Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No 1545-0047 2006

Depa Inter	artment of the Treasury nal Revenue Service	► The o	except black lun) rganization may have to use a	g benefit trust or private copy of this return to s		•	equirements.	Open to F Inspect	
A	For the 2006 cale	ndar year,	or tax year beginning	, 2006,	and e	ending		,	
В	Check if applicable Address change Name change	Please use IRS label or print or type. See	C THE <u>PORTAGE</u> FOUNDA 138 EAST MAIN STRE KENT, OH 44240				34-117 E Telephone n	umber	r
	Initial return Final return Amended return	specific instruc- tions.				03	F Accounting method: Other (s	specify)	X Accr
G	Meb site: ► N/A	charit (Form	on 501(c)(3) organizations and table trusts must attach a con n 990 or 990-EZ).	d 4947(a)(1) nonexempt npleted Schedule A		H and I are not applied H (a) Is this a group H (b) If 'Yes,' enter H (c) Are all affilia	ip return for affiliat r number of affiliat	tes? Yes	X
J	Organization type (check only one)	, •	X 501(c) 3 ◀ (insert n	o) 4947(a)(1) or	527		ch a list. See instru	uctions)	
K	gross receipts are	normally	nization is not a 509(a)(3) supp not more than \$25,000. A retu a return, be sure to file a com	oorting organization and	lits f the	organization I Group Ex	covered by a grou emption Num	p ruling? Yes	
L	Gross receipts. Add	lines 6b, 8	3b, 9b, and 10b to line 12	196,247.				90, 990-EZ, or 990-	
Pa	rt I Revenu	ie, Exper	nses, and Changes in No	et Assets or Fund I	Balar	ices (See the	ınstruction	าร.)	
	1 Contribution	is, gifts, gra	ants, and similar amounts reco	eived:					
			advised funds		1 a	+			
	b Direct public	: support (r	not included on line 1a)	•	1 b	2	,475.		
			(not included on line 1a)		10	+			
			ons (grants) (not included on l		1 ¢				
			2,475. noncash)		1 e	2	, 47
	1		iue including government fees	and contracts (from Pa	rt VII,	line 93)	2		
	'		assessments				3		
	4 Interest on s	savings and	d temporary cash investments	•			4		, 98
	5 Dividends a	nd interest	from securities			1	5	19	, 25
	6a Gross rents.				6a	+			
	b Less rental			• •	6 b) <u> </u>			
			loss) Subtract line 6b from lin	e 6a			6с		
Ŗ	7 Other invest	ment incor	me (describe	_	,	,) 7		
MCZM <m3< td=""><td></td><td></td><td>les of assets other</td><td>(A) Securities</td><td>_</td><td>(B) Othe</td><td>r</td><td></td><td></td></m3<>			les of assets other	(A) Securities	_	(B) Othe	r		
Ň	than invento	-		168,541.	_	 			
Ĕ			sis and sales expenses .	169,434.	. 8b)			
	c Gain or (loss) (attach schedu	ile) STATEMENT 1	-893.	80				
	9 Special even a Gross reven reported on	nts and act nue (not inc line 1b)		y amount is from gamir of contributions	9 a	<u> </u>	8d		<u>-89</u>
			other than fundraising expens		91	<u> </u>			
			om special events. Subtract li		1	I	. 9с		
			ry, less returns and allowance	S	10 a			,	
	b Less. cost o	•			10 b	<u> </u>			
			ales of inventory (attach schedule) Su	btract line 10b from line 10a			10c		
		-	art VII, line 103)				11		
			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11			12		, 81
_		-	n line 44, column (B))			RECEIVE	$\begin{array}{c c} 13 \\ \hline \end{array}$, 17
Ę,	14 Managemer	I and done		X X			1214	10	,10
E P	_	_	eral (from line 44, column (C))				1453		^-
EXPER	15 Fundraising	(from line	44, column (D))		Γ.	പപ് കെ ഉദ	515	4	, 27
EXPERSE	15 Fundraising 16 Payments to	(from line o affiliates	44, column (D)) (attach schedule)		\$.	JUL 2 0 20	07 015		
EXPENSES	15 Fundraising16 Payments to17 Total expen	(from line o affiliates ises. Add li	44, column (D))	·	\$00 P	JUL 2 0 20	07 015 016 1017	22	, 27 2, 56

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at beginning of year (from line 73, column (A))

20

21

SEE STATEMENT 2

504,182.

