990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change The Portland Foundation 35-6028362 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 260-726-4260 Initial return 107 S Meridian Street Final return/ City or town, state or province, country, and ZIP or foreign postal code Portland IN 47371 7,678,189 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Douglas Inman 107 S Meridian St H(b) Are all subordinates included? If "No," attach a list. See instructions Portland IN 47371 **X** 501(c)(3) 501(c) ( 4947(a)(1) or Tax-exempt status: WWW.PortlandFoundation.Org Website: H(c) Group exemption number Year of formation: 1951 Corporation X Trust Association IN Form of organization: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... Current Year 8 Contributions and grants (Part VIII, line 1h) 511,047 3,611,010 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,109,536 1,315,801 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,620,583 4,926,811 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,516,992 4,534,814 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 134,060 141,415 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 189,542 208,369 1,840,594 4,884,598 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -220,011 42,213 19 Revenue less expenses. Subtract line 18 from line 12. End of Year 5 Beginning of Current Year 23,963,880 24,839,195 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 598,744 602,017 22 Net assets or fund balances. Subtract line 21 from line 20 23,361,863 24,240,451 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. Sian Signature of officer Executive Director Here Douglas Inman Type or print name and title Preparer's name Preparer's signature Check Paid Thomas A. Roberts Thomas A. Roberts 10/14/25 self-employed P00997867 Preparer Estep Burkey Simmons, 04-3587095 Firm's name Firm's EIN **Use Only** PO Box 42 47308-0042 765-284-7554 Muncie, IN

May the IRS discuss this return with the preparer shown above? See instructions

Pa	·	X
	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:  See Schedule O	
	Public Inchection Co	)K)(/
2	Did the organization undertake any significant program services during the year which were not listed on the	уу у
_	7 Torre 200 as 200 F70	Yes X No
	If "Yes," describe these new services on Schedule O.	les No
_		
3		□., 👽
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code: ) (Expenses \$ 4,740,484 including grants of \$ 4,534,814 ) (Revenue S	\$
T	The Portland Foundation administers approximately 100 separat	e scholarships
i	in and around Jay County, Indiana. The Foundation ensures spe	cific
	guidelines established by each scholarship trust are followed	
	sabalanahing to bottom the sammunitud	
_	scholarships to better the community.	
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4b	<b>b</b> (Code: ) (Expenses \$ including grants of \$ ) (Revenue S	<u> </u>
	<b>b</b> (Code: ) (Expenses \$ including grants of \$ ) (Revenue S <b>N/A</b>	\$)
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N	N/A	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
N 4c	N/A  C (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
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4c N	N/A  ic (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A	
4c N	N/A  ic (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A  id Other program services (Describe on Schedule O.)	
4c N	N/A  ic (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-4-		
J	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			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voo." complete Schodule D. Port I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.7
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ء ر		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	Ì

Pa	art IV Checklist of Required Schedules (continued)			Т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	. /		
		23		х
24a		23		21
<b>2</b> 4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schoolule V. If "No." as to line 255	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	200		x
b	A family mamber of any individual described in line 2002 If "Ves." complete Schodyle I. Dort IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	<u> </u>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	00		v
27	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		21
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	3				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			У			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X	
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion? .		5b		X	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х	
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?			6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		e h			
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)			6b			
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods					
а	and conject provided to the payor?			7a			
b				7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10			
·	required to file Form 8282?			7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		•	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	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						
	and a second control of the second control of the second control of the second control of the second	-		8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	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					
12a	1,7,7	l .		12a			
b	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.			40			
а				13a			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which	426					
_	the organization is licensed to issue qualified health plans	13b					
C 1/1a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tay year?	13c		14a		х	
14a h	Did the organization receive any payments for indoor tanning services during the tax year?			14a			
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			170			
13				15		x	
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	۵?	16		х	
	If "Yes," complete Form 4720, Schedule O.	ii iCOIII	·	10			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activ	/ities					
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17			
	If "Yes," complete Form 6069.						

Form 990 (2024) The Portland Foundation 35-6028362 Page 6 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 9 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **IN** 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.

