

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493172004383

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012

Open to Public Inspection

		2012 cal pplicable	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31 C Name of organization THE PORTLAND FOUNDATION	-2012	D Emplo	yer iden	ntification number
☐ Add			Doing Business As		35-60	28362	2
Man	ne cha	inge					
∏ Inıtı			Number and street (or P O box if mail is not delivered to street address) Room/suite 112 E MAIN ST	<u> </u>	E Telepho	ne numl	ber
∏ Теп —			112 E MAIN 31		(260)	726-4	260
厂 Am∈			City or town, state or country, and ZIP + 4 PORTLAND, IN 47371		,		
M App	lication	n pending			G Gross r	eceıpts \$	3,606,150
			F Name and address of principal officer DOUGLAS LINMAN		s this a group	return	
			112 E MAIN ST	а	ıffılıates?		Yes No
			PORTLAND, IN 47371	H(b) A	re all affiliate	s includ	ded?
 т Тах	-exen	npt status	✓ 501(c)(3)	I	f "No," attach	a list	(see instructions)
			VW PORTLANDFOUNDATION ORG	H(c)	Group exempt	ion nun	nber ►
K Forn	n of or	ganization	Corporation ✓ Trust ✓ Association ✓ Other ►	L Year	of formation 19	51 M	State of legal domicile IN
Pa	rt I	Sum	ımary			•	-
nce		ENHAN	escribe the organization's mission or most significant activities CE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIA DING COMMUNITY ENDOWMENT	NA, NO	WAND FOR	GENER	ATIONS TO COME,
Governance	2	Check ti	his box ► if the organization discontinued its operations or disposed of	more th	an 25% of its	net as:	sets
			of voting members of the governing body (Part VI, line 1a)			з	0
Activities &			of independent voting members of the governing body (Part VI, line 1b)			4	9
			imber of individuals employed in calendar year 2012 (Part V, line 2a)			5	4
PC	6	Total nu	mber of volunteers (estimate if necessary)			6	0
	7a	Total un	related business revenue from Part VIII, column (C), line 12			7a	1,238
	Ь	Net unre	elated business taxable income from Form 990-T, line 34			7b	238
					Prior Year		Current Year
<u>a</u>	8		ibutions and grants (Part VIII, line 1h)		31,	255	3,311,220
Ravenue	9 10		am service revenue (Part VIII, line 2g)		201,438		295,533
番	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-	065	-603
	12	Total	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
					234,		3,606,150
	13 14		s and similar amounts paid (Part IX, column (A), lines 1-3)		348,	0	271,297
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-			\dashv	0
\$	13	10)	es, other compensation, employee benefits (i are 1x, column (xy, intes s		67,	973	76,173
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
E	ь		ındraısıng expenses (Part IX, column (D), line 25) ▶0				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		119,		142,382
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		535,		489,852
₹ 60°	19	Keven	nue less expenses Subtract line 18 from line 12		-301, nning of Curre	_	3,116,298
Not Assets or Fund Balances					Year		End of Year
Ass. Bai	20		assets (Part X, line 16)		10,076,		14,391,952
det.	21		liabilities (Part X, line 26)		783,		863,725
	22	_	ssets or fund balances Subtract line 21 from line 20		9,293,	٥/٥	13,528,227
Undei my kr	owle	alties of dge and	nature Block perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other than nowledge				
		****	***		2013-06-19		
Sign		Signa	ature of officer		Date		
Here	•		GLAS L INMAN EXECUTIVE DIRECTOR				
			Print/Type preparer's name Preparer's signature Da SCOTT A BOLLENBACHER CPA 20:	te 13-06-19	Check If	PTIN P00401	897
Paic	i	—	Firm's name BOLLENBACHER & ASSOCIATES LLC	.5 00-15	self-employed Firm's EIN > 2		
Pre		r					
Use	On	ly	Firm's address ► 215 E PEARL ST PO BOX 702		Phone no (260) /26-42	207
			PORTLAND, IN 47371		Ī		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

