Department of the Treasury Internal Revenue Service

# SCANNED APR 0 1 2015

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

► Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public

<u>A</u> _	For the 2	U I S Calen	ar year, or tax year beginning	, 2013, a	na enam	<u>9</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
В	Check if app	licable	С				D Employer Identi			
	Address	s change	THE PORTAGE FOUNDATION				34-1176			
	Name o	change	138 EAST MAIN STREET				E Telephone numb	er		
	Initial re	eturn	KENT, OH 44240				330-474	-0480		
	Termina	ated								
	X Amende	ed return					G Gross receipts	\$ 610,	509.	
	Applica	tion pending	F Name and address of principal officer			H(a) Is this	a group return for sub	oup return for subordinates? Yes X No		
	_		SAME AS C ABOVE			H(b) Are al	I subordinates included attach a list (see ins	tructions) Yes	No	
ī	Tax-exem	pt status	X 501(c)(3) 501(c) ( )    (insert no.)	4947(a)(1) or	527			,		
J	Website	e: • N/				H(c) Group	exemption number	•		
ĸ	Form of o	rganization	Corporation Trust Association Other	L Yes	ar of formati	ion	M State of I	egal domicile		
Pa	int'l S	Summar	<i>I</i>							
	1 Brie	efly descri	pe the organization's mission or most significa	nt activities A	COMMUN	ITY FO	DUNDATION _			
ø.										
Š										
Activities & Governance										
8		eck this bo		perations or dispos	sed of mo	ore than :		sets	1.0	
න න	3 Nur	nber of vo	ting members of the governing body (Part VI,	line Ta)	751	7	3 4		16 16	
es			dependent voting members of the governing book of individuals employed in calendar year 20			اي۲	5		2	
¥	6 Tot	al numba	of voluntoors (actimate if necessary)	-		/S	6		<del>- 5</del>	
듗	<b>7a</b> Tot	al unrelat	d business revenue from Part VIII, column (	Ine 12NA A D	2015	1971	7a		0.	
_	<b>b</b> Net	unrelated	business taxable income from Form 990-T, I	Taba MAH W			7 b		0.	
					1111		Prior Year	Current Ye	ar	
_	8 Cor	ntributions	and grants (Part VIII, line 1h)	OGDE	10,0.	and the same	1,589,253.	195,	931.	
Revenue			ice revenue (Part VIII, line 2g)							
Vel	10 Inv	estment ıı	come (Part VIII, column (A), lines 3, 4, and 70	d)			85,898.	171,	074.	
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10				-7,248.			
	<b>12</b> Tot	al revenu	- add lines 8 through 11 (must equal Part V	III, column (A), lin	e 12)		1,667,903.	367,	005.	
	<b>13</b> Gra	ants and s	milar amounts paid (Part IX, column (A), lines	s 1-3)			24,017.	32,	994.	
	<b>14</b> Ber	nefits paid	to or for members (Part IX, column (A), line 4							
	<b>15</b> Sal	laries, oth	er compensation, employee benefits (Part IX,	column (A), lines !	5-10)	17,410.		27,	<u>143.</u>	
Se	<b>16a</b> Pro	fessional	fundraising fees (Part IX, column (A), line 11e	e)						
Expenses	<b>b</b> Tot	al fundrai	sing expenses (Part IX, column (D), line 25)	17	7,946.	7) r,	, , , , , , , , , , , , , , , , , , ,	**	9.08	
Ä	17 Oth		es (Part IX, column (A), lines 11a-11d, 11f-24		, , , , , , , , ,		31,690.	36.	861.	
	1	-	es Add lines 13-17 (must equal Part IX, colun				73,117.		998.	
	1	•	expenses Subtract line 18 from line 12	( , , , Lo)			1,594,786.		007.	
rs o		veriue ies.	expenses outline to non line 12	<del></del>		Region	ing of Current Year	End of Ye		
lan ets	<b>20</b> Tot	al assets	(Part X, line 16)				2,395,925.	2,885,		
A	<b>21</b> Tot		s (Part X, line 26)				10,641.		068.	
Net Assets Fund Balar	<b>22</b> Ne		fund balances Subtract line 21 from line 20				2,385,284.	2,872,		
			e Block				2,303,201.	2,0,2,		
				a schodules and statem	onts and to	the hest of	my knowledge and he	hef it is true correct	and	
com	plete Declar	ation of prep	clare that I have examined this return, including accompanying rer (other than officer) is based on all information of which pr	eparer has any knowled	ge	, the best of	my miomoago ana be	, ici, ici is itae, comoci,		
		X					<u>-</u>			
Sig	n	Signati	re of officer				Date			
He	ere	I.TN	DA FERGASON	'La_		EXE	CUTIVE DIR.			
			print name and title							
		Print/Type	reparer's name Preparer's signalul	Who CRG	Date		Check If	PTIN		
Pa	id	AL ST		47	3.17	15	self-employed	P00358511		
	eparer	Firm's nam					1	·		
Us	e Only	Firm's addi			<u> </u>		Firm's EIN > 30	-0220579		
	- = ····y	, min s addi	KENT, OH 44240					-673-4819		
Ma	v the IRS	discuss the	is return with the preparer shown above? (see	e instructions)	<u> </u>	-	1	X Yes	No	
			eduction Act Notice, see the separate instruc		TF	EA0113L	11/08/13	Form <b>99</b> 0	_	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) THE PORTAGE FOUR	NDATION	34-11	76817	Page 2
Par		•			
		response or note to any line in this Part III			
1	Briefly describe the organization's miss	sion			
	A COMMUNITY FOUNDATION				
2	-	cant program services during the year which were not listed o	n the prior		
	Form 990 or 990-EZ?			Yes	X No
	If 'Yes,' describe these new services or		_		<u> </u>
3		, or make significant changes in how it conducts, any pro	gram services <sup>7</sup>	Yes	X No
_	If 'Yes,' describe these changes on Sch				
4	Describe the organization's program se Section 501(c)(3) and 501(c)(4) organization others, the total expenses, and revenue	ervice accomplishments for each of its three largest progions and section 4947(a)(1) trusts are required to report the a e, if any, for each program service reported	ram services, as m imount of grants and	easured by e dallocations t	expenses :0
4 a	(Code ) (Expenses \$	46, 978. including grants of \$ 32, 99	94.)(Revenue	\$	)
	THROUGH ORGANIZED PHILAN	THROPY, PERFORM AS A RESPONSIBLE SO			<del></del>
	MANAGER OF CHARITABLE GI	FTS AND BEQUESTS WHICH ENRICH THE C	OMMUNITY THE	ROUGH FUI	NDING
	OF VARIOUS CHARITIES.	= == ==== ============================			
				<del>-</del> -	
			·		
	(Code ) (Expenses \$	including grants of \$	) (Revenue	\$	)
	, (2, )				
			<del>-</del>		
4.0	(Code ) (Expenses \$	including grants of \$	) (Revenue	Ś	
70	(Code) (Expenses +	moduling grains of 4			
			<del>-</del>		
				- <b></b>	
	Other program services (Describe in S	schedulo ()			
	(Expenses \$		enue \$		)
	Total program service expenses ►		unde 4		<del></del>
BAA	- oral brodiging service exhemses	46,978. TEEA0102L 07/02/13	<del></del>	Forr	m <b>990</b> (2013)
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# Form 990 (2013) THE PORTAGE FOUNDATION Part IV | Checklist of Required Schedules

