Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

3	,		,						
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	ps, REMIC	s, and trusts				
nust use	Form 7004 to request an extension of time to file incom	e tax retu	rns.						
Гуре or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	Taxpayer identification number (TIN)				
orint	THE DODGE AND HOUNDAGEON		25 60202	60					
ile by the	THE PORTLAND FOUNDATION	 			35-60283	02			
lue date for ling your eturn. See	Number, street, and room or suite no. If a P.O. box, so 107 S MERIDIAN ST	ee instruc	tions.						
nstructions.	City, town or post office, state, and ZIP code. For a for PORTLAND, IN 47371	oreign add	dress, see instructions.						
Inter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1			
Applicati	on	Return	Application			Return			
s For		Code	Is For			Code			
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
orm 990	-BL	02	Form 1041-A			08			
orm 4720 (individual)			Form 4720 (other than individual)	al) C					
orm 990	-PF			10					
orm 990	-T (sec. 401(a) or 408(a) trust)	Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870						12			
Teleph	books are in the care of none No. (260) 726-4260 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole group,				
the	quest an automatic 6-month extension of time until organization named above. The extension is for the orga			e the exem	npt organization re	turn for			
▶l	X calendar year 2020 or								
►L	tax year beginning	, an	d ending		<u> </u>				
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n				
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less						
any	nonrefundable credits. See instructions.			3a	\$	0.			
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
esti	imated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.			
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by						
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.			
	If you are going to make an electronic funds withdrawal			3453-EO ar	nd Form 8879-EO	for payment			
nstructio	ns.								

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO NOVEMBER 15, 2021

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For the	2020 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	THE PORTLAND FOUNDATION			
	Name chang			35-60283	62
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 107 S MERIDIAN ST	Room/suite	E Telephone number (260) 72	6-4260
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	515,356.
	Ameno	PORTLAND, IN 47371		H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions
		e: ► WWW.PORTLANDFOUNDATION.ORG		H(c) Group exemption	
		organization: Corporation X Trust Association Other	L Year	of formation: 1951 N	I State of legal domicile: ${ extbf{I}}{ extbf{N}}$
P		Summary			
Se	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{ENHA}}$	NCE TH	E QUALITY O	F LIFE FOR
Jan					
Governance	2	Check this box if the organization discontinued its operations or dispose		1 1	sets.
ဇ္ဟ	3	Number of voting members of the governing body (Part VI, line 1a)			9
ళ	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2020 (Part V, line 2a)		······	4
ij		Total number of volunteers (estimate if necessary)		·····	0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 ~	The difference business taxable free free free free free free free fr		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		33,805.	191,364.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		320,108.	323,992.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		353,913.	515,356.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		493,634.	714,904.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,763.	129,025.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	92.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,945.	166,297.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		797,342.	1,010,226.
	19	Revenue less expenses. Subtract line 18 from line 12		-443,429.	-494,870.
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		23,496,010.	24,678,777.
et A	21	Total liabilities (Part X, line 26)		1,751,053.	1,873,541.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		21,744,957.	22,805,236.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	a and atatam	anta and to the heat of my	/knowledge and bolief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ Kilowieuge allu bellel, it is
uue	,	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	non preparer	las any knowledge.	
e:	ın	Signature of officer		I Date	
Sig He		DOUGLAS L INMAN, EXECUTIVE DIRECTOR			
116	16	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	SCOTT A BOLLENBACHER, CPASCOTT A BOLLENB.	ACHER 1		P00401897
	parer	Firm's name BOLLENBACHER AND ASSOCIATES, LL		Firm's EIN	20-1695613
	Only	Firm's address 915 N MERIDIAN STREET			
	•	PORTLAND, IN 47371		Phone no.26	0-726-4207
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		I	X Yes No