Par	t IIII			Accomplishments e to any question in this Part III .		
1	Brief	ly describe the orga	nızatıon's mıssıon			
		THE QUALITY OF I COMMUNITY END		E OF JAY COUNTY, INDIANA, NO	W AND FOR GENERATIONS	TO COME, BY
2	the pr	or Form 990 or 99		program services during the year wh		「Yes 「No
3	Did th	ne organization ceas ces?	e conducting, or make	significant changes in how it condu	ucts, any program	┌ Yes ┌ No
4	Desc exper	ribe the organization ises Section 501(c	n's program service ac)(3) and 501(c)(4) org	complishments for each of its three ganizations are required to report th h program service reported		
4a	IN AN	PORTLAND FOUNDATION ID AROUND JAY COUNTY		415,030 including grants of \$ TELY 100 SEPARATE SCHOLARSHIP TRUSTS ON ENSURES SPECIFIC GUIDELINES ESTABLI (
4b	(Code	e) (Expenses \$	including grants of \$) (Revenue \$	
4c	(Code	e) (Expenses \$	including grants of \$) (Revenue \$)
4d	(Exp	enses \$		g grants of \$) (Revenue \$)
4e	ıota	l program service ex	xpenses F	415,030		

Part IV	Che	cklist	of Re	auire	d Sch	redules
4:11714	CIIC	LKIISL	OI NO	uune	u sci	icuuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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		Νο
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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 defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		N. a
ь	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes</i> ,"	28a		No
	complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νο
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 1		. 05	110
	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 reportable			
_	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35	103	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
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 Financial Accounts			
F-	Was the average to a paylor to a paylor bad to you helter transaction at any time during the tay year?	F		N. a
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			140
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
0		8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
	· · · · · · · · · · · · · · · · · · ·	90		
.0 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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

heck if Schedule O contains a response to any question in this Part VI	

Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax						
	year	1a		9			
	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						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	sıness			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management.	ed by c	r under the		3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rior Form 9	90 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or				5		No
6	Did the organization have members or stockholders?	_	ation 5 a55	• • •	6		No
7-	Did the organization have members, stockholders, or other persons who had the pow		oloctoran	· · ·			140
<i>,</i> a	more members of the governing body?				7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	al by) r	members, s	tockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following						
а	The governing body?				8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?				8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule	e O .			9		Νo
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule ection B. Policies (This Section B requests information about policies not				_	ıe Cod	
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule ection B. Policies (This Section B requests information about policies not				_	ie Code Yes	
		requi			_		e.)
10a	ction B. Policies (This Section B requests information about policies not	requi	 ired by th	 e Internal R	evenu 10a		e.) No
10a	Did the organization have local chapters, branches, or affiliates?	requi	ired by th	 e Internal R napters,	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	requi	red by th	e Internal R inapters, poses? before filing	10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	requi	ired by th	e Internal R Inapters, Poses? Poses to be for e filing	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization have their operations are consistent with the organization as the organization provided a complete copy of this Form 990 to all members of it the form?	requi	red by th	e Internal R napters, poses? before filing	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	of such characters body	e Internal R Inte	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities fon's ets gov Form 9 Ily inte	of such characteristics of suc	e Internal R inapters, poses? before filing could give fes, "describe	10a 10b 11a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ton's ets gov Form 9 Uly inte	of such characteristics of such characteristics considered by the second construction of the second co	e Internal R inapters, poses? before filing in the could give	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	tivities ton's ets gov. Form 9	of such characters and the sempt purple erning bods.	e Internal R apters, coses? before filing could give ces," describe	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	requi	of such check the such check that the such che	e Internal R inapters, poses? before filing could give could give describe by	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	of such characteristics of such characteristics that characteristics and approval the such characteristics of the	e Internal R inapters, poses? before filing could give could give could give describe describe describe	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?	requi	of such characters that colicy? If "Your and approval beration ar	e Internal R inapters, poses? before filing could give fes, " describe by d decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	requi	of such characters that colicy? If "Your and approval beration ar	e Internal R inapters, poses? before filing could give fes, " describe by d decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities from 9 from 10 from 1	of such characters and approval beration are	e Internal R apters, boses? before filing could give could give bes," describe by d decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the soft such character is of such character in the second such character in the second such character is of such character in the second s	e Internal R apters, poses? before filing could give could give by d decision? could decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	requi	red by the state of such characteristics and approval beration and the sto safeguards.	e Internal R inapters, poses? before filing could give could give describe	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website Another's website Vpon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DOUGLAS LINMAN 112 EAST MAIN STREET PORTLAND, IN (260)726-4260