21,114.

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. Part II Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I (B) Program (C) Management (A) Total (D) Fundraising services and general 22a Grants paid from donor advised funds (attach sch) non-cash If this amount includes foreign grants, check here 22 a 22 b Other grants and allocations (att sch) SEE STM 3 \$ (cash 4,621. \$ non-cash If this amount includes foreign grants, check here 22 b 4,621 4,621 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25 a Compensation of current officers. directors, key employees, etc listed in Part V-A (attach sch) 0. 0. 0. 0. 25 a **b** Compensation of former officers. directors, key employees, etc listed in Part V-B (attach sch) 25 b 0. 0. 0. 0. c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0. 0. (attach schedule) 25 c 0. Salaries and wages of employees not 26 26 included on lines 25a, b, and c 27 Pension plan contributions not 27 included on lines 25a, b, and c Employee benefits not included on lines 25a - 27 28 28 29 Payroll taxes 29 30 Professional fundraising fees 30 2,000. 2,000. 31 Accounting fees 31 32 Legal fees 32 845 761 33 Supplies 33 84 562. 156. 156 34 Telephone 34 250 35 Postage and shipping 35 6,200 4,650 36 Occupancy 36 1,550 94 94 37 Equipment rental and maintenance 37 93 931 838 38 Printing and publications 38 39 Travel 39 40 Conferences, conventions, and meetings 40 41 41 42 518 389 129 42 Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize): a BANK SERVICE CHARGES 43 a 54 **b** CONTRACT SERVICES 43 b 4,250 3,400 425 425. INSURANCE 285. 43 c 1,285. 43 d 200 200 43 e 43 f 43 g Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) 10,107 22,560 8,177 4,276. Joint Costs. Check ▶ I If you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes X No ; (ii) the amount allocated to Program services If 'Yes,' enter (i) the aggregate amount of these joint costs \$ Ś and (iv) the amount allocated ; (iii) the amount allocated to Management and general to Fundraising

D	0/ 1	gram Service Accom	17 - 1 1-
Part III	I Statement of Dro	Mram Sanuca Accom	niichmentc
	I Statelliell of Fit	dialii Jeivice Accolli	DIISIIIICIIC

	rogram Service Accomp			
lease make sure the return is	s complete and accurate and fu	ople, serves as the primary or sole south cases may be determined by the infully describes, in Part III, the organizat	irce of information abo formation presented o ion's programs and ac	out a particular n its return Therefore, complishments.
What is the organization's printly organizations must describilients served, publications issuezations and 4947(a)(1) nonexi	nary exempt purpose? A e their exempt purpose achieve ed, etc. Discuss achievements that empt charitable trusts must als	COMMUNITY FOUNDATION ements in a clear and concise manner at are not measurable (Section 501(c)(3) o enter the amount of grants and alloc	. State the number of and (4) organ-cations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a THROUGH ORGANIZ PRUDENT MANAGER	ED PHILANTHROPY, PE	RFORM AS A RESPONSIBLE S S AND BEQUESTS WHICH ENR	OLICITOR AND	
) If this amount includes foreign grants,		8,177.
(Grants and allocations	\$) If this amount includes foreign grants,	check here	
(Grants and allocations	\$) If this amount includes foreign grants,	check here . ►	
d	·			
(Grants and allocations e Other program services	\$) If this amount includes foreign grants,	check here	
(Grants and allocations	\$) If this amount includes foreign grants,	check here	
f Total of Program Service	e Expenses (should equal line	44, column (B), Program services)	•	8,177.

BAA

Form 990 (2006)

Balance Sheets (See the instructions.)