ı aı	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the 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	
	Did the constitution and other constitution and the constitution of the constitution o	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X N	i_
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	О
_	If "Yes," describe these changes on Schedule O.	_
4	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 \$ 895,630 · including grants of \$ 714,904 ·) (Revenue \$	_)
	THE PORTLAND FOUNDATION ADMINISTERS APPROXIMATELY 100 SEPARATE SCHOLARSHIP TRUSTS ESTABLISHED FOR THE PROVISION OF STUDENT	
	SCHOLARSHIP IN AND AROUND JAY COUNTY INDIANA. THE FOUNDATION ENSURES	
	SPECIFIC GUIDELINES ESTABLISHED BY EACH SCHOLARSHIP TRUST ARE FOLLOWED	_
	IN AWARDING SCHOLARSHIPS TO BETTER THE COMMUNITY. ENHANCE THE QUALITY	_
	OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS	_
	TO COME, BY BUILDING COMMUNITY ENDOWMENT.	_
	•	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 895,630.	

Form 990 (2020) THE PORTLAND FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		.,	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		Α.
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Х	
	Schedule D, Parts XI and XII	12a	Δ.	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	- 22	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020) THE PORTLAND FOUND
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ū	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	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	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			l
	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 Schedule L, Part IV	21		
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱
	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			1,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	1
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Should be contained a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

020) THE PORTLAND FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	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	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, 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 A	ccounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
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	ne 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 contribut	•							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
	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 the first seven access.		- -		х				
	to file Form 8282?		7с		Λ				
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		Х				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		-22				
g h	If the organization received a contribution of qualified intellectual property, did the organization file For the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes		7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711						
Ū	sponsoring organization have excess business holdings at any time during the year?		8		Х				
9	Sponsoring organizations maintaining donor advised funds.								
а	Didd		9a		Х				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х				
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	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	l I							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	4.4		v				
			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4.		х				
	excess parachute payment(s) during the year?		15		Λ				
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School up O	LINCOME?	16		Λ				
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 2			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion 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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►IN			
18	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd fina	ncial	
=	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	DOUGLAS L INMAN - (260) 726-4260			
	107 S MERIDIAN ST, PORTLAND, IN 47371			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ox, unless person is both an fficer and a director/trustee)		compensation	compensation	amount of			
	week (list any					T	T	from the	from related organizations	other compensation
	hours for	direct				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOUGLAS L INMAN	40.00	_	_		<u> </u>	1 0				
EXECUTIVE DIREC				Х				72,727.	0.	0.
(2) TAMMY HANLIN	1.00									
VICE PRESIDENT				Х				0.	0.	0.
(3) ROB PENROD	1.00									
SECRETARY/TREASURER				Х				0.	0.	0.
(4) REX JOURNAY	1.00									
PRESIDENT				Х				0.	0.	0.
(5) PAT BENNETT	1.00									
IMMEDIATE PAST PRESIDENT				Х				0.	0.	0.
(6) JEREMY GULLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KRISTA MUHLENKAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(8) AUDREY MUHLENKAMP	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KALEB HEMMELGARN	0.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN MOORE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>		_		_	\vdash			
										- 000

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, True	stees, Key Em	ploye	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppower.	not c	Pos heck ss pe	ition more rson irecto		one h an tee)	Reportable compensation from the organization (W-2/1099-MISC)	es (continued) (E) Reportable compensation from related organization (W-2/1099-MI	on d is	Estin amor ot compe fron organ and r	nated unt of her ensation in the ization elated zations
		-										
1b Subtotal c Total from continuation sheets to Part V							>	72,727.		0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization								72,727. eceived more than \$100	0,000 of reportab	0 •	Y	0. es No
 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for. 4 For any individual listed on line 1a, is the sand related organizations greater than \$15 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors 	such individual sum of reportab 50,000? If "Yes, accrue compe	le co " <i>cor</i> nsati	mple on f	ensa ete S rom	atior Sche	n and edule / unr	d otl J f	her compensation from for such individual	the organization		3 4 5	X
Complete this table for your five highest or the organization. Report compensation for (A) Name and business	rthe calendar y		endi	ng v					year.	(C) Compensation		
Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nite	d to	tho (se li:	stec	d above) who received m	nore than			00 (0000)

35-6028362 THE PORTLAND FOUNDATION Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 191,364. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 191,364. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 323,992. 323,992. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

515,356.

0.

e Total. Add lines 11a-11d

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).