	- Checkmet of Required Confedence		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C. Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part $V$	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	, , , , , , , , , , , , , , , , , , ,	,	
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	_X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form **990** (2013)

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Ęorn	m 990 (2013) THE PORTAGE FOUNDATION	34-1176817	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)	·		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	s or <b>21</b>	х	<u>_</u> .
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United S IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	tates on Part		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	current 23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24 complete Schedule K. If 'No, 'go to line 25a.	as of d and <b>24a</b>		х
ı	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de any tax-exempt bonds?	efease 24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	tion with a		Х
I	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' come Schedule L, Part I	ear, and applete 25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current former officers, directors, trustees, key employees, highest compensated employees, or disqualified per If so, complete Schedule L, Part II	at or sons?		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III	al ember 27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	3		
;	<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
(	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	as an <b>28c</b>		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule	M 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	d conservation 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations se 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	octions 33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts and V, line 1	II, III, IV,		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a centity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	controlled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable rorganization? If 'Yes,' complete Schedule R, Part V, line 2	elated 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization at treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is		х
38		38	x	

Form 990 (2013) THE PORTAGE FOUNDATION	34-1176817		Page
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			Γ
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	] 1a] 1		7
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	/ / /	^
c Did the organization comply with backup withholding rules for reportable payments to vendors and i	└ <del>──┴───</del>	k 5	
(gambling) winnings to prize winners?	1	c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		× 3.45	*
ments, filed for the calendar year ending with or within the year covered by this return	2a 2		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns? 2	b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)	٠. ا	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar? 3	а	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3	b	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over la		<del>                                     </del>
financial account in a foreign country (such as a bank account, securities account, or other t	financial account)?	а	X
<b>b</b> If 'Yes,' enter the name of the foreign country	\$	*	* .
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and I	Inancial Accounts		*3
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ıx year? 5	1	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	· ·	ь	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5		+
•	<del></del>	1	+
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization 6	2	Х
	<del>                                     </del>	-	+
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	tions or giπs were	ь	
7 Organizations that may receive deductible contributions under section 170(c).	*.		
	[* 、		138
a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			+-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it		<u> </u>	+-
Form 8282?	was required to file	c	Х
d if 'Yes,' indicate the number of Forms 8282 filed during the year	J ~ .J		+-
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal			$\mathbf{\bar{x}}$
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber			X
g If the organization received a contribution of qualified intellectual property, did the organization file		+	+
as required?		g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	e organization file a	1	_
Form 1098-C?		h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti	ng organizations Did the	3 7	
supporting organization, or a donor advised fund maintained by a sponsoring organization, I	nave excess business	4/\$1 .	أشد ا
holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	,	***	<u>-</u>
a Did the organization make any taxable distributions under section 4966?	9	a	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9	b	
10 Section 501(c)(7) organizations. Enter			. **
a Initiation fees and capital contributions included on Part VIII, line 12	10a		*
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter	,	* ***	1
a Gross income from members or shareholders	11 a		· .
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources	· . 4	``] .	*
against amounts due or received from them ).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041? 12	а	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-3	* ,
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		4	. ^
a is the organization licensed to issue qualified health plans in more than one state?	13	a	
Note. See the instructions for additional information the organization must report on Schedu	le O		1/
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in		1.	1,
which the organization is licensed to issue qualified health plans	13b		1.
c Enter the amount of reserves on hand	13c	, »,	-
14a Did the organization receive any payments for indoor tanning services during the tax year?	14	а	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q 14	b	1