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	chec , unle n offic ustee	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
1) REX JOURNAY	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) REX JOURNAY	0 00	х						0	0	C
DIRECTOR		_ ^						0	U	C
(2) RON LAUX DIRECTOR	0 00	х						0	0	C
(3) DAVID FULLENKAMP	0 00	† .								
SECRETARY/TREASURER		Х						0	0	C
(4) ROSALIE CLAMME	0 00							_	_	
DIRECTOR		X						0	0	C
(5) PAT BENNETT	0 00									
DIRECTOR		Х						0	0	C
(6) DEAN JETTER	0 00									
VICE PRESIDENT				Х				0	0	C
(7) EMILY ROBERTS	0 00							_	_	
SECRETARY/TREASURER				Х				0	0	C
(8) ERIC REYNOLDS	0 00									
IMMEDIATE PAST PRESIDENT				Х				0	0	C
(9) DOUGLAS L INMAN	40 00			Ī					_	
EXECUTIVE DIREC				X				47,916	0	C
(10) MARY DAVIS	0 00			<u>,,</u>						
PRESIDENT				×				0	0	C

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	and Title A verage Position of hours per more than of week (list person is any hours and a direction of the person							(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organization (W			ited fother sation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	·MISC)	2/1099-MISC)		relati organiza	ed
1b	Sub-Total				•			•						
C L	Total from continuation shee	•		Α.	•	•	•	•		47,916		0		
	Total (add lines 1b and 1c). Total number of individuals (in			to the	ose I	liste	d abov	e) w	ho receive		l .	<u> </u>		
	\$100,000 of reportable comp							,						
													Yes	No
3	Did the organization list any f						emplo	yee	, or highes	t compen	sated employee			
4	on line 1a? If "Yes," complete: For any individual listed on lin						• •	• n an	d atheren	• • mnoncatu	on from the	3		No
-	organization and related organ													
_	Individual		•			•						4		No
5	Did any person listed on line 3 services rendered to the orga										• • • •	5		No
													1	
<u>Se</u> 1	ction B. Independent Co Complete this table for your fi compensation from the organi	ve highest comp											tay yaar	
		(A)		ation	101	tile c	arenae	ar ye	ear enamy		(B)		(C)
		Name and business	auuress							Des	cription of services		Comper	เรสเเปก
												\blacksquare		
2 T	otal number of independent co	ontractors (inclu	dına bu	t not	lımıt	ed to	those	e list	ted above)	who rece	ived more than			

