

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instruc-  
tions.THE PORTAGE FOUNDATION  
143 GOUGLER AVENUE  
KENT, OH 44240

D Employer Identification Number

34-1176817

E Telephone number

330-676-1110

F Accounting method

☐ Cash☒ Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If Yes, enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit GEN

M Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than  
\$25,000. The organization need not file a return with the IRS, but if the organization  
received a Form 990 Package in the mail, it should file a return without financial data.  
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 341,698

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	26,501.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 26,501 noncash \$ )	1d	26,501	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	5,145	
5	Dividends and interest from securities	5	2,622.	
6a	Gross rents	6a	7,430	
b	Less rental expenses	6b	15,957	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	-8,527	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a	300,000	
c	Gain or (loss) (attach schedule) STATEMENT 1	8b	200,499	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	99,501	
8d			99,501.	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	125,242.	
13	Program services (from line 44, column (B))	13	13,703	
14	Management and general (from line 44, column (C))	14	66,254	
15	Fundraising (from line 44, column (D))	15	5,984.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44 column (A))	17	85,941	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	39,301	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	472,476	
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-10,019	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	501,758	

SCANNED OCT 06 2003

RECEIVED

SEP 28 2003  
OGDEN, UT

EXPENSES

ASSETS

SEP

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) SEE STM 3 (cash \$ 3,000 non-cash \$ )	22	3,000	3,000		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	7,050.		7,050.	
32 Legal fees	32	3,267		3,267	
33 Supplies	33	1,707		1,536	171
34 Telephone	34	957	239	239	479
35 Postage and shipping	35	464		46	418
36 Occupancy	36	4,282		3,212	1,070
37 Equipment rental and maintenance	37				
38 Printing and publications	38	458		46.	412
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	2,782		2,087	695
42 Depreciation, depletion, etc (attach schedule)	42	4,325		3,244	1,081.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	57,649	10,464	45,527	1,658
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	85,941	13,703	66,254	5,984.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to program services \$ , (iii) the amount allocated to management and general \$ , and (iv) the amount allocated to fundraising \$

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? A COMMUNITY FOUNDATION

All organizations must describe their exempt purpose achievements in a clear and concise manner—State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts but  
optional for others.)

a THROUGH ORGANIZED PHILANTHROPY, PERFORM AS A RESPONSIBLE SOLICITOR AND PRUDENT MANAGER OF CHARITABLE GIFTS AND BEQUESTS WHICH ENRICH THE COMMUNITY THROUGH FUNDING OF VARIOUS CHARITIES (Grants and allocations \$ 3,000 )	13,703
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	13,703

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest-bearing	3,864	45	203,403
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	10,069		
	b Less allowance for doubtful accounts	48 b	48 c	5,449.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,327	53	
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	400,169	54	159,749
	55 a Investments — land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b	55 c	
56 Investments — other (attach schedule)		56	130,463.	
57 a Land, buildings, and equipment basis	4,829			
b Less accumulated depreciation (attach schedule) <b>STATEMENT 5</b>	57 b	57 c	2,929.	
58 Other assets (describe <b>▶ SEE STATEMENT 6</b> )	18	58	18	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	626,512.	59	502,011	
LIABILITIES	60 Accounts payable and accrued expenses	18,076	60	253.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	134,860	64 b	
	65 Other liabilities (describe <b>▶</b> )	1,100	65	
66 <b>Total liabilities</b> (add lines 60 through 65)	154,036	66	253	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	292,902	67	307,124
	68 Temporarily restricted	19,430	68	57,424
	69 Permanently restricted	160,144	69	137,210
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	472,476	73	501,758
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	626,512	74	502,011

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	133,180
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -10,019		
(2)	Donated services and use of facilities \$ 2,000		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 7 \$ 15,957		
	Add amounts on lines (1) through (4)	<b>b</b>	7,938
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	125,242
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	125,242

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	103,898.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 2,000.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 8 \$ 15,957		
	Add amounts on lines (1) through (4)	<b>b</b>	17,957
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	85,941
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	85,941