Part IV

(B) End of year (A) Where required, attached schedules and amounts within the description Beginning of year column should be for end-of-year amounts only. 2,287. 145,765 45 Cash - non-interest-bearing. 46 Savings and temporary cash investments. 47a Accounts receivable. 47 a 47 b 47 c **b** Less: allowance for doubtful accounts 6,652 48a Pledges receivable 48 a 552 6,649 48 c 6,100. **b** Less allowance for doubtful accounts 48b 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b 51 a Other notes and loans receivable 51 a (attach schedule) 51 b 51 c **b** Less: allowance for doubtful accounts 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 53 400. 54 a 54a Investments - publicly-traded securities Cost **FMV** 239,503 54 b 410,521 b investments - other securities (attach sch) **FMV** 55 a Investments - land, buildings, & equipment: basis 55 a b Less: accumulated depreciation 55 b 55 c (attach schedule) 113,013 56 109,878. Investments - other (attach schedule) 4,829 57a Land, buildings, and equipment: basis 57 a b Less: accumulated depreciation STATEMENT 4 859. 3,970 1,377 57 c 57b 58 Other assets, including program-related investments 10. 10 SEE STATEMENT 5 58 506,317. 530,055. 59 Total assets (must equal line 74). Add lines 45 through 58 59 Accounts payable and accrued expenses 2,135 60 506. 60 61 61 Grants payable 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees (attach schedule) 63 64 a 64a Tax-exempt bond liabilities (attach schedule) 64 b **b** Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe > 506. 2,135 Total liabilities. Add lines 60 through 65 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 226,256 67 220,115. Unrestricted 67 56,002. 49,952. 68 Temporarily restricted 227,974. 253*.*432. 69 69 Permanently restricted . . Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 529,549. 72 (Column (A) must equal line 19 and column (B) must equal line 21) 504,182 73 Total liabilities and net assets/fund balances. Add lines 66 and 73 506,317 74 530,055.

	rm 990 (2006) THE PORTAGE FOUND			34-11		
<u>P</u>	art·IV-A Reconciliation of Revenue instructions.)	e per Audited Financial	Statements with F	Revenue per Retu	ırn (S	ee the
_	Tabel accounts to the second allows are a		-4-			E0 222
a	Total revenue, gains, and other support	•	nts	•	a	58,332.
b	Amounts included on line a but not on P	art I, line 12:	امد ا	21 510	1	
	1Net unrealized gains on investments	•	b1	31,519.		
	2Donated services and use of facilities		. <u>b2</u>	·		
	3Recoveries of prior year grants		<u>b3</u>			
	4Other (specify):				1	
			<u> b4 </u>		-	21 510
	Add lines b1 through b4	•		· —	<u>b</u>	31,519.
C	Subtract line b from line a			ļ -	<u> </u>	
đ	Amounts included on Part I, line 12, but		اور ا			
	1 Investment expenses not included on Pa		d1			
	2Other (specify)				1	
	Add lines d1 and d2		d2		_	
_			•	<u>.</u> -	d e	26,813.
Ē	Total revenue (Part I, line 12). Add lines art IV-B Reconciliation of Expense	s por Audited Financia	I Statements with	1	-1	20,013.
<u></u>	art IV-B Reconciliation of Expense	es per Addited Financia	a Statements With	Expenses per A	l	. .
_	Total expenses and losses per audited fi	nancial statements			a	22,560.
a b	Amounts included on line a but not on P		•	F	<u> </u>	22,300.
U	1 Donated services and use of facilities	art i, line 17	ь1			
	2Prior year adjustments reported on Part	L line 20	b2			
			b3		1	
		·	03			
	4Other (specify)		_{b4}			
_	Add lines b1 through b4 Subtract line b from line a	• •	•	<u> -</u>	c	22,560.
c d		not on line of		-	-	22,300.
u	1 Investment expenses not included on Pa		d1		Ì	
	0011					
	2Other (specify):		_{d2}			
	Add lines d1 and d2		<u>uzl</u>		d	
_	Total expenses (Part I, line 17) Add line	es c and d	•	▶	e	22,560.
مًا						
Ŀ	Current Officers, Director	ring the year even if they we	re not compensated.) (i person who was an See the instructions)	onicer.	, affector, trustee,
_	or noy omproyee at any time as	(B) Title and average hours	(C) Compensation	(D) Contributions to		(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefit	l a	ccount and other
	(v) Hame and address	to position	enter -0-)	plans and deferred compensation plan		allowances
ĸ	EVIN LEWIS	PRESIDENT	0.	0		0.
		11001001	ļ			•
-						
<u> </u>			 	1	. —	

TREASURER EXECUTIVE DIREC 0.