\$100,000 of compensation from the organization 🗝

Part V	ш	Statement of Revenue Check if Schedule O contains a response to any question	n in this Part VIII .			
		The second secon	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
so	1a	Federated campaigns 1a				
tributions, Giffs, Grants Other Similar Amounts	ь	Membership dues 1b				
6r2	c	Fundraising events 1c	-			
χŽ	_	·	-			
<u>a</u>	d	Related organizations 1d	-			
Si iš	е	Government grants (contributions) 1e	_			
ë ë	f	All other contributions, gifts, grants, and similar amounts not included above	<u>'</u>			
置養	g	Noncash contributions included in lines				
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$	-			
Cont	h	Total. Add lines 1a-1f	3,311,220			
<u>a</u>		Business Code				
e E	2a					
Program Serwce Revenue	ь					
J.C.P	С					
Ž.	d					
Ē	e					
∑ 	f	All other program service revenue				
ξ	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest,	225 55-			205 505
		and other similar amounts)	295,533			295,533
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents (1) Real (11) Personal				
	ь	Less rental				
	c	expenses Rental income	-			
		or (loss)	_			
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) O ther Gross amount	_			
	'	from sales of assets other				
	_	than inventory	_			
	Ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)	-			
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
ne		events (not including				
듄		\$ of contributions reported on line 1c)				
Ä		See Part IV, line 18				
<u>u</u>		a				
Other Revenue		Less direct expenses b Net income or (loss) from fundraising events b	_			
_	c 9a	Gross income from gaming activities	+			
		See Part IV, line 19				
		a				
	Ь	Less direct expenses b	_			
	10a	Net income or (loss) from gaming activities				
	IUa	returns and allowances .	_			
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	PARTNERSHIP INVESTMENT 21111	,		1,238	
	ь	PARTNERSHIP INV-NONTAX 21111	-1,841			-1,841
	С					
	d	All other revenue				
	e	Total. Add lines 11a−11d	-603			
	12	Total revenue. See Instructions	3,606,150	0	1,238	293,692
	1		3,000,130		·	Form 990 (2012)

					Page 1
	Statement of Functional Expenses				
ectio	n 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A)	
	Check if Schedule O contains a response to any question in this Pa		 (B)	(C)	 (D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	174,108	174,108		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	97,189	97,189		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,	21,722		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,916	23,958	23,958	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,366	14,366		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	,		
9	Other employee benefits	9,126	5,990	3,136	
10	Payroll taxes	4,765	2,932	1,833	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	4,040	4,040		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	16,828	16,828		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
	Schedule O)	67,234	67,234		
.2	Advertising and promotion	2,269	2,269		
.3	Office expenses	1,798		1,798	
.4	Information technology				
.5	Royalties				
.6	Occupancy	5,031		5,031	
.7	Travel	3,398		3,398	
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	27,296		27,296	
3	Insurance	1,393		1,393	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LILLY SCHOLARSHIP	3,760	3,760		
ь	PRINTING	2,356	2,356		
c	UTILITIES	1,691		1,691	
d	MAINTENANCE	1,397		1,397	
e	All other expenses	3,891		3,891	
25	Total functional expenses. Add lines 1 through 24e	489,852	415,030	74,822	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	103,032	113,030	, 1,022	

art X	Balance Sheet
	Check if Schedule O

		Check if Schedule O contains a response to any question in this			(A)		(B)
	1	Cash—non-interest-bearing			Beginning of year 105,950		End of year 142,016
	2	Savings and temporary cash investments			100,000	2	142,010
	3					3	
	4	Pledges and grants receivable, net				4	
	5	Loans and other receivables from current and former officers, di				4	
		employees, and highest compensated employees Complete Pa	rt II of [°]	, .		5	
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(Employers and sponsoring organizations of section 501(c)(9) vector beneficiary organizations (see instructions) Complete Part II or	3), and c oluntary	ontributing employees'		6	
88.	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			105		69
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	639,148			
	Ь	Less accumulated depreciation	10b	157,971	509,067	10c	481,177
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			9,457,898	12	13,765,219
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,471	15	3,471
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			10,076,491	16	14,391,952
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
(0	21	Escrow or custodial account liability Complete Part IV of Sche				21	
ilities	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif					
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par					
		D			783,115		863,725
	26	Total liabilities. Add lines 17 through 25			783,115	26	863,725
S) d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ 5	and co	omplet e			
ř	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			589,271	27	1,000,629
<u>ର</u>	27 28			•	662,838		1,175,111
<u> </u>	29	Temporarily restricted net assets	•	8,041,267	29	11,352,487	
Fund Balance	29	Permanently restricted net assets			8,041,267	29	11,332,467
ō		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	,			_	
£	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu				32	
Ř	33	Total net assets or fund balances			9,293,376		13,528,227
	34	Total liabilities and net assets/fund balances		•	10,076,491	34	14,391,952

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
					- ''
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	506,150
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	489,852
3	Revenue less expenses Subtract line 2 from line 1	3		3,:	116,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,2	293,376
5	Net unrealized gains (losses) on investments	5		Ġ	901,953
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		:	216,600
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,!	528,227
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493172004383

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

h

Department of the Treasury Internal Revenue Service

Name of the organization

THE PORTLAND FOUNDATION

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. See separate instructions.

