TAXES, PENALTIES, AND INTEREST. MANAGEMENT EVALUATED AND CONCLUDED THERE

WERE NO MATERIAL UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS.

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	continuedy	
		<b>. .</b>
		Schedule D (Form 990)
2055 09-01-22	31	
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71112 120200 2027-AAT	ZUZZ.UJUUU THE PORTAGE FOUN	JAITON 2027-0

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organizatio	nd Individual	ls in the Ŭni	ted States			1545-0047 <b>)22</b>
Department of the Treasury Internal Revenue Service		Co to unum inc	Attach to Form					o Public ection
Name of the organization		GO to WWW.Irs	.gov/Form990 for	the latest informa	ation.		Employer identificat	
THE PORTA	GE FOUNDA	TION						76817
Part I General Information on Grants a	nd Assistance							
<b>1</b> Does the organization maintain records		-						
criteria used to award the grants or assi	stance?						X Yes	No No
2 Describe in Part IV the organization's pro		<u> </u>						
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistan	
CENTRAL OHIO SADDLE CLUB 1200 KENNEDY RD	34-1208463	501(C)3	57 662	0.			GENERAL USE	
STREETSBORO, OH 44241	34-1208483	501(C)3	57,663.	0.			GENERAL USE	
FAMILY & COMMUNITY SERVICES 705 OAKWOOD STREET RAVENNA, OH 44266	34-1902451	501(C)3	6,747.	0.			GENERAL USE	
PORTAGE MEDICAL CENTER FOUNDATION 6847 N CHESTNUT ST PO BOX 1204 RAVENNA, OH 44266	34-1510544	501(C)3	10,014.	0.			GENERAL USE	
AURORA CITY SCHOOLS 102 E GARFIELD RD AURORA, OH 44202	34-1774249	501(C)3	8,591.	0.			GENERAL USE	

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

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

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	60	77,750.	0.		

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 **Open to Public** Inspection Employer identification number

34-1176817

THE PORTAGE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTY. ACTING AS A "BRIDGE" BETWEEN DONORS AND CHARITABLE ACTIVITIES,

WE STRIVE TO INSPIRE PHILANTHROPY, BUILD ENDOWMENTS, IMPACT CAUSES, AND

FOSTER PROJECTS.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD OF DIRECTORS REVIEWS 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY

AND SIGNED TO ENSURE MONITORING OF ANY CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 19:

MADE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2022

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2022.05000 THE PORTAGE FOUNDATION

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