Form 990 (2013) THE PORTAGE FOUNDATION 34-1176817 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a 16 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O á 16 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 1 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done SEE SCHEDULE O 12 c 13  $\overline{X}$ 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? **%**} 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 71:30 Х 15 a a The organization's CEO, Executive Director, or top management official X 15 b **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? ŝ, b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

				(0	;)							
(A) Name and Title	(B) Average hours per week (list	Position (do not check more to one box, unless person is both officer and a director/truster					h an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation		
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) LINDA FERGASON	20											
EXECUTIVE DIR.	0							10,246.	O.	0.		
(2) KEVIN LEWIS	2											
PAST PRESIDENT	0	X		X				0.	0.	0.		
(3) ROBERT H. WOLF	2	1										
VICE PRESIDENT	0	X		X				0.	0.	0.		
(4) RALPH KLETZIEN	2											
SECRETARY	0	[ X		X				0.	0.	0.		
(5) MICHAEL BAKES	1			_								
TRUSTEE	7 0 .	Х						0.	0.	0.		
(6) MARJORIE CONNER	2											
TREASURER	0	X		X		l		0.	0.	0.		
_(7) DEBORAH DRAGO	22											
PRESIDENT	0	Х		X			<u> </u>	0.	0.	0.		
_(8) SCOTT MCKINNEY	1_											
TRUSTEE	0	X						0.	0.	0.		
(9) MICHELLE SMITH	1 _											
TRUSTEE	0	X						0.	0.	0.		
(10) SHERRY JOY	11											
TRUSTEE	0	X						0.	0.	0.		
(11) MATTHEW FRENCH	1											
TRUSTEE	0	X						0.	0.	0.		
(12) DAVID DIX	1											
TRUSTEE	0	X		l				0.	0.	0.		
(13) JOANN HAYES	11											
TRUSTEE	0	<u> </u>						0.	0.	0.		
(14) ANGELA J. DEJULIUS	11											
TRUSTEE	0	X			<u> </u>			0.	0.	0.		

Form 990 (2013) THE PORTAGE FOUNDATION Part VII Section A. Officers, Directors, Trus	Highest Com	34-117681									
(A) Name and title	(B) Average hours per week	(do box	not c	Pos check	sition more erson direct	than o	ne an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(15) CHAS MADONIO TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.	
(16) JEAN MEADOWS TRUSTEE	$-\frac{1}{0}$	х						0.	0.	0.	
(17) DEBORAH ANN SMEILES TRUSTEE	$-\frac{1}{0}$	х						0.	0.	0.	
(18)			-						-		
(19)	<del> </del>			<del></del>			_				
(20)											
(21)				<del>-</del>							
(22)											
(23)		1									
(24)											
(25)				-					-		
b Sub-total     c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A	<b>!</b>			1		<b>► ► ►</b>	10,246. 0. 10,246.	0. 0.	0. 0. 0.	
2 Total number of individuals (including but not limited to	o those I	sted	abo	ve)	who	receiv	/ed				
					1-					Yes No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	ındıvıdu	ıal								3 X	
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	than \$1	1e co 50,0	mpe 00?	ensa If "	Yes'	comp	otr	er compensation le Schedule J for	trom	4 X	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper <i>comple</i>	satio	n fr	om Iule	any J fo	unre or suc	late h p	ed organization or person	individual	5 X	
1 Complete this table for your five highest compensation from the organization. Report compensation	ated ind	epen	den alen	t co dar	ntra vear	ctors	tha	at received more	than \$100,000 of	,	
compensation from the organization. Report compensation for the calendar year ending (A)  Name and business address								( <b>B</b> Description	)	(C) Compensation	
Total number of independent contractors (including but	t not lim	ited to	o the	se	liste	d abov	ve)	who received more	e than	s *	
\$100,000 of compensation from the organization	0									* * * * * * * * * * * * * * * * * * * *	