	Check if Schedule O contains a respon	<u>'</u>		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	519,364.	519,364.		
0	Grants and other assistance to domestic	317,304.	313,304.		
2		195,540.	195,540.		
•	individuals. See Part IV, line 22	193,340.	193,340.		
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,	70 707	26 262	26 264	
	trustees, and key employees	72,727.	36,363.	36,364.	
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	40,257.	23,583.	16,674.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits	8,233.	4,335.	3,898.	
10	Payroll taxes	7,808.	4,586.	3,222.	
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	4,732.	4,732.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,853.	23,853.		
	Other. (If line 11g amount exceeds 10% of line 25,	-	-		
3	column (A) amount, list line 11g expenses on Sch O.)	80,133.	80,133.		
12	Advertising and promotion	2,063.	1,385.		678.
13	Office expenses	1,749.	,	1,749.	
14	Information technology	_,, .			
15	Royalties				
16		18,697.		18,697.	
17	Occupancy Travel	234.		234.	
		2310		2311	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	, , , , , , , , , , , , , , , , , , , ,				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates	12,478.		12,478.	
22	Depreciation, depletion, and amortization	1,164.		1,164.	
23	Other expanses Itamize expanses not severed	1,104.		1,104.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) DUES AND SUBSCRIPTIONS	5,948.		5,948.	
a					
b	TRAINING	5,499.		5,499.	
С	MAINTENANCE	2,311.		2,311.	2 21 /
d	PRINTING	2,214.	1 756	2 466	2,214.
	All other expenses	5,222.	1,756.	3,466.	0 000
25	Total functional expenses. Add lines 1 through 24e	1,010,226.	895,630.	111,704.	2,892.
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)				
					C 000 (0000)

Form 990 (2020)
Part X Balance Sheet

Pа	πx	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			252,606.	1	352,496
	2	Savings and temporary cash investments				2	67,094
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	589,718.			
	b	Less: accumulated depreciation	10b	267,472.	334,724.	10c	322,246
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir		22,904,880.	12	23,933,141	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		3,800.	15	3,800	
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	23,496,010.	16	24,678,777
	17	Accounts payable and accrued expenses	1,047.	17	1,952		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offi	icer, director,			
≣		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	1). Complete Part X	1 750 006		1 071 500
	l	of Schedule D			1,750,006.		1,871,589
	26	Total liabilities. Add lines 17 through 25			1,751,053.	26	1,873,541
S		Organizations that follow FASB ASC 958, o	check he	re 🕨 🔼			
ž		and complete lines 27, 28, 32, and 33.			701 174		205 106
ala	27	Net assets without donor restrictions	721,174.	27	295,106. 22,510,130.		
<u>Б</u>	28	Net assets with donor restrictions		21,023,703.	28	22,310,130	
Ξ		Organizations that do not follow FASB ASC	3 958, cn	ieck nere			
ō		and complete lines 29 through 33.	-1-			00	
ets	29	Capital stock or trust principal, or current fun				29	
\SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			21,744,957.	31	22,805,236
Ž	32	Total net assets or fund balances			23,496,010.	32	
	33	Total liabilities and net assets/fund balances			43,430,010.	33	24,678,777

Form **990** (2020)

Pa	Heconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,01			
3	Revenue less expenses. Subtract line 2 from line 1	3		-494,870			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21 2	1,744,957			
5	Net unrealized gains (losses) on investments						
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		-468,819			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	22	,80	5,2	36.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	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	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (Э.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	-		3a		Х	
b	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** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE PORTLAND FOUNDATION Employer identification number 35-6028362