107 S Meridian St

260-726-4260

IN 47371

Portland

The Organization

form 990 (2024) The Portland Foundat
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35-6028362

Page **7** 

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	off	x, unle	Pos check ess pe nd a o	more rson i directo	than or is both a or/truste	an e)	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Jeremy Gulley	1.00									
President	1.00	X		X				0	0	0
(2) Kaleb Hemmelgarı										
22:	1.00			l					•	•
Vice President	1.00	X		Х				0	0	0
(3) Krista Muhlenkar	np 1.00									
Secreatary/Treasurer	1.00	x		x				o	0	0
(4) Joshua Atkinson	1.00								<u> </u>	
(,, = = = = = = = = = = = = = = = = = =	1.00									
Director	1.00	Х						0	0	0
(5) Adam Homan										
	1.00									
Director	1.00	Х						0	0	0
(6) Richard Huffman	1 00									
Director	1.00 1.00	х						o	0	0
(7) Audrey Muhlenkar		^						U	U	<u> </u>
(/)Audrey Mulifelikai	1.00									
Director	1.00	x						0	0	0
(8) Angela Paxson										
., -	1.00									
Director	1.00	X						0	0	0
(9) Mark Valentine										
	1.00									
Director	1.00	X						0	0	0
(10) Douglas Inman	40.00									
Executive Director	40.00	x		x				83,927	58,322	0
(11)	10.00			<u> </u>				03,727	30,322	<u> </u>
()										

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	d Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe nd a o	rson i	s both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-NISC/1099-NEC)	org	(F) imated a of othe ompensa from th ganization	er ition e n and	:
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b	Subtotal								83,927	58,322				
C	Total from continuation shee								02.027	F0 222				
	Total (add lines 1b and 1c)  Total number of individuals (in								e) who received more than		<u> </u>			
	reportable compensation from	-		0		- 110			o) who received more than	<u> </u>				
2	Did the organization list any fo	ermor officer dir	ooto	r tru	otoo	kov	, om	برمام	on or highest compensates	d	Г		Yes	No
3	employee on line 1a? If "Yes,"	" complete Sched	dule	J for	suc	h ind	divid	ual .				3		Х
4	For any individual listed on line organization and related organ	e 1a, is the sum	of r	eport	table	con	npen	satic	on and other compensation	from the				
	individual	- 										4		Х
5	Did any person listed on line of for services rendered to the o	1a receive or acc	crue	com	pens	atior	n froi	m ai	ny unrelated organization oi	r individual		5		х
Sect	ion B. Independent Contracto		00,	COIT	ιρισιο	, 00	icaa	10 0	TOT SUCH PERSON		I	<u> </u>		
1	Complete this table for your fi													
	compensation from the organi	Zation. Report co (A) I business address	ompe	ensat	ion t	or tr	ie ca	alend		in the organization's tax y (B) tion of services	ear.		(C) npensatio	
	name and	business address							Descrip	lion of services		Con	ipensauc	)N
								<del> </del>						
								-						
2	Total number of independent received more than \$100,000								se listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations ..... 3,598,456 1d e Government grants (contributions) 12,554 Contributions, and Other Sim **f** All other contributions, gifts, grants, and similar amounts not included above ...... 1f g Noncash contributions included in 1g lines 1a-1f ..... 3,611,010 h Total. Add lines 1a-1f. Business Code Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 796,191 796,191 Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 3,270,988 other than inventory Other Revenue **b** Less: cost or other 2,751,378 basis and sales exps. 7с 519,610 c Gain or (loss) 519,610 519,610 d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d ... 4,926,811 0 0 1,315,801 Total revenue. See instructions ...

# 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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	-		olete column (A).	
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,342,489	4,342,489		
2	Grants and other assistance to domestic	102 225	102 225		
•	individuals. See Part IV, line 22	192,325	192,325		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	83,927	37,929	37,929	8,069
6	Compensation not included above to disqualified	33,7523	31,7225	0.70	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,269	22,900	18,369	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,290	3,542	3,278	470
10	Payroll taxes	8,929	4,338	4,015	576
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.026		10 026	
C	Accounting	10,836		10,836	
a	Lobbying  Professional fundraicing convices. See Part IV. line 17				
e f	Professional fundraising services. See Part IV, line 17_ Investment management fees	108,568	108,568		
' '	Other. (If line 11g amount exceeds 10% of line 25, column	100/300	100,300		
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,212			2,212
13	Office expenses	4,180		4,180	•
14	Information technology	_		-	
15	Royalties				
16	Occupancy	18,512		18,512	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 (50		1 500	
19	Conferences, conventions, and meetings	1,678		1,532	146
20	Interest				
21	Payments to affiliates	22,837		22,837	
22 23	Depreciation, depletion, and amortization	9,599	8,276	1,323	
24	Insurance Other expenses. Itemize expenses not covered	7,555	0,270	1,525	
	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 O.)				
а	Utilities	17,826	16,339	1,487	
b	Repairs and maintenance	10,812	3,778	7,034	
С	Development	1,160			1,160
d	Dues and subscriptions	127		127	
е	All other expenses	22	4 540 404	22	10 000
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	4,884,598	4,740,484	131,481	12,633
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>QQ(</b> (2024)