	Check if Schedule O contains a response or note to an	v line in this Part VI	11		
*	A A A A A A A A A A A A A A A A A A A	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f  Tetal Add lines 1a-1f				
<u>5 °</u>	h Total. Add lines 1a-1f  Business Code	195,931.	* 3	· · · · · ·	
PROGRAM SERVICE REVENUE	b c d e f All other program service revenue	. (45	3	£3	
푎	g Total. Add lines 2a-2f		* * *	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · ·
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	00,124.	60,124.		
	6 a Gross rents. b Less rental expenses c Rental income or (loss)	3 / 3	5.7		
	7 a Gross amount from sales of assets other than inventory 354, 454.	** **			
	b Less cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)	110,950.	110, 950.	2	
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b	#	** ** ** **		
٥	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19	*	* * *	*	* * * * * .
	b Less direct expenses  c Net income or (loss) from gaming activities	-		* * *	* * * * * * * * * * * * * * * * * * * *
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b	* 4			* * * * * * * * * * * * * * * * * * * *
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	• • • • • • • • • • • • • • • • • • •		24	The second of th
	11a b c c c c c c c c c c c c c c c c c c				
	d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions	367,005	171 074		4 0

Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All oti	her organizations must co	mplete column (A)	
	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	32,994.	32,994.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22			1 1 1 1 1 1 1	
3					
4					1 14 1 1
5	Compensation of current officers, directors, trustees, and key employees	10,246.	3,415.	3,415.	3,416.
6	Compensation 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.	0.
7	Other salaries and wages	15,196.	5,065.	5,065.	5,066.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,130.	3,000.	3,000.	
9	Other employee benefits				
10	Payroll taxes	1,701.	567.	567.	567.
11	Fees for services (non-employees)				
	a Management	0.5		25.	
	b Legal	25.		5,500.	
	c Accounting d Lobbying	5,500.		5,500.	
	Professional fundraising services See Part IV, line 17	1	,,	13 11 13 11 15 15 15 15 15 15 15 15 15 15 15 15	
	Investment management fees	-	***	, , , , , ,	
	Other (If line 11g amt exceeds 10% of line 25, column	0.100	000	000	800.
	(A) amount, list line 11g expenses on Schedule 0)	2,400.	800.	800.	824.
	Advertising and promotion	824. 1,118.	280.	280.	558.
13 14	Office expenses Information technology	7,584.	280.	7,584.	330.
15	Rovalties	7,304.		7,301.	
16	Occupancy	6,300.	2,100.	2,100.	2,100.
17	Travel	0,300.			,
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,909.	969.	969.	971.
20	Interest				
21	Payments to affiliates			2 077	1 000
22	Depreciation, depletion, and amortization	4,369.		3,277. 1,599.	1,092.
23 24	covered above (List miscellaneous expenses	1,599.		1,399.	
	in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
i	DUES & SUBSCRIPTIONS	1,485.	495.	495.	495.
	TELEPHONE	1,055.	264.	264.	527.
	POSTAGE AND SHIPPING	1,051.		105.	946.
	NEWSLETTER EXPENSE	554.			554.
•	All other expenses	88.	29.	29.	30.
25	Total functional expenses Add lines 1 through 24e	96,998.	46,978.	32,074.	17,946.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
BAA	SOP 98-2 (ASC 958-720)		<u> </u>	1	Form <b>990</b> (2013)

Page 11

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 13,760 1 18,094. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 46,765 3 70,383. 3 Piedges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L \*\*\* 5 Loans and other receivables from other disqualified persons (as defined under 167 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 100 12 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 926 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 13,661 9,351 8,679 10 c 10b 310 **b** Less accumulated depreciation 11 ,240,669 2,713,074. Investments - publicly traded securities. 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 79,410. 85,126 15 Other assets See Part IV, line 11 16 2,885,271. 2,395,925 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 10,641 13,068. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 15 \$\$.E key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 13,068. 10,641 26 Total liabilities. Add lines 17 through 25 1 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. is al líli. . 33 8 27 217,102. 189,322 Unrestricted net assets 413,114. 28 28 Temporarily restricted net assets 34,935 29 987. 2,161,027 241, Permanently restricted net assets R 11/26 49 Organizations that do not follow SFAS 117 (ASC 958), check here ÿ÷ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 2,872,203. 2,385,284 33 Total net assets or fund balances 34 2,395,925 2,885,271 Total liabilities and net assets/fund balances 34 Form 990 (2013) BAA