D		December Dublic	Ole auditus Okatusa						
Pá	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	he 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 or 990-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	·						
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit describ	ped in	
•		section 170(b)(1)(A)(iv). (C		mage or arminorally arminor	. o, opo.u				
6			. ,	nantal unit dagarihad in	coetion 17	70/6\/4\/4\	(s.)		
	\vdash	A federal, state, or local go	-						
7		An organization that norma	•	intial part of its support i	rom a gov	ernmenta	unit or from the general	public described in	
	37	section 170(b)(1)(A)(vi). (C	•						
8	X	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or	
		university:							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Co		,		•	, 0	•	
11		An organization organized		ively to test for public sa	fety. See:	section 50	09(a)(4).		
12	一	An organization organized	•		•			e nurnoses of one or	
		more publicly supported or	· ·	•	-				
		* *	-					SHOOK THE BOX III	
_		lines 12a through 12d that	* *			-		. while w	
а	ı L	☐ Type I. A supporting organization.	· · · · · · · · · · · · · · · · · · ·	•	•	-		-	
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
	_	organization. You must o	-						
b	· L	☐ Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;		egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)	
		that is not functionally int					• • • •		
		requirement (see instruct		• ,	•		•		
е		Check this box if the orga	•						
							a Type I, Type II, Type III		
		functionally integrated, or				Zation.			
f		er the number of supported							
		vide the following information (i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	
	'	organization	(11) E114	(described on lines 1-10	in your governi	ing document?	support (see instructions)	support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see mondono)	support (see motifications)	
Tota	al						<u> </u>	1	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	653,219.	350,211.	197,443.	33,805.	191,364.	1,426,042.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	653 010	252 211	105 110	22 225	101 261		
4	Total. Add lines 1 through 3	653,219.	350,211.	197,443.	33,805.	191,364.	1,426,042.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						F00 10F	
	column (f)						528,125.	
	Public support. Subtract line 5 from line 4.						897,917.	
	etion B. Total Support		# \ a a d =	() 0040	(0 00 (0		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2016 653, 219.	(b) 2017 350, 211.	(c) 2018 197, 443.	(d) 2019 33,805.	(e) 2020 191,364.	(f) Total	
	Amounts from line 4	055,219.	330,211.	131,443.	33,003.	131,304.	1,426,042.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	348,505.	338,928.	406,455.	320,108.	323,992.	1 727 000	
_	and income from similar sources	340,303.	330,920.	400,433.	320,100.	323,332.	1,737,988.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
11	assets (Explain in Part VI.)						3,164,030.	
12	Gross receipts from related activities,	etc (see instruction	one)			12	3,101,030.	
13	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section !			
.0	organization, check this box and stor	- h		,	•	* * * * *	▶□	
Sec	etion C. Computation of Publ		rcentage					
	Public support percentage for 2020 (l			column (f))		14	28.38 %	
15	Public support percentage from 2019					15	23.02 %	
16a	33 1/3% support test - 2020. If the o					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			▶ □	
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		►X	
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	check a box on line				
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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

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

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
include any *unusual grants*) 2 Gross recipits from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and offitting the properties of		, ,						
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3c		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
m 990 or 99	JU-EZ)	2020

Par	t IV Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			•
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
	ion 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	ion 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 tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 in 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		
	ion 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 yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	$\overline{}$	·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ols		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
Ŋ	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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations				
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	st complete	Sections A through E.	1			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	τν	Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D -	Distributions		·		Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	Э		
	(provi	de details in Part VI). See instructions.			8	
9	Distrik	outable amount for 2020 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distrik	outable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	From	2018				
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2020 distributable amount				
i	Carry	over from 2015 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2020 from Section D,				
	line 7:	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2020 distributable amount				
С	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2020, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2020. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	/I. See instructions.				
7	Exces	ss distributions carryover to 2021. Add lines 3j				
	and 4	c.				
8	Break	down of line 7:				
а	Exces	s from 2016				
b	Exces	s from 2017				
С	Exces	s from 2018				
d	Exces	s from 2019				
е	Exces	s from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
THE ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR THE
SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, GOVERNMENTAL ENTITIES, AND
OTHER PUBLIC CHARITIES.
THE ORGANIZATION CAN DEMONSTRATE THAT IT ACTIVELY ENGAGES IN FUNDRAISING
FROM THE PUBLIC AND HAS, IN FACT, RECEIVED SMALLER DONATIONS AND GRANTS
CONSISTENTLY IN THE PAST.
THE ORGANIZATION HAS A GOVERNING BODY WHICH REPRESENTS THE BROAD INTERESTS
OF THE PUBLIC, THE ORGANIZATION HAS A WELL-QUALIFIED BOARD WITH DIVERSE
BACKGROUNDS, SKILL SETS, AND PERSPECTIVES.
THE ORGANIZATION PROVIDES FACILITIES OR SERVICES DIRECTLY FOR THE BENEFIT
OF THE GENERAL PUBLIC ON A CONTINUING BASIS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE PORTLAND FOUNDATION