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
PHIL MARCIN 143 GOUGLER AVE KENT, OH 44240	EXECUTIVE DIREC 20	0	0.	0
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-----				
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

☒ No

If 'Yes,' attach schedule — see instructions

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions		
<b>81b</b> Did the organization file Form 1120-POL for this year?		X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>82b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		N/A
<b>b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes,' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b> 501(c)(7) organizations Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b> 501(c)(12) organizations Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>b</b> 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed <u>OHIO</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
<b>91</b> The books are in care of <u>ERIC HUMMEL</u> Telephone number <u>330-296-7316</u> Located at <u>127 EAST MAIN STREET RAVENNA OHIO</u> ZIP + 4 <u>44266</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					5,145
96 Dividends & interest from securities					2,622
97 Net rental income or (loss) from real estate					
a debt financed property	531120	-8,527			
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	99,501	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		-8,527		99,501	7,767
105 Total (add line 104, columns (B), (D), and (E))					98,741

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	AS A COMMUNITY FOUNDATION, WE MANAGE PHILANTHROPIC ASSETS RECEIVED AS GIFTS & REQUESTS TO PROVIDE FUNDING OF VARIOUS CHARITIES & PROGRAMS
96	SAME AS LINE 95
100	SAME AS LINE 95

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

9-24-03



**Part III** Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI A, or line 1 of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	51,937	18,672	120,402	3,450	194,461
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-4,250	12,860	64,975	24,164	97,749
<b>19</b> Net income from unrelated business activities not included in line 18	-12,755	-13,295	-14,061	-21,046	-61,157
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 9			250	243	493
<b>23</b> Total of lines 15 through 22	34,932	18,237	171,566	6,811	231,546
<b>24</b> Line 23 minus line 17	34,932	18,237	171,566	6,811	231,546
<b>25</b> Enter 1% of line 23	349	182	1,716	68	

**26 Organizations described on lines 10 or 11.** a Enter 2% of amount in column (e), line 24

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 97,749. 19 -61,157  
22 493 26b

e Public support (line 26c minus line 26d total)

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

26a	4,631
26b	
26c	231,546
26d	37,085
26e	194,461
26f	83.98 %

**27 Organizations described on line 12.** N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.

(2001) (2000) (1999) (1998)

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

(2001) (2000) (1999) (1998)

c Add Amounts from column (e) for lines 15 16  
17 20 21

d Add Line 27a total and line 27b total

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c	
27d	
27e	
27f	
27g	%
27h	%

**28 Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?**29**

Yes No

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?**30****31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?**31**

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

**32** Does the organization maintain the following**a** Records indicating the racial composition of the student body, faculty, and administrative staff?**32a****b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?**32b****c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?**32c****d** Copies of all material used by the organization or on its behalf to solicit contributions?**32d**

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )

**33** Does the organization discriminate by race in any way with respect to**a** Students' rights or privileges?**33a****b** Admissions policies?**33b****c** Employment of faculty or administrative staff?**33c****d** Scholarships or other financial assistance?**33d****e** Educational policies?**33e****f** Use of facilities?**33f****g** Athletic programs?**33g****h** Other extracurricular activities?**33h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

**34a** Does the organization receive any financial aid or assistance from a governmental agency?**34a****b** Has the organization's right to such aid ever been revoked or suspended?**34b**

If you answered 'Yes' to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation**35**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

**(a)**  
Affiliated group  
totals**(b)**  
To be completed  
for ALL electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table —			
<b>If the amount on line 40 is —</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000		<b>The lobbying nontaxable amount is —</b> 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>		
<b>Caution.</b> If there is an amount on either line 43 or line 44, you must file Form 4720				

**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers  
**b** Paid staff or management (Include compensation in expenses reported on lines c through h.)  
**c** Media advertisements  
**d** Mailings to members, legislators, or the public  
**e** Publications, or published or broadcast statements  
**f** Grants to other organizations for lobbying purposes  
**g** Direct contact with legislators, their staffs, government officials, or a legislative body  
**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  
**i** Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities



## THE PORTAGE FOUNDATION

34-1176817

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE 0  
 COST OR OTHER BASIS 0

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 0

OTHER ASSETS

DESCRIPTION LAND & BUILDINGS 143 GOUGLER AVE.  
 DATE ACQUIRED 1/01/1970  
 HOW ACQUIRED PURCHASE  
 DATE SOLD 8/30/2002  
 TO WHOM SOLD  
 GROSS SALES PRICE 300,000  
 COST OR OTHER BASIS 451,618.  
 EXPENSES OF SALE 2,425  
 DEPRECIATION 253,734

GAIN (LOSS) 99,691

DESCRIPTION OFFICE EQUIPMENT  
 DATE ACQUIRED VARIOUS  
 HOW ACQUIRED PURCHASE  
 DATE SOLD 12/31/2002  
 TO WHOM SOLD:  
 GROSS SALES PRICE 0.  
 COST OR OTHER BASIS 2,062  
 DEPRECIATION 1,872.

GAIN (LOSS) -190

TOTAL GAIN (LOSS) OTHER ASSETS \$ 99,501.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 99,501

**STATEMENT 2**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON INVESTMENTS

\$ -10,019  
 TOTAL \$ -10,019

**STATEMENT 3**  
**FORM 990, PART II, LINE 22**  
**GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME VARIOUS COMMUNITY ORGANIZATION  
 AMOUNT GIVEN \$ 3,000

## THE PORTAGE FOUNDATION

34-1176817

STATEMENT 3 (CONTINUED)  
FORM 990, PART II, LINE 22  
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

TOTAL GRANTS AND ALLOCATIONS \$ 3,000

STATEMENT 4  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	174.		174	
BOARD DEVELOPMENT EXPENSES	1,334		1,334	
INSURANCE	1,399		1,049	350.
MISCELLANEOUS	470.		470	
PROFESSIONAL FEES	13,080.	10,464.	1,308	1,308.
UNCOLLECTIBLE PLEDGES	2,750.		2,750	
VNA LITIGATION SETTLEMENT	38,442		38,442	
TOTAL	\$ <u>57,649</u>	\$ <u>10,464.</u>	\$ <u>45,527</u>	\$ <u>1,658</u>

STATEMENT 5  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,829	\$ 1,900	\$ 2,929
TOTAL	\$ <u>4,829</u>	\$ <u>1,900</u>	\$ <u>2,929</u>

STATEMENT 6  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

DEPOSITS

TOTAL \$ 18

TOTAL \$ 18

STATEMENT 7  
FORM 990, PART IV-A, LINE B(4)  
OTHER AMOUNTS

RENTAL EXPENSES NOT SEPERATELY STATED

TOTAL \$ 15,957

TOTAL \$ 15,957.

2002

## FEDERAL STATEMENTS

PAGE 3

THE PORTAGE FOUNDATION

34-1176817

STATEMENT 8  
FORM 990, PART IV-B, LINE B(4)  
OTHER AMOUNTS

RENTAL EXPENSES NOT SEPERATELY STATED

TOTAL \$ 15,957  
\$ 15,957.STATEMENT 9  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
MISC	\$ 0	\$ 0	\$ 250	\$ 243	\$ 493
TOTAL	\$ 0	\$ 0	\$ 250	\$ 243.	\$ 493

