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

OMB No. 1545-0047 2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u> _	For the	e 2024 calendar year, or tax year beginning	, and ending			
<u>B</u>	Check if ap	pplicable: C Name of organization The Portlar	d Foundation Building		D Employe	r identification number
	Address cl	hange Corporation	Inc			
一	Name cha	Doing business as	Chactic	n	93-2	234454
님	Name Cha	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephon	e number
-	Initial retur		000000			
	Final return terminated		ign postal code			
H		Portland I	N 47371		G Gross rec	eipts \$ 3,598,456
닏	Amended	F Name and address of principal officer:				
Ш	Application	pending Douglas Inman		H(a) Is this a gr	oup return for s	subordinates? Yes X No
		107 S Meridian St		H(b) Are all su	bordinates incl	uded? Yes No
		Portland	IN 47371	If "No,	" attach a list.	See instructions
$\overline{}$	Tavasvana	<u> </u>				
<u>:</u>	Tax-exem	37/3	no.) 4947(a)(1) or 527	—		
<u>J</u>	Website:		O.I.	H(c) Group exe		
		organization: X Corporation Trust Association	Other	L Year of formation: 2	1023	M State of legal domicile: IN
F	Part I	Summary				
	1 E	Briefly describe the organization's mission or most si	-			
e		To support The Portland Founda		to the buil	ding l	ocated
an		at 827 W High Street, Portland	l, Indiana.			
Governance	l .					
Š	2 (Check this box if the organization discontinued its	s operations or disposed of more than	25% of its net asse	ets.	
∞ თ	3 1	Number of voting members of the governing body (Pa	rt VI, line 1a)		3	9
	4 1	Number of independent voting members of the govern	ning body (Part VI. line 1b)		4	9
iţie	5 T	otal number of individuals employed in calendar yea	2024 (Part V. line 2a)		5	0
Activities						0
ĕ		otal number of volunteers (estimate if necessary)			··· +	0
	/a :	otal unrelated business revenue from Part VIII, colur	nii (C), line 12			
	l pı	Net unrelated business taxable income from Form 99	J-I, Part I, line 11	Prior Ye	7b	Current Veer
		Contributions and grants (Part VIII line 1h)			3,427	Current Year 3,598,456
ne		Contributions and grants (Part VIII, line 1h)		38	J, 14/	
Revenue						0
Š	10 li	nvestment income (Part VIII, column (A), lines 3, 4, a	ınd 7d)			0
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)			0
	12 T	<u> otal revenue – add lines 8 through 11 (must equal P</u>	art VIII, column (A), line 12)	58	3,427	3,598,456
	13 (Grants and similar amounts paid (Part IX, column (A)	lines 1–3)			0
	14 E	Benefits paid to or for members (Part IX, column (A),	line 4)			0
s	15 8	Salaries, other compensation, employee benefits (Par	t IX, column (A), lines 5-10)	.		0
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line	e 11e)			0
ber	b T	otal fundraising expenses (Part IX, column (D), line	25) 0			
Ä		Other expenses (Part IX, column (A), lines 11a-11d,				0
		Total expenses. Add lines 13–17 (must equal Part IX,				0
	1	Revenue less expenses. Subtract line 18 from line 12		58	3,427	3,598,456
<u> </u>		revenue less expenses. Subtract line 10 nom line 12		Beginning of Cu		End of Year
Net Assets or	20 T	otal assets (Part X, line 16)			3,869	4,221,979
ASS	21 T	otal liabilities (Part X, line 26)			0,442	40,096
let	22 1	Net assets or fund balances. Subtract line 21 from lin			3,427	4,181,883
	art II	Signature Block	5 20	<u> 50</u>	J , 12 /	1/101/003
		nalties of perjury, I declare that I have examined this return, ct, and complete. Declaration of preparer (other than office				lowledge and belief, it is
u	ue, come	d, and complete. Declaration of preparer (other than office)) is based on all illionnation of which prepa	arer rias arry kriowied	ye. I	
Siç	gn	Signature of officer			Date	
He	re	Douglas Inman	Executive	<u>e Directo</u>	r	
		Type or print name and title				
		Preparer's name	reparer's signature	Date	Check	if PTIN
Pai	d	Thomas A. Roberts T	homas A. Roberts	10/14	/25 self-em	ployed P00997867
Pre	parer	Detan Devaluate di	mmons, LLC	<u>'</u>		04-3587095
	Only	PO Box 42			Firm's EIN	01 330/033
	,	Muncio TN 472	08-0042			765-284-7554
N 4 -	, the court				Phone no.	
May	y tne IR	S discuss this return with the preparer shown above	See instructions			X Yes No