Employer identification number 35-6028362

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accou	unts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
	-	(a) Donor advised funds	(b) Fur	nds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)	0.					
3	Aggregate value of grants from (during year)	35,533.					
4	Aggregate value at end of year	4 000 500					
5	Did the organization inform all donors and donor advisors in		sed funds				
	are the organization's property, subject to the organization's	_		X Yes No			
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?			X Yes No			
Pai							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically	important land area			
	Protection of natural habitat	Preservation of	a certified hi	storic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	ation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re			n during the tax			
	year▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	it holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation eas	sements during the year			
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easeme	nts during the year			
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170)(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	e statement a	and			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that des	scribes the			
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections o		ther Simi	lar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance	sheet works			
	of art, historical treasures, or other similar assets held for pul			f public			
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.				
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of p	ublic 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 tre	easures, or other similar assets for financia	al gain, provid	de			
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1			\$			
h	Assets included in Form 990, Part Y			\$			

Par	rt III Organizations Maintaining C	collections of A	rt, Historical Tre	easures, or Oth	er Similar <i>A</i>	Assets (con	tinue	d)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purpose i	n Part XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Yes		No_	
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" o	n Form 990, Pa	rt IV, line 9,	or		
	reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								
	on Form 990, Part X?					Yes	L	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
						Amou	ınt		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	Yes	Ļ	No	
	If "Yes," explain the arrangement in Part XIII.						L		
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years			rs back	
1a	Beginning of year balance	22,904,880.	19,848,750.	22,055,690.	17,462,			<u>4,395.</u>	
b	Contributions	191,364.	33,805.		† 			7,921.	
С	Net investment earnings, gains, and losses	1,655,787.	3,738,069.	-1,427,232.	2,628,			4,697.	
d	Grants or scholarships	714,904.	493,634.	678,712.	556,	402.	63	0,712.	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	103,986.	222,110.		281,			4,176.	
g	End of year balance	23,933,141.	22,904,880.		22,055,	690. 1	7,46	2,125.	
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organization	n		 	
	by:					-	Ye		
	(i) Unrelated organizations					3a(i	_	X	
	(ii) Related organizations							+^	
b	If "Yes" on line 3a(ii), are the related organiza					3b			
Da.	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.						
Fai			Dort IV line 11e C	oo Form OOO Dort \	/ line 10				
	Complete if the organization answere			1		(-N.D.	1	l	
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation								
	Land	` `	,	0,423.	epreciation	2	20	423.	
	Land			0,443.		- 4	<u> </u>	1 43.	
	Buildings		3 E	1,385.	249,562	1	<u>n 1</u>	823.	
	Leasehold improvements			7,910.	17,910		υ ⊥ ,	023.	
	Equipment			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,910	•		<u> </u>	
	Other		V column (D) line 1	00.)		7	22	246.	
rotal	i. Add iiries Ta trirough Te. (Column (a) must e	quai roiiii 990, Part	∧, column (B), line T	UC.)	P	J advila D/Fa			

Ochoda D (Sama 200) 2000 THE DODULAN	D FOUNDATION	31	5-6028362 _{Page} ;
Part VII Investments - Other Securities.	D FOUNDATION		Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1) Financial derivatives	()	. ,	,
(2) Closely held equity interests			
(3) Other			
(A) FFB-ALTERNATIVE			
(B) INVESTMENTS	1,788,794.	END-OF-YEAR MARKET	' VALUE
(C) FFB-MUTUAL FUNDS	10,165,639.	END-OF-YEAR MARKET	
(D) FFB-SAVINGS AND TEMP CASH	.,,		-
(E) INV	249,958.	END-OF-YEAR MARKET	' VALUE
(F) FMB-MUTUAL FUNDS	11,169,467.	END-OF-YEAR MARKET	' VALUE
(G) FMB-SAVINGS AND TEMP CASH			
(H) INVESTMENTS	547,796.	END-OF-YEAR MARKET	' VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,933,141.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ASSETS HELD FOR OTHERS	1,871,589.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,871,589.