Form 990 (2006) THE PORTAGE FOUNDATIO			34-1176817	<u> </u>	Р	age 6
Part V-A Current Officers, Directors, Tru	istees, and Key En	nployees (continue	d)		Yes	No
75 a Enter the total number of officers, directors, and trustees	permitted to vote on organizati	ion business as board meeting	s ►_3	_		
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relations.	nsated professional and Joh family or business i	d other independent cor	ntractors listed in Schedule	75 b		х
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation from	nsated professional and n any other organizatio	d other independent cor ns, whether tax exempt	ntractors listed in Schedule			
to the organization? See the instructions for t	he definition of 'related	organization'	••	75 c		X
If 'Yes,' attach a statement that includes the i		the instructions.		ļ ļ		
d Does the organization have a written conflict			·	75 d	<u> X</u>	لــــا
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions)	or, trustee, or kev emp	lovee received compen-	sation or other benefits (des	cribed l	below in. Sec	e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit ac plans and deferred compensation plans	(E) Ex ecount a allowa		ther
NONE						
					_	
Part VI Other Information (See the mot	ruotiono)					·
Part VI Other Information (See the Inst				\dashv	Yes	No
76 Did the organization make a change in its act if 'Yes,' attach a detailed statement of each c		inducting activities?		76		х
77 Were any changes made in the organizing or	governing documents b	out not reported to the I	RS? .	77		Х
If 'Yes,' attach a conformed copy of the chang						
78a Did the organization have unrelated business		or more during the year	ar covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on Form 990-	F for this year?		•	78b	N/	A
79 Was there a liquidation, dissolution, terminating year? If 'Yes,' attach a statement	on, or substantial contra	action during the		79		х
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	80 a		х
b If 'Yes,' enter the name of the organization						
81 a Enter direct and indirect political expenditures			xempt or nonexempt			
b Did the organization file Form 1120-POL for the		ווכ.)	81a 0	81 b		Х
BAA	no year:				990 ((2006)

Form **990** (2006)

Form	990 (2006) THE PORTAGE FOUNDATION	34-1176817		Р	age 7
Pa	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or at	82 a		<u>X</u>
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.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption		83 a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contrib	· ·	83 b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .		84 a]	X
ь	If 'Yes,' did the organization include with every solicitation an express statement that such c	ontributions or gifts were			
	not tax deductible?		84 b	N.	
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members	?		N,	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. ,	85 b	N,	<u>'A</u>
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless t waiver for proxy tax owed for the prior year	he organization received a			
C	Dues, assessments, and similar amounts from members	85 c N/A			ı İ
d	Section 162(e) lobbying and political expenditures	85 d N/A			ıÌ
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices				
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			<u>. </u>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N	<u>'A</u>
ł	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85 h	N,	<u>'A</u>
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on		1		
	line 12				ı İ
	Gross receipts, included on line 12, for public use of club facilities	the use of materials, equipment, or facilities at no charge or at sensitivities at no charge or at			
87	501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a N/A			
t	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			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable	corporation or partnership,			
	If 'Yes,' complete Part IX	701-2 and 301,7701-37	88 a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entities section 512(b)(13)? If 'Yes,' complete Part XI	ty within the meaning of	88 b		Х
	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year u				
	section 4911 ►	955 ►0.			
	during the year or did it become aware of an excess benefit transaction from a prior year? If	ss benefit transaction f 'Yes.' attach a statement			
	explaining each transaction	, ver, and on a crane men	89 b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during tyear under sections 4912, 4955, and 4958.	the O.			
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax shelter transaction?	89e		Х
f	All organizations Did the organization acquire a direct or indirect interest in any applicable i	nsurance contract?	89f		Х
_	For a manufacture are manufacture and an analysis are a manufacture and a manufacture at a second and a second a second and a second and a second and a second and a second an	D 4 11			
y	organization, or a fund maintained by a sponsoring organization, have excess business hold	ings at any time during			<u> </u>
	the year?		89 g		<u> </u>
90 a	List the states with which a copy of this return is filed ► _ OH				
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	ļ			0
91 a	The books are in care of ► ERIC HUMMEL Telephone nu	ımber ► <u>330-296-731</u>	.6		
	Located at > 127 EAST MAIN STREET RAVENNA OHIO,	ZIP + 4 ► 44266	; 		
L	At any time during the calendar year, did the expensation have an interest in an interest in	or other authority	[Yes	No
L	financial account in a foreign country (such as a bank account, securities account, or other f	inancial account)?	91 b		Х
	If 'Yes,' enter the name of the foreign country	·			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			