	990 (2024) The Portland Foundation Building 93-2234454	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	· / · · · · · · · · · · · · · · · · · ·	
	To support The Portland Foundation by holding title to the building	located
	at 827 W High Street, Portland, Indiana.	
		,
_	Did the association we destale any significant program on itself wine the year which were not listed on the	
		₹
	······································	es X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	es X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ o support The Portland Foundation by holding title to the building 1)
T	o support The Portland Foundation by holding title to the building l	ocated.
	t 827 W High Street, Portland, Indiana.	
	· · · · · · · · · · · · · · · · · · ·	
	•	
	·	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	'/A	
	•	
	·	
	*	
_		
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	/A	
	•	
	•	
	*	
	•	
	•	
4.1	Other management and inco (Deceribe on Cahadula O.)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses	

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		Х
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)	J		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		х
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 21
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ŭ	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 regetiction conjugacy If "Vac " complete School II D. Dort 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		Х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	,		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		х
20a	If "Yes," complete Schedule G, Part III	19 20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		1		

Page **4** Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	V		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	1		
	Cross income from members or shoreholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4 –	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	4-		
	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 Building 93-2234454 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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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 Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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 X 15a Other officers or key employees of the organization 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? List the states with which a copy of this Form 990 is required to be filed **IN** 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 Upon request Other (explain on Schedule O)

Section C. Disclosure

- 17
- 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.

The Organization

Portland

107 S Meridian St

IN 47371 260-726-4260

Form 990 (2024) The Portland Foundation Building

93-2234454

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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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) Reportable compensation compensation from the from related						Reportable compensation	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1) Jeremy Gulley	1 00											
	1.00											
President (2) Kaleb Hemmelgarn	1.00	X		Х				0	0	0		
(2) Kareb Hemmergari	1.00											
Vice President	1.00	x		x				0	0	0		
(3) Krista Muhlenkar				21						<u> </u>		
(0)1111201111111111111111111111111111111	1.00											
Secretary/Treasurer	1.00	X		x				0	0	0		
(4) Joshua Atkinson												
. ,	1.00											
Board Member	1.00	X						0	0	0		
(5) Richard Huffman												
	1.00											
Board Member	1.00	X						0	0	0		
(6) Audrey Muhlenkar	I -											
	1.00	l										
Board Member	1.00	X						0	0	0		
(7) Angela Paxson	1 00											
Board Member	1.00	x						0	0	0		
(8) Mark Valentine	1.00	^						0	0	0		
(6) Mark Varencine	1.00											
Board Member	1.00	x						o	0	0		
(9) Adam Homan												
(0,0.0	1.00											
Board Member	1.00	X						0	0	0		
(10) Douglas Inman												
	1.00											
Executive Director	40.00			X				0	142,250	7,000		
(11)												

Pai	rt VII Section A. Officers	i, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	I Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle ficer a	Pos check ess pe nd a Officer	more erson idirector Key employ	is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	com fi organ	(F) ated amoun of other opensation rom the nization and organization	ļ.
(12)													
(13)													
(14)													
(15)													
(16)													
(17)													
(18)													
(19)													
	Subtotal									142,250		7,	000
c d	Total from continuation sheet Total (add lines 1b and 1c)									142,250		7,	000
	Total number of individuals (in reportable compensation from	cluding but not li	imite						re) who received more than	\$100,000 of			
												Yes	No
3	Did the organization list any for employee on line 1a? If "Yes,"											3	х
4	For any individual listed on line organization and related organization and related organindividual	e 1a, is the sum nizations greater	of rethar	eport	table 50,00	con 00? <i>I</i>	npen: If "Ye	satio s," o	on and other compensation complete Schedule J for su	from the ch		4	X
5	Did any person listed on line 1 for services rendered to the or	1a receive or acc	crue	com	pens	ation	n froi	m ai	ny unrelated organization oi	· individual		5	х
Secti	ion B. Independent Contracto		со,	COIT	ipicio	- 00	neuu	10 0	Tor such person		······ '		
1	Complete this table for your five compensation from the organization										ear		
		(A) business address								(B) tion of services		(C) Compensa	ation
2	Total number of independent or received more than \$100,000								se listed above) who	0			