#### Part X Balance Sheet

P	art )		o to or	/ line in this Part Y			
		Check if Schedule O contains a response or note	e io ai	y line in this Falt A	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,266,705	1	1,116,877
	2	Cash—non-interest-bearing Savings and temporary cash investments		ACTI/	n I	2	ni/
	3	Pledges and grants receivable, net	3	UV			
	4	Accounts receivable, net	4				
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these pers	5				
	6	Loans and other receivables from other disqualified pe					
S		under section 4958(f)(1)), and persons described in se	ection	958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10	585,927			
	b	Less: accumulated depreciation			297,786	10c	274,950
	11				22,273,067	11	23,349,118
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			126,322	15	98,250
	16	Total assets. Add lines 1 through 15 (must equal line			23,963,880	16	24,839,195
	17	Accounts payable and accrued expenses				17	856
	18	Grants payable		18			
	19	Deferred revenue	19				
	20	Tax-exempt bond liabilities	20				
	21	Escrow or custodial account liability. Complete Part IV		21			
S	22	Loans and other payables to any current or former office	cer, di	ector,			
Liabilities		trustee, key employee, creator or founder, substantial	contrib	utor, or 35%			
jab		controlled entity or family member of any of these pers				22	
_	23	Secured mortgages and notes payable to unrelated this	rd par	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payables	to rel	ted third			
		parties, and other liabilities not included on lines 17-24	). Con	plete Part X			
		of Schedule D			602,017	25	597,888
	26	Total liabilities. Add lines 17 through 25			602,017	26	598,744
		Organizations that follow FASB ASC 958, check he	re	K			
Š		and complete lines 27, 28, 32, and 33.					
Balances	27	Net assets without donor restrictions			297,786	27	274,949
ñ	28	Net assets with donor restrictions	23,064,077	28	23,965,502		
Fund		Organizations that do not follow FASB ASC 958, ch	neck h	ere			
Ē,		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds		29			
Assets or	30	Paid-in or capital surplus, or land, building, or equipme				30	
	31	Retained earnings, endowment, accumulated income,	or oth	er funds	02 261 062	31	24 242 451
Net	32				23,361,863	32	24,240,451
	33	Total liabilities and net assets/fund balances			23,963,880	33	24,839,195

Form **990** (2024)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,92		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,88		
3		3			42,2	
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	3,36		
5	Net unrealized gains (losses) on investments	5		8.	57,9	915
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-:	21,	540
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	4,24	10,4	<del>1</del> 51
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	Ш
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
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 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					
	separate basis, consolidated basis, or both.					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2024)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2024

Open to Public Inspection

Employer identification numbe Name of the organization The Portland Foundation 35-6028362 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 organization support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Total

Page 2

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 gualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 191,364 280,051 65,775 3,611,010 4,659,247 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... 191,364 65,775 280,051 511,047 3,611,010 4,659,247 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 4,659,247 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Amounts from line 4 191,364 280,051 65,775 511,047 3,611,010 4,659,247 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 614,737 323,992 376,089 621,995 796,191 2,733,004 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... **Total support.** Add lines 7 through 10 7,392,251 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 63.03% Public support percentage from 2023 Schedule A, Part II, line 14 30.70% 33 1/3% support test — 2024. 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 b 33 1/3% support test — 2023. 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 stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2024. 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 test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions \_\_\_\_\_\_

35-6028362

Schedule A (Form 990) 2024

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

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

Sec	tion A. Public Support	, ,		· 1	•	,	
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	CTIO	nl		V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						<i>y</i>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						L
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c	)(3)	
	organization, check this box and stop her						
	tion C. Computation of Public Su					1	т
15	Public support percentage for 2024 (line 8						%
<u>16</u>	Public support percentage from 2023 Sche					16	%
	Investment income percentage for 2024 (I			3 column (f\)		17	0/
17 18	Investment income percentage for 2024 (Investment income percentage from 2023)		III lino 17			10	<u>%</u> %
10 19a	33 1/3% support tests — 2024. If the org			 ne 14. and line 15 i			<u>/0</u>
. Ju	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests — 2023. If the org		=				
	line 18 is not more than 33 1/3%, check th						
20	Private foundation. If the organization did		=			-	