35-6028362 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II **c** Type III - Functionally integrated **d** Type III - Non-functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	1 ,		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support	
		instructions))	Yes	No	Yes	No	Yes	No		
_										
Total										

and (III) below, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 182,979 37,520 260,151 31,255 3,311,220 3,823,125 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 182,979 37,520 260,151 31,255 3,311,220 3,823,125 4 Total. Add lines 1 through 3 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 Public support. Subtract line 5 from 3,823,125 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 182,979 37,520 260,151 31,255 3,311,220 3,823,125 Amounts from line 4 Gross income from interest, dividends, payments received on 300,466 183,861 166,827 199,899 295,533 1,146,586 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 4,087 943 -332 2,065 -603 6,160 or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 7 through 11 4,975,871 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 14 76 830 % Public support percentage for 2011 Schedule A, Part II, line 14 15 32 660 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's 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 either						
	paid to or expended on its						
_	behalf The value of services or facilities		_				
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
Ь	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
Sa	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning					l	
Caic	in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	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 regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is	for the organizati	on's first, second	d, third, fourth, or	fifth tax year as	a 501(c)(3) orga	·
<u> </u>	check this box and stop here	lia Summant D	orconto a a				<u>► </u>
	ction C. Computation of Pub Public support percentage for 2012			12 column (f))		14-1	
15				: 13, COIUIIII (I))		15	
16	Public support percentage from 201					16	
	ction D. Computation of Inv				(4)		
17	Investment income percentage for	2012 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2011 Schedule	A, Part III, line	17		18	
					1 4 E	h 22 + 120/	d line 17 is not
19a	33 1/3% support tests—2012. If the	_		•		· · ·	d line 17 is not

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	rm 990 or 990-E2) 2012 Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493172004383

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Inspection

	me of the organization E PORTLAND FOUNDATION		Emplo	yer identificat	ion numbe	er
1111	PORTLAND FOUNDATION		35-60	028362		
Pa	rt I Organizations Maintaining Donor Ad				Comple	te if the
	organization answered "Yes" to Form 990	· · · · · · · · · · · · · · · · · · ·				
_		(a) Donor advised funds	(t) Funds and o	ther acco	unts
1	Total number at end of year	2				
2	Aggregate contributions to (during year)	12,021				
3	Aggregate grants from (during year)	22,439				
4	Aggregate value at end of year	639,384				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or	-	radvis	ed	✓ Yes	☐ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			purpose	✓ Yes	┌ No
Pai	rt II Conservation Easements. Complete if	the organization answered "Yes" to	Form	990, Part IV,	, line 7.	
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an A	ertified	historic struct	ure	
	easement on the last day of the tax year	Г		Held at the i		Von
а	Total number of conservation easements	-	2a	neiu at the i	ind or the	i Teal
_	Total acreage restricted by conservation easements	-	2b			
b	Number of conservation easements on a certified histo	oric structure included in (a)				
с 		` '	2c			
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	L	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	l by the	organization d	uring	
	the tax year ▶					
4	Number of states where property subject to conservat	ion easement is located ►	_			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ıng of v	iolations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents du	ring the year		
•	•					
7	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durina i	the vear		
,	▶ \$,,gg		,		
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	ıon 170)(h)(4)(B)(ı)	☐ Yes	┌ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	e footnote to the organization's financial s	•	•		
	the organization's accounting for conservation easeme		0.1	0:-:-		
'a r	t III Organizations Maintaining Collection Complete if the organization answered "Y		r Otne	er Similar A	issets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote is	.16 (ASC 958), not to report in its revenu its held for public exhibition, education, o	r reseai	rch in furtherar		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education, o				lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	•	fınancı			
а	Revenues included in Form 990, Part VIII, line 1	· -		► \$		
				· · ·		