2 43 PM

# THE PORTAGE FOUNDATION DEPRECIATION EXPENSE REPORT

as of 12/31/2002

SYS No	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salvage/ Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
Book Internal FY December												
000006	02/01/77	431 60	SLMM	P 14 00	0 00	431 60	08/02	431 60	0 00	0 00	431 60	d
BRICKING WINDOWS												
000007	01/01/78	6371 48	SLMM	P 13 00	0 00	6371 48	08/02	6371 48	0 00	0 00	6371 48	d
BLDG-REMODELING												
000008	07/01/82	5720 00	SLMM	P 15 00	0 00	5720 00	08/02	5720 00	0 00	0 00	5720 00	d
ROOF REPLACEMENT												
000009	07/01/87	5200 00	SLMM	P 10 00	0 00	5200 00	08/02	5200 00	0 00	0 00	5200 00	d
ROOF REPAIRS												
000010	04/01/92	2537 49	SLMM	P 10 00	0 00	2537 49	08/02	2473 79	0 00	63 44	2537 23	d
NEW FURNACE(219)												
000011	11/01/92	600 00	SLMM	P 05 00	0 00	600 00	08/02	600 00	0 00	0 00	600 00	d
BLINDS (ADDITION)												
000012	12/01/92	1240 00	SLMM	P 05 00	0 00	1240 00	08/02	1240 00	0 00	0 00	1240 00	d
BLINDS (OLD SECTION)												
000013	07/01/92	4200 00	SLMM	P 10 00	0 00	4200 00	08/02	3990 00	0 00	210 00	4200 00	d
ARCHITECT FEES												
000014	10/01/92	140450 31	SLMM	P 20 00	0 00	140450 31	08/02	64958 22	0 00	4681 68	69639 90	d
BLDG REMODELING												
000015	01/01/93	375 00	SLMM	P 05 00	0 00	375 00	08/02	375 00	0 00	0 00	375 00	d
WATER HEATER												
000016	01/01/93	654 00	SLMM	P 05 00	0 00	654 00	08/02	654 00	0 00	0 00	654 00	d
BLINDS, BATHS/SUP ROOM												
000017	02/01/93	3600 00	SLMM	P 10 00	0 00	3600 00	08/02	3210 00	0 00	240 00	3450 00	d
NEW ROOF (219)												
000018	06/01/93	760 00	SLMM	P 05 00	0 00	760 00	08/02	760 00	0 00	0 00	760 00	d
PANIC BARS-ALL DOORS												
000019	09/01/93	724 00	SLMM	P 05 00	0 00	724 00	08/02	724 00	0 00	0 00	724 00	d
WATER PIPES/PUMP BASEMT												
000020	05/01/94	2050 00	SLMM	P 05 00	0 00	2050 00	08/02	2050 00	0 00	0 00	2050 00	d
REPL COPING CAP												
000021	03/01/95	116912 90	SLMM	P 20 00	0 00	116912 90	08/02	39944 63	0 00	3897 10	43841 73	d
REMODEL-219-LOWER LEVEL												
000047	02/16/99	985 00	SLMM	P 20 00	0 00	985 00	08/02	139 54	0 00	32 83	172 37	d
INTERIOR DOOR-LOBBY												
Count=	17	-----										
G/L Expense Acct No BLDG-IMPR												
		292811 78			0 00	292811 78		138842 26	0 00	9125 05	147967 31	
Less disposals		292811 78			0 00	292811 78		138842 26			147967 31	
-----												
Net		0 00			0 00	0 00		0 00	0 00	9125 05	0 00	
-----												
000001	01/01/70	62000 00	SLMM	P 20 00	0 00	62000 00	08/02	62000 00	0 00	0 00	62000 00	d
BUILDING-143												
000002	05/01/76	570 00	SLMM	P 13 00	0 00	570 00	08/02	570 00	0 00	0 00	570 00	d
TITLE & LEGAL FEES												
000003	08/01/91	62180 50	SLMM	P 40 00	0 00	62180 50	08/02	16192 80	0 00	1036 34	17229 14	d