qrm 9	990 (2013) THE PORTAGE FOUNDATION 34-	1176817		Pag	ge <b>12</b>
Part 2	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1		57,0	
<b>2</b> T	otal expenses (must equal Part IX, column (A), line 25)	2		96,9	
3 F	Revenue less expenses Subtract line 2 from line 1	3	2	70,0	<u>07.</u>
4 N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,38	35 <u>, 2</u>	<u>84.</u>
5 N	Net unrealized gains (losses) on investments	5	2:	16,9	<u> 12.</u>
<b>6</b> D	Donated services and use of facilities	6			
7 li	nvestment expenses	7			
8 F	Prior period adjustments	8			
9 (	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10 N	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,8	72,2	03.
Part :	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Oncourt a contocate o containe a respense of the contocate of containe a respense of the contocate of contoca			Yes	No
1 A	Accounting method used to prepare the Form 990 Cash X Accrual Other				. *
!† !!	f the organization changed its method of accounting from a prior year or checked 'Other,' explain n Schedule O				, , , , , , , , , , , , , , , , , , ,
2 a V	Nere the organization's financial statements compiled or reviewed by an independent accountant?		2 a		<u>X</u>
li s	f 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a	*	` . ` . ` . ` . ` . ` . ` . ` . ` . ` .	
[	Separate basis Consolidated basis Both consolidated and separate basis				
	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
ļ:	f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate			> ~ . <b>~</b>
	pasis, consolidated basis, or both    X   Separate basis		۰,	**	. * 1.
	f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit		*	-	*
r	eview, or compilation of its financial statements and selection of an independent accountant?	1	2 c	Х	
11	f the organization changed either its oversight process or selection process during the tax year, explain n Schedule O		3		
3 a A	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
<b>b</b> li	f 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit audits, explain why in Schedule O and describe any steps taken to undergo such audits	dit	3 b		
3 ^ ^	addition of printing in controlled to and documenting trapp times and a great		Form	990	(2013)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

Name o	ne of the organization												
THE		ORTAGE FOUNDAT								76817			
Part	1	Reason for Publi	ic Charity Status	(All organizations	must c	omple	te this	part.)	See in	structi	ons.		
The o	rga	nization is not a privat	te foundation because	e it is (For lines 1 throi	ugh 11, d	check or	nly one i	box)					
1		A church, convention	of churches or assoc	cation of churches desc	cribed in	section	170(b)(	1 <b>)(A)(</b> î).					
2	П	A school described in	section 170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	.)								
3	П	A hospital or a coope	rative hospital service	e organization describe	d in <b>sec</b>	tion 170	(Ь)(1)(А	Xiii).					
4	П	A medical research o	rganization operated	in conjunction with a h	ospital d	escribe	d in <b>sec</b>	tion 170	(b)(1)(A	<b>)(iii)</b> En	iter the hos	pıtal's	
	ب	name, city, and state											
5		An organization operate 170(b)(1)(A)(iv). (Con	ed for the benefit of a manager	college or university own					unit desc	cribed in	section		
6		A federal, state, or lo	cal government or go	overnmental unit descri	bed in <b>s</b> i	ection 1	70(b)(1)	(A)(v).					
7	X	in section 1/0(b)(1)(A)(vi). (Complete Part II)											
8	Ш			<b>'0(b)(1)(A)(vi).</b> (Comple									
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization organ	nized and operated e	xclusively to test for pu	iblic safe	ety See	section	509(a)(	4).		<b>_ t</b>	_	
11	the first term of an expression of an expression of the purposes of ane or												
		a ∏Type I b		Type III - Function							unctionally		ated
е		By checking this box, other than foundation r section 509(a)(2)	, I certify that the org managers and other tha	anization is not control an one or more publicly s	led directions	tly or in Lorganiz	directly ations de	by one escribed	or more ın sectio	dısqualı ın 509(a)	ified persoi (1) or	าร	
f		If the organization rece check this box		nation from the IRS that i									
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	57		1
•		-									ı <del></del>	Yes	No
		(i) A person who obelow, the gove	directly or indirectly or erning body of the su	ontrols, either alone or oported organization?	togethe	with pe	ersons d	escribe	a in (ii) i	ana (III)	11 g (i)		
		(ii) A family member	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h				e supported organization							<u> </u>	-	
	_	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	s the ation in i) listed in overning ment?	(v) Did you the organ column ( supp	ization in	organiz colur organize U	s the ration in mn (i) ed in the S ?	(vii) Amour su	it of moi oport	netary
					Yes	No	Yes	No	Yes	No			
		-					]						
(A)													
<u>(B)</u>		····			<u> </u>						_		
(C)							-						
(D)					ļ	-							
(E)					<u> </u>	_			_	_			<u> </u>
Total			* . * *	, .	,			3	*	*			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

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

<u>Sec</u>	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	156,684.	67,608.	118,506.	1,589,253.	195,931.	2,127,982.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	156,684.	67,608.	118,506.	1,589,253.	195,931.	2,127,982.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		A CARGONIAN AND AND AND AND AND AND AND AND AND A	A STATE OF THE STA		0.
6	<b>Public support.</b> Subtract line 5 from line 4	,					2,127,982.
Sec	tion B. Total Support	· ·			r		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	156,684.	67,608.	118,506.	1,589,253.	195,931.	2,127,982.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,081.	14,040.	18,295.	85,898.	60,124.	194,438.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	<b>Total support.</b> Add lines 7 through 10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*, ,				2,322,420.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	iird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Pu						
14	Public support percentage for 20			ne 11, column (f)	).	14	91.63%
15	Public support percentage from					15	92.86%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a organization	and the line 14 is	33-1/3% or more,	check this box
t	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bob blicly supported o	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or more	, check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and <b>stop he</b>	e <b>re.</b> Explain in Pa	rt IV now
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-and-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	s box and <b>stop ne</b> a publicly suppoi	e <b>re.</b> Explain in Parted organization	rt IV now the
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a			
BAA				-	0,	hadula A /Farm	990-FZ) 2013