b Assets included in Form 990, Part X

	t IIII Organizations Maintaining Co	Hections of Art,	, 11151		easures, or	Othe	r Similar Ass	ets (co	ntinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	k any of t	he following that	are a	significant use	ofits	
а	Public exhibition		d	Loan	or exchange pro	grams			
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and explai	n how t	hey furthe	r the organization	n's ex	empt purpose ın		
5	During the year, did the organization solicit o							_	_
00	assets to be sold to raise funds rather than t						<u> </u>	Yes	│ No
Ра	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					eu r	es to Form 95	π,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					sets r		Yes	Г No
b	If "Yes," explain the arrangement in Part XI	I and complete the	followir	ıg table					
							A mo	unt	
С	Beginning balance					1 c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explana	ation has b	een provided in	Part X	(111		Γ
Pa	rt V Endowment Funds. Complete	f the organization	answ						
		(a)Current year	(b) Pri		b (c) Two years ba	_			ears back
1a	Beginning of year balance	10,109,859		10,676,737	9,547,0	_	8,141,792		.1,756,528
b	Contributions	3,322,537		29,263	257,5	50	33,894		235,769
С	Net investment earnings, gains, and losses	1,284,259		-87,802	1,214,9	57	1,726,692		3,279,139
d	Grants or scholarships	292,431		350,798	198,2	98	228,397		403,210
e	Other expenditures for facilities and programs								
f	Administrative expenses	188,666		157,541	144,5	12	126,941		168,156
g	End of year balance	14,235,558		10,109,859	10,676,7	37	9,547,040		8,141,792
2	Provide the estimated percentage of the cur	ent year end balanc	e (lıne	1g, colum	n (a)) held as				
а	Board designated or quasi-endowment 🕨								
ь	Permanent endowment 🕨								
С	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion th	nt ara bald	and administer	ed for	the		
				at are neru				V	
	organization by			at are nero				Yes	No
	(i) unrelated organizations						3a(i		Νo
h	(i) unrelated organizations (ii) related organizations						3a(ii		
	(i) unrelated organizations		 I on Scl	 nedule R?		· ·			Νo
4	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second control of the sec	ns listed as required ne organization's end	 I on Scl	 nedule R? nt funds			3a(ii		Νo
4	(i) unrelated organizations	ns listed as required ne organization's end	 I on Scl	 nedule R? nt funds	0. (b)Cost o		3a(ii)	Νo
4 Pa	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipment VI Land, Buildings, and Equipment VI Land, Buildings, and Equipment It VI Land, Buildings, Building	ns listed as required ne organization's end	 I on Scl	nedule R? It funds X, line 1 (a) Cost of	0. r other tment) (b)Cost of basis (o	ther)	(c) Accumulated depreciation)	No No Dook value
4 Pa 1a	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's end	 I on Scl	nedule R? It funds X, line 1 (a) Cost of	0. r other tment) (b)Cost of basis (o		(c) Accumulated depreciation)	No No No pook value
Pa Pa 1a	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's end	 I on Scl	nedule R? It funds X, line 1 (a) Cost of	O. Tother tment) (b)Cost of basis (of the basis)	ther)	(c) Accumulated depreciation	(d) B	No No No pook value
Pa 1a b c	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's end	 I on Scl	nedule R? It funds X, line 1 (a) Cost of	O. Tother thent) (b)Cost of basis (o	ther) 20,423	(c) Accumulated depreciation	(d) B	N o N o ook value 220,423
Pa 1a b c d	(i) unrelated organizations	ns listed as required ne organization's end	I on Sci dowmen O, Part	nedule R? It funds X, line 1 (a) Cost of	O. Tother thent) (b)Cost of basis (o	20,423 94,187	(c) Accumulated depreciation	(d) B	No No No vok value 220,423 0 257,396