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

Sche	edule D (Form 990) 2020 THE PORTLAND FOUNDATION			6028362 _{Page} 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	•	eturn).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			0 500 004
1	Total revenue, gains, and other support per audited financial statements		1	2,539,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 2,023,968.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	2,023,968.
3	Subtract line 2e from line 1		3	515,356.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	515,356.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	1,010,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С				
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	•	2e	0.
3	Subtract line 2e from line 1		3	1,010,226.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	- 1		
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,010,226.
	rt XIII Supplemental Information.			, ,
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Past 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:			
SCI	HOLARSHIPS AND GRANTS FOR THE BETTERMENT (OF JAY COUNTY.		
PAI	RT X, LINE 2:			
		TIMIONG AG BROTTE	ED:	D.V.
MAI	NAGEMENT EVALUATES ALL SIGNIFICANT TAX POS	SITIONS AS KEQUIR	נ עם.	BI
AC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN	THE UNITED STATE	S O	F AMERICA.

AS OF YEAR END, THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	11 105	
SAVINGS AND TEMP CASH INVESTMENTS	11,487.	FMV

032421 04-01-20 Schedule D (Form 990)

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 35-6028362 THE PORTLAND FOUNDATION Part I General Information on Grants and Assistance

1 Does the organization maintain records to		ne amount of the grants	s or assistance, the	grantees' eligibilit	v for the grants or as	sistance and the selec	tion
criteria used to award the grants or assist	_	grant					□
2 Describe in Part IV the organization's prod							
Part II Grants and Other Assistance to D					anization answered "	Yes" on Form 990 Part	IV line 21 for any
recipient that received more than \$5							,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							ENHANCE THE QUALITY OF
ARTS PLACE, INC							LIFE FOR THE PEOPLE OF
131 E WALNUT STREET							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	122,767.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
GLASS MUSEUM OF DUNKIRK							LIFE FOR THE PEOPLE OF
309 S FRANKLIN							JAY COUNTY, INDIANA, NOW
DUNKIRK, IN 47336		501(C)(3)	10,205.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
A BETTER LIFE - BRIANNA'S HOPE							LIFE FOR THE PEOPLE OF
MAIN STREET							JAY COUNTY, INDIANA, NOW
DUNKIRK, IN 47336		501(C)(3)	14,352.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
JAY COUNTY DRUG PREVENTION							LIFE FOR THE PEOPLE OF
COALIATION - MERIDIAN STREET -							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	14,695.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
DUNKIRK VOLUNTEER FIRE DEPT							LIFE FOR THE PEOPLE OF
588 INDUSTRIAL DRIVE							JAY COUNTY, INDIANA, NOW
DUNKIRK, IN 47336		501(C)(3)	5,000.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
JAY COUNTY COMMUNITY CENTER							LIFE FOR THE PEOPLE OF
115 E WATER STREET							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	36,200.	0.			AND FOR GENERATIONS TO

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

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ENHANCE THE QUALITY OF
JAY COUNTY FAIR ASSOCIATION							LIFE FOR THE PEOPLE OF
PO BOX 328							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	41,203.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
JAY COUNTY HISTORICAL SOCIETY							LIFE FOR THE PEOPLE OF
903 E MAIN STREET							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	20,841.	0.			AND FOR GENERATIONS TO
							ENHANCE THE QUALITY OF
JAY RANDOLPH DEVELOPMENTAL							LIFE FOR THE PEOPLE OF
SERVICES - 901 E WATER STREET -							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	7,897.	0.			AND FOR GENERATIONS TO
			, , , , , , , , , , , , , , , , , , ,				ENHANCE THE QUALITY OF
JAY COUNTY PUBLIC LIBRARY							LIFE FOR THE PEOPLE OF
315 N SHIP STREET							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	12,659.	0.			AND FOR GENERATIONS TO
				- •			ENHANCE THE QUALITY OF
JAY PATRIOT BAND BOOSTERS							LIFE FOR THE PEOPLE OF
509 W NORTH ST							JAY COUNTY, INDIANA, NOW
PORTLAND, IN 47371		501(C)(3)	66,000.	0.			AND FOR GENERATIONS TO
TORIHMD, IN 47371		501(0)(3)	00,000.	• •			ENHANCE THE QUALITY OF
JOHN JAY CENTER FOR LEARNING							LIFE FOR THE PEOPLE OF
101 S MERIDIAN STREET							JAY COUNTY, INDIANA, NOW
		501(C)(3)	00 354	0.			AND FOR GENERATIONS TO
PORTLAND, IN 47371		501(C)(3)	90,354.	0.			AND FOR GENERATIONS TO