# THE PORTAGE FOUNDATION DEPRECIATION EXPENSE REPORT

as of 12/31/2002

SYS No	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salvage/ Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
BUILDING-219												
000005	10/01/95	1590 00	SLMM	P 10 00	0 00	1590 00	08/02	993 75	0 00	106 00	1099 75	d
NEW WINDOWS												
Count= 4 -----												
G/L Expense Acct No BUILDINGS												
		126340 50			0 00	126340 50		79756 55	0 00	1142 34	80898 89	
Less disposals		126340 50			0 00	126340 50		79756 55			80898 89	
-----												
Net		0 00			0 00	0 00		0 00	0 00	1142 34	0 00	
000026	09/16/98	239 76	SLMM	P 10 00	0 00	239 76	12/01	77 93	23 98	23 98	101 91	
QUEEN ANNE CHAIR-CHERRY2												
000027	09/16/98	219 88	SLMM	P 10 00	0 00	219 88	12/01	71 47	21 99	21 99	93 46	
QUEEN ANNE WRITING DESK												
000028	09/16/98	919 88	SLMM	P 10 00	0 00	919 88	12/01	298 97	91 99	91 99	390 96	
TRAD KNEESPACE CREDENZA												
000029	09/16/98	519 88	SLMM	P 10 00	0 00	519 88	12/01	168 97	51 99	51 99	220 96	
EXEC AMOUR GOOSE NECK												
000030	10/26/98	75 53	SLMM	P 10 00	0 00	75 53	12/01	23 92	7 55	7 55	31 47	
USED 6 FT CREDENZA												
000031	10/26/98	156 45	SLMM	P 10 00	0 00	156 45	12/01	49 56	15 65	15 65	65 21	
USED 4 FT CREDENZA												
000032	10/26/98	75 53	SLMM	P 10 00	0 00	75 53	12/01	23 92	7 55	7 55	31 47	
(6) HIGH BACK CHAIRS-USED												
000033	10/26/98	231 99	SLMM	P 10 00	0 00	231 99	12/01	73 47	23 20	23 20	96 67	
USED LOVESEAT												
000034	10/26/98	168 48	SLMM	P 10 00	0 00	168 48	12/01	53 36	16 85	16 85	70 21	
GLASS TOP CABINET (USED)												
000035	10/26/98	48 67	SLMM	P 10 00	0 00	48 67	12/01	15 42	4 87	4 87	20 29	
72" TABLE W/DRAWERS-USED												
000036	10/26/98	157 25	SLMM	P 10 00	0 00	157 25	12/01	49 81	15 73	15 73	65 54	
6 FT CREDENZA-USED												
000037	10/26/98	101 79	SLMM	P 10 00	0 00	101 79	12/01	32 25	10 18	10 18	42 43	
(2) USED WOODEN CABINETS												
000038	10/26/98	552 60	SLMM	P 10 00	0 00	552 60	12/01	174 99	55 26	55 26	230 25	
(12) USED SWIVEL CHAIRS												
000039	10/26/98	72 71	SLMM	P 10 00	0 00	72 71	12/01	23 02	7 27	7 27	30 29	
USED BOARD TABLE/BRASS LA												
000040	09/24/98	36 80	SLMM	P 10 00	0 00	36 80	12/01	11 96	3 68	3 68	15 64	
GLASS TOP-DESK												
000041	12/05/98	220 00	SLMM	P 10 00	0 00	220 00	12/01	67 83	22 00	22 00	89 83	
MIRROR & PICTURE												
000042	12/07/98	362 00	SLMM	P 10 00	0 00	362 00	12/01	111 62	36 20	36 20	147 82	
COFFEE & END TABLES/LAMPS												
000048	04/13/99	63 42	SLMM	P 10 00	0 00	63 42	12/01	17 44	6 34	6 34	23 78	
SMALL CONF TABLE												
000049	08/04/99	150 00	SLMM	P 10 00	0 00	150 00	12/01	36 25	15 00	15 00	51 25	