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)O ther (A) FMB-MUTUAL FUNDS	5,749,281	F
		F
(B) FMB-SAVINGS AND TEMP CASH INVESTMENTS	484,674	
(C) MAINSOURCE-SAVINGS AND TEMP CASH INV	87,677	F
(D) MAINSOURCE-CORP BONDS	10,851	F
(E) MAINSOURCE-CORP STOCKS	321,682	F
(F) MAINSOURCE-MUTUAL FUNDS	6,459,581	F
(G) PARTNERSHIP INVESTMENTS	5	С
(H) FEG HEDGE FUNDS	651,468	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	13,765,219	
Part VIII Investments—Program Related. See	1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
	. ,	
Federal income taxes		
ASSETS HELD FOR OTHERS	859,475	
ACCRUED LIABILITIES	4,250	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	863,725	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	803,723	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,724,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,118,553
3	Subtract line 2e from line 1	3	3,606,150
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	a
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,606,150
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	489,852
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	489,852
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	489,852

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	SCHOLARSHIPS AND GRANTS FOR THE BETTERMENT OF JAY COUNTY
PART XI, LINE 2D - OTHER ADJUSTMENTS		TRANSFER PORTLAND FOUNDATION - CORPORATION 35-2019497
		OTHER ADJUSTMENTS SCHEDULE D PART XI LINE 2D TRANSFER FROM PORTLAND FOUNDATION (CORPORATION) EIN 35-2019497

Additional Data

Software ID:

Software Version:

EIN: 35-6028362

Name: THE PORTLAND FOUNDATION

Form 990,	Schedule	D, Part	: VII - 1	Investments–	Other	Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)O ther		
(A) FMB-MUTUAL FUNDS	5,749,281	F
(B) FMB-SAVINGS AND TEMP CASH INVESTMENTS	484,674	F
(C) MAINSOURCE-SAVINGS AND TEMP CASH INV	87,677	F
(D) MAINSOURCE-CORP BONDS	10,851	F
(E) MAINSOURCE-CORP STOCKS	321,682	F
(F) MAINSOURCE-MUTUAL FUNDS	6,459,581	F
(G) PARTNERSHIP INVESTMENTS	5	С
(H) FEG HEDGE FUNDS	651,468	F

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493172004383

OMB No 1545-0047

✓ Yes

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

> Open to Public **Inspection**

35-6028362

Employer identification number

(Form 990) Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Internal Revenue Service Name of the organization

THE PORTLAND FOUNDATION

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of **(b)** EIN (a) Name and address of (h) Purpose of grant ıf applıcable valuation non-cash assistance organızatıon grant cash orassistance (book, FMV, appraisal, or government assistance other) (1) JAY COUNTY HUMANE 501(C)(3) 5,000 **ENHANCE THE OUALITY OF LIFE** SOCIETY 1313 SHADELAND FOR THE PEOPLE OF PORTLAND, IN 47371 JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** (2) JAY COUNTY FOURTH 501(C)(3) 6,000 **ENHANCE THE** QUALITY OF LIFE OF JULY COMMITTEE 515 W WALNUT STREET FOR THE PEOPLE OF PORTLAND, IN 47371 JAY COUNTY. INDIANA, NOW AND FOR GENERATIONS TO COME. BY BUILDING COMMUNITY **ENDOWMENT** (3) JAY COUNTY FAIR 501(C)(3) 10,000 **ENHANCE THE** QUALITY OF LIFE ASSOCIATION 806 EAST VOTAW ST FOR THE PEOPLE OF PORTLAND, IN 47371 JAY COUNTY. INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** 10,000 **ENHANCE THE** (4) JAY COUNTY HOSPITAL 501(C)(3) QUALITY OF LIFE FOUNDATION 500 W VOTAW STREET FOR THE PEOPLE OF PORTLAND, IN 47371 JAY COUNTY. INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** (5) PURDUE FOUNDATION 501(C)(3) 17.439 **ENHANCE THE** 403 WEST WOOD STREET QUALITY OF LIFE WEST LAYFAYETTE, IN FOR THE PEOPLE OF JAY COUNTY. 47907 INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** ENHANCETHE (6) JAY COUNTY 501(C)(3) 17,942 QUALITY OF LIFE HISTORICAL SOCIETY 903 E MAIN STREET FOR THE PEOPLE OF PORTLAND, IN 47371 JAY COUNTY. INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** (7) JOHN JAY CENTER FOR **ENHANCE THE** 501(C)(3) 27.118 LEARNING QUALITY OF LIFE 101 S MERIDIAN STREET FOR THE PEOPLE OF JAY COUNTY. PORTLAND, IN 47371 INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT** (8) ARTS PLACE INC 60.825 501(C)(3) **ENHANCE THE** QUALITY OF LIFE 131 E WALNUT STREET PORTLAND, IN 47371 FOR THE PEOPLE OF JAY COUNTY. INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY **ENDOWMENT**