Form 990 (2006)

BAA

	2006) THE PORTAGE FOUNDA				34-1176	817 Page 8
Part VI	Other Information (continue	ed)				Yes No
· c At any	y time during the calendar year, did	d the organizat	ion maintain an offic	e outside of the l	Jnited States?	91 c X
If 'Yes	s,' enter the name of the foreign count	ry >				
	on 4947(a)(1) nonexempt charitable					N/A ► 🗌
and e	nter the amount of tax-exempt inte	rest received o	or accrued during the	e tax year.	. ▶ 92	N/A
Part VII	Analysis of Income-Produc	ing Activitie	es (See the insti			
		Unrelated	business income	Excluded by se	ection 512, 513, or 514	(F)
Note: Enter otherwise in	r gross amounts unless ndicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
	gram service revenue.					
				-	 	
_						
ď						
				-		
f Med	dicare/Medicaid payments					
	& contracts from government agencies					
-	mbership dues and assessments					
	est on savings & temporary cash invmnts					5,980.
	idends & interest from securities					19,251.
97 Net (rental income or (loss) from real estate					
	ot-financed property					
b not	debt-financed property.					
98 Net	rental income or (loss) from pers prop .					
99 Oth	er investment income					
100 Gai	n or (loss) from sales of assets er than inventory					-893.
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory	İ				
	ner revenue. a					
	ici revenue u					-
е						
104 Sub	total (add columns (B), (D), and (E))					24,338.
	tal (add line 104, columns (B), (D),	and (E)).	······································		•	24,338.
	105 plus line 1e, Part I, should equ		on line 12, Part I.			
Part VIII	Relationship of Activities t	o the Accor	nplishment of E	xempt Purpos	es (See the instruc	tions.)
Line No.	Explain how each activity for which of the organization's exempt purp	th income is re	ported in column (E) of Part VII contr	ributed importantly to th	e accomplishment
95	AS A COMMUNITY FOUNDA			 		S CIFTS &
95	BEQUESTS TO PROVIDE F					O GILIO &
96	SAME AS LINE 95	ONDING OF	VARIOUS CITAL	VIIIES & IN	OGIAND.	
100	SAME AS LINE 95					
Part IX	Information Regarding Tax	able Subsic	liaries and Disre	garded Entitie	es (See the instruc	tions)
	(A)	(B)		(C)	(D)	(E)
Nome	• •	1 ' '		. ,	Total	' '
name, par	address, and EIN of corporation, tnership, or disregarded entity	Percentage ownership int		of activities	income	End-of-year assets
N/A	<u> </u>	1	8	_		
.		-	8			
			%			
			્ર			
Part X	Information Regarding Tra	nsfers Asso	ciated with Per	sonal Benefit	Contracts (See the	: instructions.)
a Did the	e organization, during the year, receive any fu	unds, directly or in	directly, to pay premiums	on a personal benefit	contract?	Yes X No
b Did tl	he organization, during the year, pa	ay premiums, c	lirectly or indirectly,	on a personal be	nefit contract?	Yes X No
Note: /	If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see	instructions).			oz Form 990 (2006)
DAA					TEFA01081 04/04/	a/ rofffi ssu (7006)