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

(Complete only if you checked the	box on line 9 of Part I or if the organization failed to qualify under Part II	f the organization fails
to qualify under the tests listed	below, please complete Part II )	

<u>Sec</u>	tion A. Public Support				·		· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
2	any 'unusual grants.') Gross receipts from admis-					<del></del>	<del> </del>
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's	1					
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		· · ·	··			
	organization's benefit and		ļ				
	either paid to or expended on its behalf		İ				
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5					<del> </del>	
	Amounts included on lines 1,			<u> </u>			
	2, and 3 received from						
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or		1				
	1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b			·			
8	Public support (Subtract line	, , , , , , , , , , , , , , , , , , ,	, ,			1 .	
	7c from line 6)		,			*	
Sec	tion B. Total Support				<del></del>		
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from						
_	similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	}			Ì		
	regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part IV)						
13							
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secon	id, third, fourth,	or fifth tax year as	a section 501(c)	)(3) ▶ □
Sec	tion C. Computation of Pu		Percentage			<del></del>	<del></del>
15	Public support percentage for 20			ne 13, column (f)	)	15	8
16	Public support percentage from					16	%
	tion D. Computation of Inv						· <del>L</del>
17	Investment income percentage f				umn (fl)	17	%
18	Investment income percentage f				u. (, ) )	18	<del></del>
	33-1/3% support tests – 2013. I				and line 15 is more		
	is not more than 33-1/3%, check	k this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	on $ ightharpoon$
b	33-1/3% support tests - 2012. If line 18 is not more than 33-1/3%	f the organization 6, check this box	did not check a b and <b>stop here.</b> The	ox on line 14 or e organization q	line 19a, and line ualifies as a public	16 is more than ly supported org	33-1/3%, and panization ►
20	Private foundation. If the organi						
BAA			TEEA0403L	06/28/13	So	hedule A (Form 9	990 or 990-EZ) 2013

	(Form 990 or 990-EZ) 2013	THE F	PORTAGE	FOUNDATION		34-1176817	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	i <b>on.</b> Pr 12. Al	ovide the so compl	explanations requete this part for an	ired by Part II, line y additional informa	10; Part II, line 17a tion.	. <del></del>
		. <del>-</del>					
			. <b></b>				
					<del>-</del>		
			<del>-</del> -				
			<b>-</b>				
			<del></del>				
						<del> </del>	
<del>-</del>							