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

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line	e 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	107	97,189			
					·

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 WHEN A GRANT IS AWARDED TO A NOT-FOR-PROFIT ORGANIZATION, THE FOUNDATION HAS PROCEDURES IN PLACE TO ENSURE PROPER USAGE OF THE GRANT FUNDS THE RECIPIENT ORGANIZATION MUST SHOW PROOF OF EXPENDITURE FOR THE PROJECT, AND THEN MUST SIGN A GRANT AGREEMENT, WHEREBY THEY AGREE TO USE THE GRANT FUNDS ONLY FOR THE PROJECT FOR WHICH THE GRANT WAS AWARDED ONCE THE GRANT FUNDS ARE EXPENDED, THE RECIPIENT ORGANIZATION MUST COMPLETE A WRITTEN FINAL GRANT REPORT, WHICH DETAILS THE USAGE OF THE GRANT FUNDS FINALLY, THE FOUNDATION CONDUCTS ON-SITE VISITS WITH RECIPIENT ORGANIZATIONS AS A WAY TO FURTHER ENSURE PROPER USAGE
		OF GRANT FUNDS

Software ID: Software Version:

EIN: 35-6028362

Name: THE PORTLAND FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section If applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAY COUNTY HUMANE SOCIETY1313 SHADELAND PORTLAND,IN 47371		501(C)(3)	5,000				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
JAY COUNTY FOURTH OF JULY COMMITTEE515 W WALNUT STREET PORTLAND,IN 47371		501(C)(3)	6,000				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
JAY COUNTY FAIR ASSOCIATION806 EAST VOTAW ST PORTLAND, IN 47371		501(C)(3)	10,000				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
JAY COUNTY HOSPITAL FOUNDATION500 W VOTAW STREET PORTLAND, IN 47371		501(C)(3)	10,000				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
PURDUE FOUNDATION403 WEST WOOD STREET WEST LAYFAYETTE, IN 47907		501(C)(3)	17,439				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
JAY COUNTY HISTORICAL SOCIETY903 E MAIN STREET PORTLAND,IN 47371		501(C)(3)	17,942				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
JOHN JAY CENTER FOR LEARNING101 S MERIDIAN STREET PORTLAND,IN 47371		501(C)(3)	27,118				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT
ARTS PLACE INC131 E WALNUT STREET PORTLAND, IN 47371		501(C)(3)	60,825				ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493172004383

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Nar	ne	of	the	org	anı	zai	tıor
THE	PO	RTI	AND	FO	JNC	AT]	ON

Employer identification number

35-6028362

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE TAX RETURN WAS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES EACH MEMBER TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS APPROVES THE SALARY FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABILITY, LENGTH OF EMPLOYMENT, ETC
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, POLICIES, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	TRUSTEE FEES PROGRAM SERVICE EXPENSES 67,234 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 67,234
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	TRANSFER PORTLAND FOUNDATION - CORPORATION 35-2019497 216,600
		NO CHANGES