Par	Information Regarding Transfers To organization is a controlling organization	and From Controlled Er tion as defined in section	ntities. Complete only if 512(b)(13).	the
				Yes No
106	Did the reporting organization make any transfers 'Yes,' complete the schedule below for each control	to a controlled entity as define olled entity	d in section 512(b)(13) of the	Code? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а		_		
b		-		
С				
	Totals			
107	Did the reporting organization receive any transfer 'Yes,' complete the schedule below for each control.	s from a controlled entity as d	efined in section 512(b)(13) o	f the Code? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a 				
b				
c		. – .		
	Totals			
108	Did the organization have a binding written contract annuities described in question 107 above?	ct in effect on August 17, 2006	, covering the interest, rents,	royalties, and X
Plea Sigr Here	Supnature of officer	return, including accompanying schedul in officer) is based on all information of v	es and statements, and to the best of m which preparer has any knowledge 7-/ Date	ly knowledge and belief, it is $g-g$
Paid Pre- pare Use Only	Preparer's signature AL STEFANOV Firm's name (or yours if self-employed), 628 SOUTH WATER STR		self- employed ► EIN ► 30-	Preparer's SSN or PTIN (See General Instruction W) P00358511 -0220579 330) 673-4819
BAA			<u></u>	Form 990 (2006)

SCHĘDULĘ A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

THE PORTAGE FOUNDATION 34-1176817 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred (c) Compensation (a) Name and address of each (b) Title and average (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services [Part II - B] Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving

over \$50,000 for other services

Schedule A (Form 990 or 990-EZ) 2006 THE PORTAGE FOUNDATION	34-1176817	F	age 2
Part III Statements About Activities (See Instructions.)		Yes	No
During the year, has the organization attempted to influence national, state, or local legislation, includ to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses pa or incurred in connection with the lobbying activities N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	ild .	1	x
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed descr lobbying activities.	· · · · · · · · · · · · · · · · · · ·		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts substantial contributors, trustees, directors, officers, creators, key employees, or members of their fan taxable organization with which any such person is affiliated as an officer, director, trustee, majority of beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	nilies, or with any wner, or principal		
a Sale, exchange, or leasing of property?	-	2a	x
b Lending of money or other extension of credit?		2b	X
c Furnishing of goods, services, or facilities?	_	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_	2d	X
e Transfer of any part of its income or assets?	L	2e	x
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)		3a	X
b Did the organization have a section 403(b) annuity plan for its employees?		3Ь	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		3с	x
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation se	rvices?	3d	Х
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' 4f and 4g		4a	x
b Did the organization make any taxable distributions under section 4966?		4b N.	/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		4c N	/A
d Enter the total number of donor advised funds owned at the end of the tax year	-		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding don funds included on line 4d) where donors have the right to provide advice on the distribution or investment amounts in such funds or accounts.	or advised nent of		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the	tax year ►		0.

Total ► 0.

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

14

BAA

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 THE PORTAGE FOUNDATION 34-1176817 Page 4 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 **(e)** Total (a) 2005 (c) 2003 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 50,769 5,353. 1,025 26,401 83,548. 16 Membership fees received 0. 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 5,696 5,696. charitable, etc, purpose Gross income from interest, dividends, 18 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 organ-8,280 10,883 12,449 7,767 39,379. ization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 -8,527-8,527. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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. 0. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Ο. 13,474 16,236 120,096. Total of lines 15 through 22 64,745 25,641 24 Line 23 minus line 17 59,049 16,236 13,474 25,641 114,400. 25 Enter 1% of line 23 647. 162 135 256 26 a 2,288. 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e). 26 c 114,400. d Add Amounts from column (e) for lines. 18 26 d 30,852. e Public support (line 26c minus line 26d total) 26 e 83,548. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 73.03 % 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: (2004) ____ (2003) ___ (2002) ___ bFor 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 11b, 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. differences (the excess amounts) for each year: ____ (2004) _ _ _ c Add: Amounts from column (e) for lines 15 16 d Add. Line 27a total and line 27b total 27 d e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test Enter amount from line 23, column (e). . > 27f

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.