Part III can be duplicated if additional space is needed.			1		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	123	195,540.	0.		
		-			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
WHEN A GRANT IS AWARDED TO A NOT-E	OR-PROFI	T ORGANIZA	TION, THE	FOUNDATION	
HAS PROCEDURES IN PLACE TO ENSURE	PROPER II	SAGE OF TH	IE GRANT FII	NDS. THE	
RECIPIENT ORGANIZATION MUST SHOW I	PROOF OF	EXPENDITUR	E FOR THE	PROJECT, AND	
THEN MUST SIGN A GRANT AGREEMENT,	WHEREBY	THEY AGREE	TO USE TH	E GRANT FUNDS	
ONLY FOR THE PROJECT FOR WHICH THE	E GRANT W	AS AWARDED).		
ONCE THE GRANT FUNDS ARE EXPENDED,	THE REC	IPIENT ORG	SANIZATION	MUST COMPLETE	
A WRITTEN FINAL GRANT REPORT, WHIC					
II WILLIAM I IMID GRANT RELORIT, WILL	, Duimi	D IIII ODNO	01 1111 0	1011000	
FINALLY THE FOUNDATION CONDUCTS ($W = \Delta U = M$	тсттс шттр	I PECTOTENT		

Part IV | Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARTS PLACE, INC

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

NAME OF ORGANIZATION OR GOVERNMENT: GLASS MUSEUM OF DUNKIRK

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

NAME OF ORGANIZATION OR GOVERNMENT: A BETTER LIFE - BRIANNA'S HOPE

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

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

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY DRUG PREVENTION COALIATION

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

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

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: DUNKIRK VOLUNTEER FIRE DEPT

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

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

BUILDING COMMUNITY ENDOWMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY COMMUNITY CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY FAIR ASSOCIATION

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

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY HISTORICAL SOCIETY

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

NAME OF ORGANIZATION OR GOVERNMENT: JAY RANDOLPH DEVELOPMENTAL SERVICES

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

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

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY PUBLIC LIBRARY

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

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

BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY PATRIOT BAND BOOSTERS

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

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

THE PORTLAND FOUNDATION

Employer identification number 35-6028362

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY BUILDING COMMUNITY ENDOWMENT
FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES EACH MEMBER TO COMPLETE AND SIGN A CONFLICT OF
INTEREST DISCLOSURE STATEMENT ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR BASED
ON COMPARABILITY, LENGTH OF EMPLOYMENT, ETC.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, POLICIES, AND FINANCIALS
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER PORTLAND FOUNDATION - CORPORATION 35-2019497 -468,819.
PART XII, LINE 2C
NO CHANGES