Pa	rt V			Revenue	ains a	respon	ise or note	to any line in thi	s Part VIII		
		Oncok II	Corre	udio o oonic		ТСОРОГ	ide of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g	Federated camp Membership due Fundraising eve Related organiza Government grants (co. All other contributions, and similar amounts no Noncash contributions lines 1a-1f	nts ations ontributions gifts, grant of included included in	s) Is, above	1a 1b 1c 1d 1e 1f 1g	\$	598,456	ecti	on	Cop	y
							Business Code				
Program Service Revenue		All other prograr	m servic	ce revenue							
	 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 										
				(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d 7a	Net rental incom Gross amount from sales of assets other than inventory	e or (lo	(i) Securities) Other				
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
		Gain or (loss)	7c								
ther		Net gain or (loss			<u></u>						
Oth	b	Gross income from (not including \$ of contributions rep 1c). See Part IV, lir Less: direct exp	oorted on ne 18 enses .	line	8a 8b						
		Net income or (I			events [
	эа	Gross income from activities. See Pa	_	-	9a						
	h	Less: direct exp			9b						
		Net income or (I									
		Gross sales of in									
		returns and allow			10a						
	b	Less: cost of go			10b						
		Net income or (I									
2							Business Code				
Miscellaneous Revenue	11a									ļ	
llan	b	*									
Sce	С										
Ξ̈́		All other revenue									
		Total. Add lines						2 500 455	_		_
	12	Total revenue.	See ins	structions		<u>.</u>		3,598,456	0	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all of

Check if Schedule O contains a response or note to any line in this Part IX										
<u> </u>	·	,,,	(B)	(c)	(D)					
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	ingn			nv.					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16									
4	Danafita naid to ar far mambara									
5	Compensation of current officers, directors,									
3	•									
_	trustees, and key employees									
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
_	(A), amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15										
16	Royalties									
	Occupancy									
17 18	Travel Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
10	•									
19	Conferences, conventions, and meetings									
20	Interest Provide to a """									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance Other expenses Itemize expenses not severed									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	·									
	line 24e amount exceeds 10% of line 25, column									
	(A), amount, list line 24e expenses on Schedule O.)									
а										
b	·									
C	·									
d										
	All other expenses	^	^		^					
25	Total functional expenses. Add lines 1 through 24e	0	0	0	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here if									
	following SOP 98-2 (ASC 958-720)									

	. ,	Check if Schedule O contains a response or note	to any li	ne in this Part X			
		•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing Savings and temporary cash investments				1	
	2	Savings and temporary cash investments			n L	2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former					
		trustee, key employee, creator or founder, substantial c	ontributo	r, or 35%			
		controlled entity or family member of any of these person		5			
	6	Loans and other receivables from other disqualified per-					
ts		under section 4958(f)(1)), and persons described in sec		6			
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	I0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,230,720			
	b	Less: accumulated depreciation		8,741	1,123,869	10c	4,221,979
1	11	Investments—publicly traded securities		11			
1	12	Investments—other securities. See Part IV, line 11			12		
1	13	Investments—program-related. See Part IV, line 11	[13		
1	14	Intangible assets				14	
1	15	Other seeds Cos Dort IV line 44				15	
1	16	Total assets. Add lines 1 through 15 (must equal line 3			1,123,869	16	4,221,979
1	17	Accounts payable and accrued expenses			540,442	17	40,096
1	18	Grants payable			18		
1	19	Deferred revenue			19		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part IV of	of Sched	ule D		21	
ر م	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
뎙		controlled entity or family member of any of these person				22	
ב בֿי	23	Secured mortgages and notes payable to unrelated third				23	
2	24	Unsecured notes and loans payable to unrelated third p	arties			24	
2	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D	·			25	
2	26	Total liabilities. Add lines 17 through 25			540,442	26	40,096
		Organizations that follow FASB ASC 958, check here					
es		and complete lines 27, 28, 32, and 33.					
E 2	27	All a control of the			583,427	27	4,181,883
를 2	28	Net assets with donor restrictions		28			
Fund Balances		Organizations that do not follow FASB ASC 958, che					
∄		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipmen			30		
S I	31	Retained earnings, endowment, accumulated income, or				31	
	32	Total not counts on found belowers			583,427	32	4,181,883
$z \mid_3$	33	Total liabilities and net assets/fund balances			1,123,869	33	4,221,979

Form **990** (2024)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,59	98,4	<u> 456</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Decree of the control	3	3,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	33,4	<u>427</u>
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,18	31,8	<u> 383</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		_Ш
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
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	<u> </u>	
	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 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.