# THE PORTAGE FOUNDATION DEPRECIATION EXPENSE REPORT

as of 12/31/2002

SYS No	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salvage/ Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
GLASS TABLES												
000050	11/16/99	110 00	SLMM	P 10 00	0 00	110 00	12/01	22 93	11 00	11 00	33 93	
2 DRAWER FILE CAB - LATERAL												
Count= 20 -----												
G/L Expense Acct No FURN-FIXT												
		4482 62			0 00	4482 62		1405 09	448 28	448 28	1853 37	
Less disposals		0 00			0 00	0 00		0 00			0 00	
-----												
Net		4482 62			0 00	4482 62		1405 09	448 28	448 28	1853 37	
000022	06/01/77	2080 00	SLMM	P 10 00	0 00	2080 00	08/02	2080 00	0 00	0 00	2080 00	d
ASPHALT SURFACING												
000023	11/01/79	1300 00	SLMM	P 10 00	0 00	1300 00	08/02	1300 00	0 00	0 00	1300 00	d
ASPHALT SURFACING												
000024	11/01/91	20275 00	SLMM	P 10 00	0 00	20275 00	08/02	20103 58	0 00	0 00	20103 58	d
DRIVEWAY-LOT												
000025	01/01/93	502 18	SLMM	P 10 00	0 00	502 18	08/02	451 96	0 00	33 48	485 44	d
SHRUBS												
000044	12/14/98	323 83	SLMM	P 10 00	0 00	323 83	08/02	99 84	0 00	21 59	121 43	d
SIGN												
000045	09/27/98	1985 00	SLMM	P 10 00	0 00	1985 00	08/02	645 13	0 00	132 33	777 46	d
LANDSCAPING												
Count= 6 -----												
G/L Expense Acct No LAND IMPR												
		26466 01			0 00	26466 01		24680 51	0 00	187 40	24867 91	
Less disposals		26466 01			0 00	26466 01		24680 51			24867 91	
-----												
Net		0 00			0 00	0 00		0 00	0 00	187 40	0 00	
000004	10/01/97	637 96	SLMM	P 05 00	0 00	637 96	12/01	542 26	95 70	95 70	637 96	d
FAX MACHINE												
000043	09/14/98	1350 00	SLMM	P 05 00	0 00	1350 00	12/01	900 00	270 00	270 00	1170 00	d
COMPUTER AVANIA 1300												
000046	09/14/98	74 16	SLMM	P 05 00	0 00	74 16	12/01	49 43	14 83	14 83	64 26	d
4-LINE PHONE												
000051	05/13/02	346 16	SLMM	P 05 00	0 00	346 16	00/00	0 00	46 16	46 16	46 16	
Monitor & Fax												
Count= 4 -----												
G/L Expense Acct No OFFICE EQP												
		2408 28			0 00	2408 28		1491 69	426 69	426 69	1918 38	
Less disposals		2062 12			0 00	2062 12		1491 69			1872 22	
-----												
Net		346 16			0 00	346 16		0 00	426 69	426 69	46 16	
Count= 51 -----												
Grand Total												
		452509 19			0 00	452509 19		246176 10	874 97	11329 76	257505 86	

# THE PORTAGE FOUNDATION DEPRECIATION EXPENSE REPORT

as of 12/31/2002

SYS No	In Svc Date	Acquired Value	Dep Meth	P Est T Life	Salvage/ Sect 179	Depreciable Basis	Prev Thru	Prior Accum Depreciation	Depreciation This Run	Current Year to Date	Curr Accum Depreciation	Key
Less disposals		447680 41			0 00	447680 41		244771 01			255606 33	
Net		4828 78			0 00	4828 78		1405 09	874 97	11329 76	1899 53	

## ----- Calculation Assumptions -----

Book	Short Years	Midquarter Convention	Adjustment Convention
Internal	[N]	[N]	None

## ----- Asset Grouping/Sorting -----

Group BLDG-IMPR

Include Assets that meet the following conditions

All FAS Assets

Sort Assets by

G/L Expense Acct No in ascending order and report subtotals

## ----- Key -----

d Asset has been disposed of

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☐ **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE PORTAGE FOUNDATION</b>	Employer identification number <b>34 1176817</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>143 GOUGLER AVE</b>	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>KENT, OHIO 44240</b>	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐ If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 17,** , 20**03**
- 5 For calendar year **02** , or other tax year beginning , 20... and ending , 20...
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**THE INFORMATION NEEDED TO COMPLETE THE RETURN IS NOT YET AVAILABLE**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **0**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ **0**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **0**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**AUG 15 2003**

Signature ▶

Title ▶ **CPA**

Date ▶

**Notice to Applicant—To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_

Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>ESCOTT &amp; COMPANY</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>P.O. BOX 609</b>
	City or town, province or state, and country (including postal or ZIP code) <b>KENT, OHIO 44240</b>