Part IV

#### Schedule A (Form 990) 2024

#### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

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

l.		71	Yes	No
	ŀ			
		1		
		-		
		2		
		3a		
		01-		
		3b		
		3с		
		4a		
		4b		
		4c		
		5a		
		Eh		
		5b 5c		
		6		
		7		
		7		
		8		
		9a		
		61		
		9b		
		9с		
		- 33		
		10a		
_	a k	10b	/Fa 1	990) 2024
3	cne	eaule A	(Form 9	990) 2024

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		0-0020302		Page 5
Par	t IV Supporting Organizations (continued)		V	N1 -
			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,			
2 4	provide detail in Part VI.	11c	/	
Sect	on B. Type I Supporting Organizations	Т		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization'			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	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 an	nong the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, 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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
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.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instructions)		
·	The digalization dappoint a governmental only. December in fact to how you dappoint a governmental of	That's (666 moundations).	Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	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 each of its supported organizations, and how the organization determine	ed 2a		
	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	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anizat	tions							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A – Adjusted Net Income (A) Prior Year									
		(71) Thor Your	(optional)						
1 Net short-term capital gain	1		$\Delta V$						
2 Recoveries of prior-year distributions	2		$\cup$ $\vee$						
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 Part VI):									
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d.	3								
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by 0.035.	6								
7 Recoveries of prior-year distributions	7								
8 Minimum Asset Amount (add line 7 to line 6)	8								
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-functionally integrated	Type II	I supporting organization							

Schedule A (Form 990) 2024

(see instructions).

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Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Secti	on D – Distributions				Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	$\Delta V$
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6_	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	tion is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	5	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019.				
	From 2020				
	From 2021				
	From 2022				
	From 2023				
	Total of lines 3a through 3e  Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
•	Section D, line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
	Excess from 2021				
С	Excess from 2022				
	Excess from 2023				
	Excess from 2024				

Schedule A (Form 990) 2024

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

Part II, Line 17b - 10% Facts and Circumstance Test - 2023
The Portland Foundation (Foundation) is operated in all aspects as a public foundation. The Foundation has maintained an ongoing and active program of solicitation throughout the community it serves for financial support. The Foundation attempts to reach each one of the households in the community to the maximum extent possible. Please consider the following:

- The Foundation solicits donors for estate gifts through local attorneys and estate planners.

- The Foundation regularly sends other mailings with the purpose of raising funds from the Foundation's broad base of support.
- The Foundation publicizes the public nature of its activities in the local newspaper, including the availability of scholarships and grants.
- The Foundation's annual meeting is open to all, and the financial records are open to inspection by any interested party.
- The Foundation participates in local exhibitions and activities to raise awareness of the Foundation within the community and to attract new donors.
- The Foundation's staff and board members regularly speak to public organizations to raise awareness and attract new donors.
- Whenever possible, the Foundation sponsors workshops and events of benefit to individuals, professionals, and/or the nonprofit community.
- The endowment income generated by the individual funds that comprise the Foundation originates from a wide range of original sources. To date, the Foundation holds over 150 individual funds representing new gifts, bequests, successor trusteeships, and some pass-through funds. Fund donors are a diverse group, mirroring the socioeconomic profile of the larger community.
- The Foundation has made a deliberate effort to make fund donations more accessible to everyone in the community through a plan that permits the donor to build the principal amount of a charitable fund over time.
- Typically, the Foundation's growth has been a direct result of many smaller gifts and the matching funds that those gifts have attracted from the Lilly Endowment, Inc. and other funding sources.
- the Lilly Endowment, Inc. and other funding sources. In addition to broad-based financial support, the Foundation is extremely active in community outreach. Our program of grantmaking is designed to touch every individual living in our community to at least some extent. Major financial support is directed to scholarship awards, educational programs, human services, historic preservation, cultural enrichment, youth activities, public health, and community development.
- The Foundation's board of directors represents a cross-section of our community. The board brings together individuals with different socioeconomic profiles, interests, professional/career affiliations, and viewpoints. None of the board members is reltaed to the staff or to any other member of the board. Term limits are imposed to ensure that no member becomes a fixture at the Foundation. To further expand the Foundation's outreach, non-board volunteers from the community are invited to participate on the Foundation's committees.
- In conclusion, the spirit of the Foundation is wholly public in the solicatation of funds, the election of board representation, and in the programming which the Foundation carries out within the community. The Foundation not only hears the voices of the community and acts upon the community's needs accordingly but it has been pro-active by convening groups that have grown into valuable assets to the community. The

Schedule A (Form 990) 2024 The Portland Foundation 35-6028362 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Foundation is in no way inaccessible, exclusive, or controlled by a small faction of its constituency. The Foundation has been built by the community, and it exists solely to serve the community.
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# Schedule B (Form 990) (Rev. December 2024))

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

The Portland

Foundation

Employer identification number

35-6028362

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							
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.							
Special Rules								
regulations under secti 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or 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.								
contributor, during the contributions totaled m during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

Page 1 of 1

Page **2** 

Name of organization

The Portland Foundation

Employer identification number 35-6028362

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	i done mapee	\$ 3,598,456	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(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.)						

## SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Portland Foundation 35-6028362 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Total number at end of year ..... Aggregate value of contributions to (during year) 10,056 Aggregate value of grants from (during year) 3 266,470 4 Aggregate value at end of year \_\_\_\_\_ [ 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 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 on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ...... Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) | Yes | No (i) and section 170(h)(4)(B)(ii)? 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 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 Assets included in Form 990, Part X .....

Pa	rt III	Organizations Maintaining	Collections of	Art, Historical Tre	easures, or Othe	r Similar A	ssets	(contin	ued)	
3										
а	a Public exhibition d Loan or exchange program									
b	H									
С	$\blacksquare$	ervation for future generations	Incl	OOCT	IOD		In			
4		description of the organization's co	ollections and explain	how they further the o	rganization's exempt	purpose in Pa	rt 📗			
	XIII.							J		
5	During th	e year, did the organization solicit of	or receive donations of	of art, historical treasure	es, or other similar					
	_	be sold to raise funds rather than						Ye	s 🗆	No
Pa	rt IV	<b>Escrow and Custodial Ar</b>							•	
		Complete if the organization	answered "Yes"	on Form 990, Part	t IV, line 9, or rep	orted an an	nount o	n Form	1	
		990, Part X, line 21.			•					
1a	Is the org	ganization an agent, trustee, custod	ian or other intermedi	ary for contributions or	other assets not					_
	included	on Form 990, Part X?						Ye	s	No
b	If "Yes," e	explain the arrangement in Part XIII	and complete the fol	lowing table.						
								Amount		
С	Beginning						<u> </u>			
d	Additions	during the year				1d				
е	Distribution	ons during the year				1e				
f	Ending b	alance				1f				_
		rganization include an amount on F						Ye	· —	No
		explain the arrangement in Part XIII	. Check here if the ex	planation has been pro	ovided in Part XIII		<u> </u>			
Pa	irt V	Endowment Funds	1.07. 11	E 000 B						
		Complete if the organization				( ) =	т т			
4-	D''	(	(a) Current year	(b) Prior year	(c) Two years back	(d) Three year		(e) Four		
		g of year balance	22,431,175 12,554	21,383,246 10,047	26,761,738 65,775	23,933	0,051	22,9		364
		ions	12,554	10,047	05,175	201	7,031		.g.,	304
С		stment earnings, gains,	2,359,155	2,155,243	-4,164,698	2 60	4,360	1 4	555,	707
لہ	and losse		847,704	901,793	727,351		0,391			904
		r scholarships	047,704	901,793	121,331	/2	7,391	· · ·	14,	<b>304</b>
е		penditures for facilities and	2,324	2,272						
		ative expenses	231,806	213,296	552,218	331	5,423		0.3	986
1		ative expensesear balance	23,721,050	22,431,175	21,383,246	26,763		23,9		
2		he estimated percentage of the curi				20770	17750	20,5	<i>55,</i>	
		esignated or quasi-endowment	%	(line rg, column (a)) r	ieiu as.					
h		nt endowment 74.54 %								
c	Term end									
		entages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a		endowment funds not in the posse		tion that are held and a	administered for the					
	organizati	·						ſ	Yes	No
	•							3a(i)		X
								3a(ii)		Х
b		n line 3a(ii), are the related organiz						3b		
4		in Part XIII the intended uses of th								
Pa	rt VI	Land, Buildings, and Equ								
		Complete if the organization	•	on Form 990, Part	: IV, line 11a. See	Form 990,	Part X	, line 1	0.	
		Description of property	(a) Cost or other b	asis (b) Cost or oth	ner basis (c)	Accumulated		(d) Book	value	
			(investment)	(other		epreciation				
1a	Land			22	20,423			22	20,4	<del>123</del>
b	Buildings									
С	Leasehol	d improvements			1,385	299,47		Ę		911
d	Equipmer	nt		1	4,119	11,50	3		2,6	<u>616</u>
е	Other									
Total	I Add lines	s 1a through 1e. (Column (d) must	egual Form 990 Part	X line 10c column (R	))		1	27	4 - 9	950