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

THE PORTAGE FOUNDATION		34-1176817
Part   Organizations Maintaining Do	onor Advised Funds or Other Similar Fu	
Complete if the organization a	enswered 'Yes' to Form 990, Part IV, line	e 6.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and are the organization's property, subject to	donor advisors in writing that the assets held in the organization's exclusive legal control?	donor advised funds
6 Did the organization inform all grantees, d for charitable purposes and not for the beimpermissible private benefit?	lonors, and donor advisors in writing that grant function of the donor or donor advisor, or for any other	inds can be used only er purpose conferring Yes No
Part II Conservation Easements.		
	answered 'Yes' to Form 990, Part IV, line	e 7
1 Purpose(s) of conservation easements he	ld by the organization (check all that apply)	
Preservation of land for public use (e	g , recreation or education) Preservation	n of an historically important land area
Protection of natural habitat	Preservation	n of a certified historic structure
Preservation of open space		
2 Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution in the fo	orm of a conservation easement on the
last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		2a
<b>b</b> Total acreage restricted by conservation e	acamonts	2 b
c Number of conservation easements on a		2c
		<del></del>
Number of conservation easements include structure listed in the National Register	led in (c) acquired after 8/17/06, and not on a his	toric 2 d
3	transferred, released, extinguished, or terminated by	y the organization during the
4 Number of states where property subject to c	onservation easement is located >	
5 Does the organization have a written police and enforcement of the conservation ease	by regarding the periodic monitoring, inspection, bements it holds?	nandling of violations,  Yes No
6 Staff and volunteer hours devoted to monitori	ing, inspecting, and enforcing conservation easement	ts during the year
<ul><li>7 Amount of expenses incurred in monitoring, i</li><li>\$</li></ul>	nspecting, and enforcing conservation easements du	iring the year
8 Does each conservation easement reporter and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
include, if applicable, the text of the footn	ports conservation easements in its revenue and exp ote to the organization's financial statements tha	ense statement, and balance sheet, and it describes the organization's accounting for
conservation easements  Part III Organizations Maintaining C  Complete if the organization a	ollections of Art, Historical Treasures, canswered 'Yes' to Form 990, Part IV, In	or Other Similar Assets.
1 a If the organization elected, as permitted u art, historical treasures, or other similar asse	inder SFAS 116 (ASC 958), not to report in its rests held for public exhibition, education, or research in financial statements that describes these items	venue statement and balance sheet works of
b If the organization elected, as permitted understorical treasures, or other similar assets his following amounts relating to these items	inder SFAS 116 (ASC 958), to report in its revenueld for public exhibition, education, or research in fur	ue statement and balance sheet works of art, therance of public service, provide the
(i) Revenues included in Form 990, Part	VIII, line 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
2 If the organization received or held works of amounts required to be reported under Si	art, historical treasures, or other similar assets for fin FAS 116 (ASC 958) relating to these items	nancial gain, provide the following
a Revenues included in Form 990, Part VIII,	line 1	<b>&gt;</b> \$
<b>b</b> Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2013 THE I	PORTAGE FOU	UNDATION		34-1176		Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, or	Other Similar Ass	<b>ets</b> (contini	ued)
3 Using the organization's acquisition items (check all that apply)	, accession, and o	other records, check a	ny of the following that ar	re a significant use of its o	collection	
a Public exhibition		<b>d</b> Loan	or exchange programs		_	
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations	_				
4 Provide a description of the organiz Part XIII						
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rec	ceive donations of ar	t, historical treasures, c	or other similar assets	Yes	No
Part IV Escrow and Custodia						
line 9, or reported an	amount on Fo	orm 990, Part X,	line 21.			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or oth	ner assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the follows	ng table			
					Amount	
c Beginning balance				1 c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a					Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Che	eck here if the explai	ntion has been provided	I in Part XIII	i	
			<del></del>			
Part V   Endowment Funds. C						<del></del>
	(a) Current yea	r (b) Prior yea	r (c) Two years back	k (d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance.					<del> </del>	
<b>b</b> Contributions				_ <del>_</del>		
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
<b>g</b> End of year balance					<u> </u>	
<ol><li>Provide the estimated percentag</li></ol>	e of the current	year end balance (lir	ne 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent >	%				
<b>b</b> Permanent endowment ►	010	<del></del>				
c Temporarily restricted endowmen	nt ►	%				
The percentages in lines 2a, 2b,	and 2c should e	qual 100%				
3 a Are there endowment funds not in t	the nossession of	the organization that :	are held and administered	d for the		
organization by	(ne possession of	the organization that	are riold and darringotoro	a 10. (110	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related (	organizations list	ted as required on S	chedule R?		3b	
4 Describe in Part XIII the intender	d uses of the org	janization's endowm	ent funds			
Part VI Land, Buildings, and	Equipment.		<u>.</u>			
Complete if the organ		ered 'Yes' to Forr	n 990, Part IV, line	: 11a. See Form 990	D, Part X, I	ıne 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1 a Land				#		
<b>b</b> Buildings	<u> </u>					
c Leasehold improvements	<del> </del>					
d Equipment	<u> </u>		<u> </u>	<del> </del>		
e Other	<del> </del>		13,661.	9,351.		4,310.
Total. Add lines 1a through 1e (Colum	an (d) must equa	al Form 990 Part Y				4,310. 4,310.
RAA	(a) mast equa	o.,,, 550, r art A,	33.4 (D), IIIC 10(C))		ule D (Form 99	

Part VII	Investments - Other Securities	5.		N/	/A	00 David V Juna 10
	Complete if the organization an			<u>, Part IV, Iir</u>	ie 11b. See Form 9	90, Part X, line 12.
	ription of security or category (including name of se	curity)	(b) Book value	(c) Met	thod of valuation Cost or end-o	or-year market value
	al derivatives	-				
-	-held equity interests					
(3) Other						
$\frac{(A)}{(B)}$ ·			<u></u>			
(C)						·
(D)						
(E) ·						
(F)						
(G)			<del>-</del> _			
(H)						
(l)						
Total (Colum	nn (b) must equal Form 990, Part X, column (B) line	12)		8 *	Frank Market	<u> </u>
	Investments - Program Polate	4		N Down IV Iv	/A	ION Part V line 13
	Complete if the organization an	swered 'Y	es' to Form 990 (b) Book value	, Part IV, III	of valuation Cost or end	d-of-year market value
	(a) Description of investment type		(b) Book value	(C) Wethou	Ji Valuation Cost of end	1-01-year market value
(1)						<u> </u>
(2)						
(3)			<del></del>			
(5)					<del></del>	*****
(6)						
(7)			<del></del>			
(8)						
(9)						
(10)	*****					
	nn (b) must equal Form 990, Part X, column (B) line	13)				., , , , , , , , , , , , , , , , , , ,
Part IX	Other Assets. Complete if the organization ar	swered 'V	N/A 990 as' to Form	N Part IV II	ne 11d. See Form (	990. Part X. line 15.
	Complete if the organization ar	(a) Descri	otion	, r art rv , n	ne rra. eeer em.	(b) Book value
(1)		<u> </u>		-		
(2)			<u> </u>			
(3)						
(4)						
(5) (6)		·				
(7)				<del> </del>		
(8)				<u></u>		
(9)						
(10)			·			
Total. (Co	lumn (b) must equal Form 990. Part X,	column (B),	line 15 )			<u> </u>
Part X	Other Liabilities.		000 David IV June 1	1 116 Coo	Form 000 Dort V line 2	τ.
	Complete if the organization answered (a) Description of liability	Yes' to Form	(b) Book value	ie or iii. See	Form 990, Part A, IIIIe Z	<b>)</b>
(1) Fede	ral income taxes		(B) Book value	<del></del>		
(2)	Tay meetine takes				the of the of	
(3)				7	*	
(4)						
(5)						
(6)						
(7)				<b>─</b>	*5	,
(8)				<del> </del> ,,,		TANK SILL
(10)		-	<del>                                     </del>		**************************************	, ,
(11)			-	•	a i	
	nn (b) must equal Form 990, Part X, column (B) line	25)			*	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the t	ext of the footno	te to the organization's	financial statemen	ts that reports the organization	n's liability for uncertain
tax positions	under FIN 48 (ASC 740) Check here if the text of t	he footnote has	been provided in Part XI	111		