OMB No. 1545-0047

Employer identification number

Name of the organization

The Portland Foundation Building

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

Corporation Inc Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(2) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For 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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (Rev. 12-2024)

age **2**

Name of organization

The Portland Foundation Building

Employer identification number 93-2234454

Dowt I	Contributors (and instructions) Has duplicate conice of De	art Lif additional appear is no	adad
Part I	Contributors (see instructions). Use duplicate copies of Pa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A CIOITO II ISPEC	\$ 3,598,456	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	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

	of the organization		Employer ide	entification number
	he Portland Foundation Building orporation Inc	ootion	93-22	24454
	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or		
	Complete if the organization answered "Yes" on			
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the			
	funds are the organization's property, subject to the organization's ex	cclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors i			
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		
_			<u></u>	Yes No
Pi	Int II Conservation Easements Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (chec			
	Preservation of land for public use (for example, recreation or ed		important la	and area
	Protection of natural habitat	Preservation of a certified hi	•	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conse	erva <u>tion</u>	
	easement on the last day of the tax year.		H	eld at the End of the Tax Year
а	Total number of conservation easements		. 2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure in	cluded on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo			□ v □ v ₋
•	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling			
-	conversation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of v			\$
8	conservation easements during the year	the requirements of section 170(h)(4)(P)		\$
0	(1) 470(1)(4)(7)(1)0			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense statemer		··· Ш Ш
3	sheet, and include, if applicable, the text of the footnote to the organ	•		
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art		Similar A	ssets
	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	•		rks
	of art, historical treasures, or other similar assets held for public exhil		of public	
	service, provide in Part XIII the text of the footnote to its financial sta			
b	If the organization elected, as permitted under FASB ASC 958, to rep			
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or research in furtherance o	t public serv	rice,
	provide the following amounts relating to these items.			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_		the circles are to find the circles are		\$
2	If the organization received or held works of art, historical treasures,		ovide the	
	following amounts required to be reported under FASB ASC 958 rela	_		Φ
a	Revenue included on Form 990, Part VIII, line 1			\$
<u>b</u>	Assets included in Form 990, Part X			

Schedu	lle D (Form 990) (Rev. 12-2024) The					2234454		Page 2
Part	III Organizations Maintainin	g Collections or	f Art, Histori	cal Treasures,	or Other Sim	ilar Assets	(continu	ıed)
	Jsing the organization's acquisition, access ollection items (check all that apply).	sion, and other record	ds, check any of	the following that r	make significant us	se of its		
a [Public exhibition	d	Loan or excha					
b	Scholarly research	е	Other					
С	Preservation for future generations	Inc	DO	CTIO	n	Or		
4 P	Provide a description of the organization's	collections and expla	in how they furth	ner the organization	's exempt purpose	in Part	<i>)</i> V	
Х	(III.							
5 D	Ouring the year, did the organization solicit	or receive donations	s of art, historica	treasures, or other	similar			
a	ssets to be sold to raise funds rather than	to be maintained as	s part of the orga	nization's collection	?		Ye:	s No
Part	IV Escrow and Custodial A	rrangements						
	Complete if the organizatio	n answered "Yes	s" on Form 99	00, Part IV, line	9, or reported	an amount o	on Form	
	990, Part X, line 21.							
1a ls	s the organization an agent, trustee, custo	dian or other interme	ediary for contrib	utions or other asse	ets not			
ir	ncluded on Form 990, Part X?						Ye	s No
b If	"Yes," explain the arrangement in Part XI							
							Amount	
c B	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Inding balance					1f		
2a D	Did the organization include an amount on	Form 990, Part X, lir	ne 21, for escrov	v or custodial accou	int liability?		Ye	s No
	"Yes," explain the arrangement in Part XI							. П
Part	V Endowment Funds							•
	Complete if the organization	n answered "Yes	s" on Form 99	00, Part IV, line	10.			
		(a) Current year	(b) Prior ye	ar (c) Two ye	ears back (d) Ti	hree years back	(e) Four	years back
1a B	Beginning of year balance							
	Contributions							
c N	let investment earnings, gains,							
	nd losses							
d G	Grants or scholarships							
	Other expenditures for facilities and							
	rograms							
	Administrative expenses							
	nd of year balance							
	Provide the estimated percentage of the cu	rrent vear end balan	ce (line 1a. colu	mn (a)) held as:	•			
	Board designated or quasi-endowment	•	, -	(=),				
	Permanent endowment %							
	erm endowment %							
	The percentages on lines 2a, 2b, and 2c st	nould equal 100%.						
	are there endowment funds not in the poss		zation that are h	eld and administere	d for the			
	organization by:						Γ	Yes No
	i) Unrelated organizations?							
	ii Dalatad annoninationa?						12-/::\	
	"Yes" on line 3a(ii), are the related organi							
	Describe in Part XIII the intended uses of t							
Part			actionic rando.					
	Complete if the organization	-	s" on Form 99	0. Part IV. line	11a. See Form	1990. Part)	C. line 10).
	Description of property	(a) Cost or othe		Cost or other basis	(c) Accumulat		(d) Book \	
		(investmen	I	(other)	depreciation			
1a L	and			35,000			3	5,000
	Buildings			4,195,720		741		6,979
	easehold improvements			,,	1		, _ 0	,
	Equipment							
	Other							
	Add lines 1a through 1e. <i>(Column (d) mus</i> i		art X, line 10c. co	olumn (B))	1		4,22	1,979
	J (() ()			, //	<u> </u>	<u> </u>		