Schedule D (F	Form 990) (Rev. 12-2024) <b>The Portland</b>	Foundation	35-6028362	Page
Part VII	Investments - Other Securities			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11b. See Form 990, Part X, lin	ie 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market valu	e 
(1) Financial				
	eld equity interests			
(3) Other				<del>/</del>
(A)			1 7	7
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B)	)		
Part VIII	Investments - Program Related	/ · · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11c. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	е
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)		+		
	n (b) must equal Form 990, Part X, line 13, col. (B)	)		
Part IX	Other Assets	/		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11d. See Form 990, Part X, lin	ne 15.
	-	escription		Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I)	,		
Part X	n (b) must equal Form 990, Part X, line 15, col. (B)  Other Liabilities	)		
Fait A	Complete if the organization answered	"Ves" on Form 990 Part IV line	a 11e or 11f See Form 990 Pai	rt X
	line 25.	res on remineso, rantiv, inc	5 110 01 111. Occ 1 01111 000, 1 di	Ι ,
1.		tion of liability	(b)	Book value
	income taxes			
(2) Agend	cy liabilities			499,638
(3) Right	of use liabilities			98,250
(4)				
(5)				
(6)				
(7)				
(8)				
191			l I	

597,888

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

Sche	Schedule D (Form 990) (Rev. 12-2024) The Portland Foundation 35-6028362 Page								
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	5,633,909				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	3	2a	857 <b>,91</b> 5						
b		2b	n		n\/				
С		2c			$\cup$ $\vee$				
d		2d							
е				2e	857,919				
3	Subtract line 2e from line 1			3	4,775,994				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,568						
b			42,249						
С				4c	150,81				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,926,811				
	art XII Reconciliation of Expenses per Audited Financial Statem			₹eturn					
	Complete if the organization answered "Yes" on Form 990, Page 1								
1	Total expenses and losses per audited financial statements			1	4,755,321				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
a	S	2a							
b									
c	Other losses	2c							
d									
				2e					
3	Add lines 2a through 2d			3	4,755,321				
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:								
<del>т</del> а		4a	108,568						
			20,709						
	Other (Describe in Part XIII.)			40	129,27				
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	4,884,598				
	art XIII Supplemental Information			<u> </u>	±,00±,330				
		P 41	and Obs Deat V. Page 4. D						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			art X, IIr	16				
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any addi	itional information.						
	and T. Time A. Tulonded Theorem		- <b>3</b>						
	art V, Line 4 - Intended Uses for Endowment								
S	cholarships and grants for the betterment o	o± Ja	ay County, In	ıdıar	na.				
	art X - FIN 48 Footnote								
TI	he Foundation recognizes a tax benefit only	7 1±	it is more I	ikel	ly than not				
	he tax position would be sustained in a tax								
	xamination being presumed to occur. The amo								
	argest amount of tax benefit that is greate								
	ealized on examination. For tax positions i								
	han-not test, no tax benefit will be record								
tl	this issue and has determined there are no material contingent tax								
1:	liabilities.								
Tl	he Foundation's federal and state exempt or	rgani	ization tax r	etur	ns for				
	2021, 2022, and 2023 are subject to examination by the Internal Revenue								
	ervice and the Indiana Department of Revent								
	ubject to examination for three years after				<del></del>				
	<del></del>								
Pa	art XI, Line 4b - Revenue Amounts Included	on I	Return - Othe	r					
	gongri fund romanua		بع		42,249				
	gency rund revenue				=/				
D:	art XII Line 4h - Expense Amounts Included	ao F	Return - Oth	or					

20,709

Agency fund expenses

Schedule D (F	orm 990) (Rev. 12-2	2024)The Por	tland	Foundation		35-6028362	Page <b>5</b>
Part XIII	Supplemental	Information (	continued)				
•					4	000	
				<b></b>			
							<i>y</i>
•							
•							
•							
•							
•							
•							

# SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The Portland Fo	undation	<b>U</b>			$\mathcal{O}$	3.	5-6028362	2
Part I General Information on Grants	s and Assistance							
<ul> <li>Does the organization maintain records to substar and the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's procedures</li> </ul>	s or assistance?				ts or assistance,		X	Yes No
Part II Grants and Other Assistance	to Domestic Organ	izations	and Domestic Go	overnments. Con	nplete if the org	anization answ	vered "Yes" or	 n Form 990.
Part IV, line 21, for any recipient								
(a) Name and address of organization     or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		pose of grant essistance
(1) A Better Life - Brianna's Hope								
115 E Water St							General S	upport
Portland IN 47371	81-1392335	501c3	21,000					
(2) Arts Place								
131 E Walnut St							General S	upport
Portland IN 47371	35-1379424	501c3	117,825					
(3) Asbury United Methodist Church	4							
204 E Arch							General S	upport
Portland IN 47371			45,543					
(4) Cincinnatus League								
PO Box 513							General S	upport
101 C14114 11 17571	80-0646944	501c4	16,978					
(5) Glass Museum of Dunkirk								
309 S Franklin							General S	upport
Dunkirk IN 47336	88-3383276	501c3	11,306					
(6) Jay Community Center								
115 E Water St							General S	upport
Portland IN 47371	35-1263096	501c3	51,864					
(7) Jay County Baseball Club								
940 N Meridian Street							General S	upport
Portland IN 47371	88-1081364	501c3	75,000					
(8) Jay County Drug Prevention								
100 N Meridian St							General S	upport
Portland IN 47371	82-2504197	501c3	20,000					
(9) Jay County Fourth of July Comm							_	_
515 West Walnut St							General S	upport
Portland IN 47371	26-0739726							
2 Enter total number of section 501(c)(3) and govern	nment organizations listed	l in the line	1 table				16	
3 Enter total number of other organizations listed in	the line 1 table						<b>3</b>	

# SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The Portland Found	dation	V			$\mathcal{O}$	3.	5-6028362
Part I General Information on Grants an	d Assistance						
1 Does the organization maintain records to substantiate and the selection criteria used to award the grants or a	ssistance?	- 		eligibility for the gran	ts or assistance,		Yes No
2 Describe in Part IV the organization's procedures for m							
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient tha							/ered "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Jay County Historical Society 903 E Main St Portland IN 47371	31-0962381	501c3	22,512				General Support
(2) Jay County Public Library 315 N Ship St Portland IN 47371	35-1896947	501c3	13,536				General Support
(3) Jay-Randolph Developmental Service 901 E Water St Portland IN 47371	es 35-1391724	501c3	10,845				General Support
(4) John Jay Center for Learning 101 S Meridian St Portland IN 47371	35-2146118		82,680				General Support
(5) Pennville Community Center PO Box 54 Pennville IN 47369	26-1563699	501c3	25,000				General Support
(6) Purdue University 403 West Wood St West Lafayette IN 47907			20,000				General Support
(7) Redkey Junior League 5724 W 200 S Portland IN 47371	20-4664009	501c3	25,000				General Support
(8) The Portland Foundation Building 107 S Meridian St Portland IN 47371	93-2234454	501c2	3,598,456				Early Learning Bldg
(9) United Way of Jay County 101 S Meridian St Portland IN 47371							General Support
<ul> <li>Enter total number of section 501(c)(3) and governmen</li> <li>Enter total number of other organizations listed in the li</li> </ul>	t organizations listed						•

# SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  The Portland Found	ation	ec		60	DV		Employer identification number 35-6028362
Part I General Information on Grants and	Assistance						
Does the organization maintain records to substantiate the and the selection criteria used to award the grants or as:     Describe in Part IV the organization's procedures for more part II	sistance?nitoring the use of omestic Organ	grant funds	in the United States. and Domestic Go	overnments. Con	nplete if the org	anization ans	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	1, 1, 3
(1) West Jay Community Center 125 Hoover St Dunkirk IN 47336	35-2087827	501c3	12,000				General Support
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<ul> <li>Enter total number of section 501(c)(3) and government</li> <li>Enter total number of other organizations listed in the line</li> </ul>							

Schedule I (F	form 990) (Rev. 12-2024) <b>The Portlar</b>	nd Foundation		35-6028362		Page <b>2</b>
Part III	Grants and Other Assistance to Part III can be duplicated if additional and the control of the c			organization answered	d "Yes" on Form 990, Part	IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scho	plarships	120	192,325		Dy	
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Pro	vide the information re	equired in Part I, line	2; Part III, column (b)	); and any other additional	information.
then only Once a wri Final	pient organization must must sign a grant agre for the project for wh the grant funds are ex litten final grant repor- ly, the Foundation con- nizations as a way to	eement, wherek nich the grant xpended, the rt, which deta nducts on-site	by they agree t was awarded recipient org ails the usag e visits with	to use the ole ganization muse e of the gran recipient	oject, and grant funds st complete nt funds.	
• • • • • • • • • • • • • • • • • • • •						

## SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

#### 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Portland Foundation 35-6028362 Form 990 - Organization's Mission or Most Significant Activities Enhance the quality of life for the people of Jay County, Indiana, now for generations to come, by building community endowment, effecting significant impact through grantmaking and providing leadership on key community issues. Form 990 - Organization's Mission Enhance the quality of life for the people of Jay County, Indiana, now and for generations to come, by building community endowment, effecting significant impact through grantmaking and providing leadership on key community issues. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The tax return was reviewed and approved by the Board of Directors prior to filing. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Foundation requires each member to complete and sign a conflict of interest disclosure statement annually. Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors approves the salary for the Executive Director based on comparability, length of employment, etc. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Foundation makes its governing documents, policies, and financial statements available to the public upon request. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Agency fund revenue -42,249 Agency fund expenses 20,709 Total

# SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  The Portland Foundation	CTIO	n C					Employer ident		er
Part I Identification of Disregarded Entities. Complete if the	organization answ	vered "Yes" on F	orm 990,	Part IV,	line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	e (state ountry)		d) income	(e End-of-yea		(f) Direct con entity	ntrolling
(1)									
	•••								
(2)									
(3)									
(4)									
(5)									
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the or tax year.	rganization answ	ered "Yes"	on For	m 990, Part	IV, line	34, becaus	e it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code	e section	(e) Public charity state (if section 501(c)(	tus D	(f) Direct controlling entity	Section sectin section section section section section section section section	(g) 512(b)(13) ed entity?
(1) The Portland Foundation Building 107 S Meridian Street 93-2234454									
Portland IN 47371	Hold Title	IN	501c	2	12a	N/	'A		х
(2) The Portland Foundation, Inc. 107 S Meridian Street 35-2019497 Portland IN 47371	Charitable	TN	501c		12a	NT.	/ <b>3</b>		v
(3)	Charitable	IN	3016	:5	12a	N/	A		Х
(4)									
(5)									
( <del>)</del>									

(4)

### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	uring the tax year, did the organization engage in any of the following transactions with one or more rela						х			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
<b>b</b> G	ift, grant, or capital contribution to related organization(s)				1b	Х				
<b>c</b> G	ift, grant, or capital contribution from related organization(s)				1c	Х				
d L	pans or loan guarantees to or for related organization(s)				1d		х			
e L	pans or loan guarantees by related organization(s)				1e		X			
f D	ividends from related organization(s)				1f		х			
g S	ale of assets to related organization(s)				1g		Х			
h P	urchase of assets from related organization(s)				1h		х			
i E	xchange of assets with related organization(s)				1i		х			
i 1	ease of facilities, equipment, or other assets to related organization(s)				1i		х			
, –	3333 31 Manifest 1948 p. 101 11, 31 31 31 31 31 31 31 31 31 31 31 31 31									
k 1	ease of facilities, equipment, or other assets from related organization(s)				1k		х			
					11		x			
1 F	erformance of services or membership or fundraising solicitations for related organization(s)						x			
III P	erformance of services or membership or fundraising solicitations by related organization(s)				1m 1n	х	A			
<b>o</b> S	haring of paid employees with related organization(s)				10	Х				
_					1p		x			
p Reimbursement paid to related organization(s) for expenses										
<b>q</b> R	eimbursement paid by related organization(s) for expenses				1q		Х			
r C	ther transfer of cash or property to related organization(s)				1r		X			
s C	ther transfer of cash or property from related organization(s)				1s		X			
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered i	elationships and transact	on thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amou	unt involv	/ed				
		type (a-s)								
(1)	The Portland Foundation Building	b	3,598,456	Cash Transaction	l					
(2)	The Portland Foundation, Inc.	0	125,406	Cash Transaction	ı					
	·		,							
(3)	The Portland Foundation, Inc.	l n	15,228	Cash Transaction	1					
(-)	Ind 10101ana 10anaa010n, 1nov		13,113	04511 114115400101	_					
(4)	The Portland Foundation, Inc.	c	3,598,456	Cash Transaction	1					
(7)	ine rorerand roundation, inc.		3,350,430	Capit II alibacciul	•					
<i>(</i> 5)										
(5)										
(C)										
(6)		I								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)  Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or aging	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (	Form 990) (Rev. 12-2	1024) The Po	rtland	Foundation		35-6028362	Page 5
Part VII	Supplemental Provide additio	Information. nal information	for response	es to questions of	on Schedule R. Se	ee instructions.	
			-				
	Pub	lic	Ins	pec	ction	Cop	<b>y</b>
•						<del>-</del>	
•							
• • • • • • • • • • • • • • • • • • • •							
•							
•							

Form **4562** 

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

tachment equence No. 17

Name(s) shown on return Identifying number The Portland Foundation 35-6028362 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,220,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3,050,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions .... 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... 12 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 31,577 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2024 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property е 20-year property 25-year property S/I 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 31,577 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ...... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23