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))

27 g 27 h 왕

웅

•	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
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		
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?	7-2		
31		/ 30_	<u> </u>	
	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.)			
	Does the organization maintain the following:		 -	<u> </u>
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	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.			
i	a Students' rights or privileges?	33 a		
ا	b Admissions policies?	33 b		
,	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33e		
!	f Use of facilities?	33f		
,	g Athletic programs?	33 g		
ا	h Other extracurricular activities?.	33 h		 ;
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
34	a 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?	34 b		
	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		
RΔ		0 01 0	20 57	2006

	(To be complet	ed ONLY by an eligible	organization that filed I	Form 5768)					N/A
Chec	ck - a I If the organi	zation belongs to an aff	iliated group. Check	b lif you	u checke	d 'a' and 'l	imited	contro	ol' provisions apply
		imits on Lobbying	•	ed.)		Affiliate tot	d group		(b) To be completed for all electing organizations
36	Total lobbying expendit	ures to influence public	opinion (grassroots lob	bying)	36				
37	Total lobbying expendit			ying).	37				
38	Total lobbying expendit	ures (add lines 36 and 3	37)		38				
39	Other exempt purpose	*		•	39				
40	Total exempt purpose e	•	•		40				
41	Lobbying nontaxable ar								
	If the amount on line 40		lobbying nontaxable a		1			1	
	Not over \$500,000		of the amount on line		1				
	Over \$500,000 but not over \$1		000 plus 15% of the excess o						
	Over \$1,000,000 but not over \$		000 plus 10% of the excess o	1	41				
	Over \$1,500,000 but not over \$		000 plus 5% of the excess ov	er \$1,500,000	1 1			l	
40	Over \$17,000,000		00,000.						
	Grassroots nontaxable	-	•		42				
43 44	Subtract line 42 from lin				43				
44	Subtract line 41 from lin			ilo Enra 4720	44			- +	
	Caution: If there is an a							<u></u>	
	(Some organ	iizations that made a se	Averaging Period lection 501(h) election do the instructions for line	o not have to co	omplete	(h) all of the fi	ve colu	ımns l	oelow.
	Lobbying Expenditures During 4 -Year Averaging Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004			d) 003		(e) Total
45	Lobbying nontaxable amount					•	·		
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount.								
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures					··			
Par	t VI-B Lobbying A (For reporting of	ctivity by Nonelect only by organizations th	ing Public Charitie at did not complete Pa	:S rt VI-A) (See in	struction	ns.)			N/A
Durii atter	ng the year, did the orga mpt to influence public o	nization attempt to influ pinion on a legislative r	uence national, state or natter or referendum, th	local legislation prough the use	n, includ of:	ing any	Yes	No	Amount
	a Volunteers		•				\vdash		
	Paid staff or management	ent (Include compensat	ion in expenses reporte	ed on lines c thi	rough h .)	 		
	Media advertisements.					•	$\sqcup \bot$		
	d Mailings to members, le	- '					$\sqcup \downarrow$		
	Publications, or publish						\sqcup		
	Grants to other organiz	, , ,			•		\longmapsto	 ↓	
	g Direct contact with legis			-			 		<u></u>
	h Rallies, demonstrations			or any other me	ans		┝╼┵		
1	Total lobbying expendit				, 		L	i	
RΔΔ	If 'Yes' to any of the abou	ve, also attach a stateme	nt giving a detailed descr	iption of the lobb	bying act		l - l A	(Fa:::	200 or 000 EZ) 2006

Page 7

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the Code (other than section	on 501(c)(3)	organizations) or in section 527, rela	ating to political organizations?	Jeu III Jecti	011 50	(6)
		o a noncharitable exempt organizat			Yes	No
(i)Cash	•			51 a (i)		X
(ii)Other assets				a (ii)		X
b Other transactions:						
(i)Sales or exchanges of as	sets with a n	oncharitable exempt organization		b (i)		X
(ii)Purchases of assets from		· ·		b (ii)		<u>x</u>
(iii)Rental of facilities, equip		` '		b (iii)		X
(iv)Reimbursement arranger	-	. 435516		b (iv)		X
(v)Loans or loan guarantees		•	•	b (v)		X
•		ip or fundraising solicitations		b (vi)		$\frac{x}{x}$
		sts, other assets, or paid employees	•	C		X
d If the answer to any of the al the goods, other assets, or s	pove is 'Yes,' ervices given	complete the following schedule. Complete the following schedule. Complete the reporting organization. If the	olumn (b) should always show the fair or organization received less than fair or goods, other assets, or services received.		ue of	
(a) (b)		how in column (d) the value of the column (c) noncharitable exempt organization	(d)			
Line no Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	d sharing arrai	ngemen	:S
N/A						
					_	
	 					