Part VII	Investments – Other Securities	undacton bullum	<u>9 95-225445</u>	T Page
rait vii	Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11b. See Form 990. F	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	
(1) Financial	derivatives	4 *		
	eld equity interests	nactio	n I o	n.
(3) Other				UV
(A)				
(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	o 11c Soo Form 000 F	Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method o	
	(a) Description of investment	(b) Book value	Cost or end-of-ye	
(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		44 0 5 000 5	N 4 N 11 4 4 5
	Complete if the organization answered "Yes"		e 11a. See Form 990, F	
	(a) Description	n		(b) Book value
(1)				
(2)				
(3)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	" on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of	liability		(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	in (h) must equal Form 200. Bord V line 25 and (B)			
	n (b) must equal Form 990, Part X, line 25, col. (B))	ne footnote to the organization's	financial statements that read	l orte the
-	uncertain tax positions. In Part XIII, provide the text of the liability for uncertain tax positions under FASB ASC 740.			
organizations	madinity for universally tax positions under FASD ASC 740.	OUR WILL IN THE TEXT OF THE 100	nnote has been provided in F	αιι ΛΙΙΙ

Schedule D (F	-orm 990) (Rev. 12-2024) The Portland Foundation Building	93-2234454	Page 5
Part XIII	Supplemental Information (continued)		
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	PIDIC INCOACTION		
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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 The Portlan			Employer identification number
Corporation	n Inc	767116711	93-2234454
Form 990, Part VI, Li	ne 11b - Organiz	ation's Process to	Review Form 990
The Board of Director	s review the tax	return annually p	rior to filing.
Form 990, Part VI, Li	ne 12g - Enforge	ment of Conflicts	Poligy
The Organization requi	ires each member	to complete and s	ion a conflict of
interest disclosure s	tatement annually	Y.	ign a confired of
Form 000 Down VI I	no 10 Goronnin	a Dogumenta Diagla	auma Francasion
Form 990, Part VI, Li The Organization make	ne 19 - Governing	g Documents Discie	s and financial
statements available	to the public up	on request.	D, and IIII
	~~~	<del></del>	
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## SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **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

Employer identification number

Corporation Inc			<b>JUU</b>	V	93-2234	454
Part I Identification of Disregarded Entities. Complete if the	organization ansv	wered "Yes" on F	Form 990, Pa	rt IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	le (state ountry)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the	Complete if the otax year.	organization answ	rered "Yes" or	n Form 990, Part	t IV, line 34, becaus	e it had
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(e)	(f) Direct controlling	Section 512(b)(13) controlled entity?  Yes No
(1) The Portland Foundation 107 S Meridian St 35-6028362 Portland IN 47371		IN	501c3	8	N/A	x
(2)						
(3)						
(4)						
(5)						

The Portland Foundation Building

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations listed	in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		Х	
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
e Loans or loan guarantees by related organization(s)							
f Dividends from related organization(s)				1f		Х	
g Sale of assets to related organization(s)				1g		Х	
h Purchase of assets from related organization(s)				1h		Х	
i Exchange of assets with related organization(s)				<u> 1i</u>		Х	
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		х	
						l	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>1n</u>		X	
Sharing of paid employees with related organization(s)				10		Х	
						x	
p Reimbursement paid to related organization(s) for expenses				1p		x	
q Reimbursement paid by related organization(s) for expenses				1q			
W Other transfer of each or preparity to related expenitation(a)				1r		х	
<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>				1s		x	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete thi				15			
(a)	(b)	(c)	(d)				
Name of related organization	Transaction	Amount involved	Method of determining amo	unt involv	ed		
	type (a-s)						
(1) The Portland Foundation	С	3,598,456	Cash Transaction	1			
(2)							
(2)							
(3)							
(4)							
(5)							
(v)							
(6)							

### 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	Ш	(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?	Share of total income	(g) Share of end-of-year assets	Dispropi alloca	h) ortionate itions?	(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)															

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Part VII	Provide additional information for responses to questions on Schedule	R. See instructions.	
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