EXTENSION REQUEST FOR INDIANA FORM NP-20

Form **8868** (Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-r	non-profits.			
Autom	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).			
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts	
nust us	e Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Type or	e or Name of exempt organization or other filer, see instructions. Taxpayer identification number of the control of the contr					
orint	THE PORTLAND FOUNDATION			35-6028362		
File by the due date for illing your	107 S MERIDIAN ST	ee instruc	tions.	•		
eturn. See nstructions		oreign add	dress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11
-orm 99	0-T (trust other than above) DOUGLAS L INMAN	06 \T	Form 8870			12
Thob	books are in the care of > 107 S MERIDIAN		ΡΟΡΨΙΔΝΌ ΤΝ 4737	1		
	hone No. ► (260) 726-4260	<u> </u>	Fax No.			
	organization does not have an office or place of business	o in the Lli	· —			ightharpoonup
	is for a Group Return, enter the organization's four digit (P L
oox >		1	ach a list with the names and TINs o			
30X	. If it is for part of the group, check this box	j and atte	acit a list with the harnes and this o	n an memb	ers the extensit	лт is iог.
1 In	equest an automatic 6-month extension of time until	NOVE	MBER 15, 2021 , to file	e the exem	npt organization	return for
	e organization named above. The extension is for the organization			o tiro oxori	ipt organization	rotarri ioi
	X calendar year 2020 or	amzation	o rotani ioi.			
•	tax year beginning	. ar	nd endina			
		,			_ ·	
2 If t	If the tax year entered in line 1 is for less than 12 months, check reason:					
	Change in accounting period					
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less			
	y nonrefundable credits. See instructions.			3a	\$	0.
b If t	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
es	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wi	th this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructi	ons.	3с	\$	0.
	: If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	8453-EO ar	nd Form 8879-E	O for payment
nstructi	one					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

NP-20

State Form 51062 (R11 / 8-20)

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginnin	ng 01 01	2020 and Endi	ng 12 31 20	020			
Place "X" in box if: Change of Ac	ldress	mended Report	Final Report: Indic	cate Date Closed			
Due on the 15th day of the 5th month following the end of the tax year.							
	·	NO FEE REQUIRED	•				
Name of Organization			Telephone Number				
THE PORTLAND FOUNDAT:	ION		260 726 4260				
Address		County	Indiana Taxpayer Identification Numbe				
107 S MERIDIAN ST							
City	State	ZIP Code	Federal Employer Ider	ntification Number			
PORTLAND	IN	47371	35 6028362				
Printed Name of Person to Conta	ıct		Contact's Telephone N	Number			
DOUGLAS L INMAN							
If you are filing a federal return, a	ttach a completed	d copy of Form 990, 990	EZ, or 990PF.				
Current Information 1. Indicate number of years you 2. Have any changes not previous description of changes. 3. Attach a schedule, listing the described the purpose SEE STATEMENT 1	our organization ha iously reported to in, bylaws, or othe e names, titles an	as been in continuous ex the Department been m er instruments of importa d addresses of your curi	ade in your governing in nce? If yes, attach a deta				
I declare under the penalties of p knowledge and belief, it is true, or		examined this return, inc	cluding all attachments, a	and to the best of my			
Signature of Officer or Trustee		<u>EXECUTI</u> Title	<u>VE DIRECTOR</u>	Date			
Name of Person(s) to Contact		Daytime	Telephone Number				

NP-20 STATEMENT

ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

STATEMENT

2

PORTLAND, IN 47371

KALEB HEMMELGARN

JOHN MOORE

107 S MERIDIAN ST PORTLAND, IN 47371

107 S MERIDIAN ST PORTLAND, IN 47371

NAME AND ADDRESS	TITLE
DOUGLAS L INMAN 107 S MERIDIAN ST PORTLAND, IN 47371	EXECUTIVE DIREC
TAMMY HANLIN 107 S MERIDIAN ST PORTLAND, IN 47371	VICE PRESIDENT
ROB PENROD 107 S MERIDIAN ST PORTLAND, IN 47371	SECRETARY/TREASURER
REX JOURNAY 107 S MERIDIAN ST PORTLAND, IN 47371	PRESIDENT
PAT BENNETT 107 S MERIDIAN ST PORTLAND, IN 47371	IMMEDIATE PAST PRESIDENT
JEREMY GULLEY 107 S MERIDIAN ST PORTLAND, IN 47371	DIRECTOR
KRISTA MUHLENKAMP 107 S MERIDIAN ST PORTLAND, IN 47371	DIRECTOR
AUDREY MUHLENKAMP 107 S MERIDIAN ST	DIRECTOR

DIRECTOR

DIRECTOR

FORM NP-20 LIST OF OFFICERS, DIRECTORS AND TRUSTEES