ait iv, iii	16 12a.		
	•	1	583,917.
2 a	216,912.	***	
2 b		7	
2 c		]	
2 d		]	
		2 e	216,912.
		3	367,005.
		ž* ;	
4 a			
4 b			
		4 c	

34-1176817

Page 4

367,005

96 998

5 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1

rotal expenses and tosses per addited infancial statements			<u> </u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	*	
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d	13.	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	3	96, 998.	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<del></del>	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	96,998.

Part XIII Supplemental Information.

d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1

**b** Other (Describe in Part XIII)

c Add lines 4a and 4b

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b.

Provide the ( line 4, Part )	descriptions ( K, line 2, Par	required for P t XI, lines 2d	art II, lines 3, 5 and 4b, and Pa	, and 9, Part III, rt XII, lines 2d ai	lines 1a and 4, F nd 4b Also comp	Part IV, lines 1b ar plete this part to p	nd 2b, Part V, rovide any addition:	al information
							<b></b>	

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Schedule **D** (Form 990) 2013

# SCHEDULE I (Form 990)

Department of the Treasury internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047 2013

Open to Public Inspection

Employer identification number 34-1176817 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part | General Information on Grants and Assistance THE PORTAGE FOUNDATION Name of the organization

the selection criteria used to award the grants or assistance?	ne grants or assistanc	3e7					Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monitoring	g the use of grant fur	nds in the United States				
Part Il Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to	nce to Governme	ints and Organi	zations in the Unit	ed States. Comple	ete if the organiza	tion answered 'Y	es' to
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	for any recipient	that received m	lore than \$5,000. P.	art II can be duplic	sated if additional	space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VARIOUS COMM ORGAN.							
138 EAST MAIN STREET							
KENT, OH 44240			32,994.	0.			ANNUAL GRANTS

<u></u>					
(9)					
6					
(8)					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table a Enter total number of other organizations listed in the line 1 table	3) and government or	ganizations listed	in the line 1 table		0 1

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Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 34-1176817 Schedule I (Form 990) (2013) THE PORTAGE FOUNDATION Part III

on (book, (f) Description of non-cash assistance (he/							any other additional information.		 								
(e) Method of valuation (book, FMV, appraisal, other)							lumn (b), and a	 			 	 	 	 	 	 	1 1 1 1 1 1 1
(d) Amount of non cash assistance							I, line 2, Part III, co		· 1		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(c) Amount of cash grant							n required in Part		 	 					 	1 1 1 1 1 1 1	
(b) Number of recipients							ide the information		 	 	                 	! ! ! ! ! !	1	 	 	 	
(a) Type of grant or assistance	2	m	4	S.	9	7	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				1	*	1				

Schedule I (Form 990) (2013)

BAA

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

OMB No 1545-0047 2013

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

34-1176817 THE PORTAGE FOUNDATION FORM 990 - EXPLANATION OF AMENDED RETURN ACCOUNTING RECORDS FOR 2013 WERE CORRECTED AFTER THE YEAR END WAS CLOSED AND THE ORIGINAL 990 WAS FILED. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE 990 WAS REVIEWED PAGE BY PAGE BY THE EXECUTIVE COMMITTEE, WHO SHARED THEIR REVIEW WITH THE FULL BOARD. COPIES OF THE 990 WERE PROVIDED TO ALL BOARD MEMBERS FOR THEIR COMMENTS BEFORE FINAL FILING. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ANNUALLY TRUSTEES COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, AND IN THE CASE OF A CONFLICT THEY WOULD NOT VOTE ON THAT ISSUE FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE UPON REQUEST