					_	
	 		 			
	 					
						
			<u> </u>			
		filiated with, or related to, one or mo ther than section 501(c)(3)) or in se	ore tax-exempt organizations oction 527?	► ☐ Ye	s X	No
b If 'Yes,' complete the following	ng schedule:					
(a) Name of organization		(b) Type of organization	Description of relation	nshin		
		Type of organization	Description of relation			
N/A						
						
	·					
			 			
			 			
				_		
			 			
		<u> </u>	<u> </u>			

2006	FEDERAL STATEMENTS	PAGE '
	THE PORTAGE FOUNDATION	34-117681
STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONII	NVENTORY SALES	
PUBLICLY TRADED SECURITI	ES	
GROSS SALES PRICE: COST OR OTHER BASIS:	168,541. 169,434.	
	TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	s <u>\$ -893.</u>
	TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$ -893.
STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASS UNREALIZED GAIN ON INVES		\$ 21,114. \$ 21,114.
STATEMENT 3 FORM 990, PART II, LINE 22B OTHER GRANTS AND ALLOCATION		
DONEE'S NAME: AMOUNT GIVEN:	VARIOUS COMMUNITY ORGANIZATION	\$ 4,621
	TOTAL GRANTS AND ALLOCATION	NS \$ 4,62
STATEMENT 4 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUII	PMENT	
CATEGOR	ACCUM. BASIS DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 4,829. \$ 3,970. TOTAL \$ 4,829. \$ 3,970.	\$ 859. \$ 859.

TOTAL \$

DEPOSIT

. Form 8868

(Rev. April 2007)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If y	ou are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (not automatic) 3-Month Extension, complete only Part II (objete Part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension on a part II unless you have already been granted an automatic 3-month extension.	n page 2 o	f this foi	rm).		
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
	,	c) corporations required to file Form 990-T and requesting an automatic 6-month exter	nsion—che	k this b	ox and ► □		
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ncome tax returns.	7004 to req	uest an	extension of		
one o 8868 retur	of the re electroins, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month aut turns noted below (6 months for section 501(c) corporations required to file Form 990-T). nically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed and one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	. However, ns 990-BL, d signed pa	you can 6069, or ige 2 (Pa	not file Form 8870, group art II) of Form		
Type or print File by the due date for filing your		, , , ,		ployer identification number			
				1176817			
	ate for	Number, street, and room or suite no. If a P.O. box, see instructions. 143 GOUGLER AVE.					
return	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions KENT, OHIO 44240					
Chec	ck type	of return to be filed (file a separate application for each return):					
✓ Form 990 ☐ Form 990-T (corporation)				☐ Form 4720			
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust)				☐ Form 5227			
Form 990-EZ Form 990-T (trust other than above)				☐ Form 6069			
☐ Form 990-PF ☐ Form 1041-A				☐ Form 8870			
Tel If to lf to for the a list	ephone the orgathis is fo ne whole with the	rare in the care of ► ESCOTT & COMPANY LLC No ► (330) 673-4819 FAX No. ► (330) 673- nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN)_ e group, check this box ► □ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.	box	If and	this is attach		
1	until	st an automatic 3-month (6 months for a section 501(c) corporation required to file AUGUST 15 , 20.07, to file the exempt organization return for the organization organization's return for:					
► ☑ calendar year 20_06_or							
		tax year beginning, 20, and ending		,	20		
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	., 3a	\$	0.00		
b		pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax nts made. Include any prior year overpayment allowed as a credit.	х 3ь	\$	0.00		
С	Balanc deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen	it				
_). See instructions.	3c	<u> </u>	0.00		
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845 instructions.	53-EO and	Form 88	379-EO		