

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PORTAGE HEALTH FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 QUINCY ST, PO BOX 299 City or town, state or province, country, and ZIP or foreign postal code HANCOCK MI 49930	D Employer identification number 38-3022945 E Telephone number 906-523-5920 G Gross receipts \$ 12,849,642
F Name and address of principal officer: KEVIN STORE PO BOX 299 HANCOCK MI 49930		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.PHFGIVE.ORG		L Year of formation: 1990 M State of legal domicile: MI
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT THE CHARITABLE HEALTH NEEDS OF THE COMMUNITY THROUGH ENHANCED PHILANTHROPY AND COMMUNITY COLLABORATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,430,511	1,339,015
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,983,184	6,189,424
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,985	620,076
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,469,680	8,148,515
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,669,893	2,300,471
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	576,991	667,938
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	274,719	367,508
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,521,603	3,335,917
	19 Revenue less expenses. Subtract line 18 from line 12	-51,923	4,812,598
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	77,865,771	85,620,667
	22 Net assets or fund balances. Subtract line 21 from line 20	709,168	153,143
		77,156,603	85,467,524

Part II Signature Block

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

Sign Here	Signature of officer KEVIN STORE Type or print name and title	Date 10-11-22 EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name PETER A. NEGRO	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01076084
	Firm's name ▶ RUKKILA, NEGRO AND ASSOCIATES, CPAS, PC 310 SHELDEN AVENUE Houghton, MI 49931-1964	Firm's EIN ▶ 38-3435918 Phone no. 906-482-6601

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SUPPORT THE CHARITABLE HEALTH NEEDS OF THE COMMUNITY THROUGH ENHANCED PHILANTHROPY AND COMMUNITY COLLABORATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 415,258 including grants of \$ 415,040) (Revenue \$)

SAFE COMMUNITIES & RECREATION

SAFE COMMUNITIES & RECREATION ARE AN IMPORTANT FACET OF A HEALTHY COMMUNITY. ACCESS TO RESOURCES THROUGH THE BUILT ENVIRONMENT AND RECREATIONAL ASSETS PROVIDE AND CONTRIBUTE TO AN INDIVIDUALS' CHOICE TO LIVE A HEALTHIER LIFESTYLE. IN ADDITION, SUPPORT OF RECREATION FOCUSED ON COMMUNITY GROUPS, LOCAL EMERGENCY SERVICES, AND LAW ENFORCEMENT EFFORTS, ALONG WITH SUPPORT FOR MOBILIZATION RECREATION PLANNING THROUGH THE MANY MUNICIPAL PARTNERS IN THE REGION ALL CONTRIBUTE TO MAKING A HEALTHIER, SAFER, AND MORE VIBRANT COMMUNITY.

4b (Code:) (Expenses \$ 537,261 including grants of \$ 500,784) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 734,188 including grants of \$ 727,696) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 839,384 including grants of \$ 656,951) (Revenue \$)

4e Total program service expenses 2,526,091

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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? If "Yes," complete Schedule C, Part II		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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		X
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		X
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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
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		X
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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	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			X
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).				
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a			
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

PORTAGE HEALTH FOUNDATION
HANCOCK

PO BOX 299

MI 49930

906-523-5920

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN STORE EXECUTIVE DIRECTOR	40.00 0.00			X				142,527	0	31,948
(2) BERNADETTE YEOMAN-OUELLETTE CHAIR	3.00 0.00	X		X				0	0	0
(3) BRENT PETERSON VICE CHAIR	1.00 0.00	X		X				0	0	0
(4) BRUCE RUKKILA TREASURER	2.00 0.00	X		X				0	0	0
(5) ANN CLANCY-KLEMME SECRETARY	2.00 0.00	X		X				0	0	0
(6) MICHELE BLAU DIRECTOR	2.00 0.00	X						0	0	0
(7) GUY ST. GERMAIN DIRECTOR	1.00 0.00	X						0	0	0
(8) JEANNE KURTZ DIRECTOR	1.00 0.00	X						0	0	0
(9) PAUL OLLILA DIRECTOR	1.00 0.00	X						0	0	0
(10) JAMES BOBULA DIRECTOR	1.00 0.00	X						0	0	0
(11) JAMEY MARKHAM DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							142,527		31,948	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							142,527		31,948	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

Part VIII Statement of Revenue

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

			(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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	174,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,165,015				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,339,015				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,559,960			1,559,960	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	7,037,765	2,292,826			
		b Less: cost or other basis and sales exps.	7b	4,701,127			
	c Gain or (loss)	7c	2,336,638	2,292,826			
	d Net gain or (loss)			4,629,464	4,629,464		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a GRANTS RETURNED	Business Code	602,371	602,371			
	b OTHER INCOME		17,705	17,705			
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			620,076			
12 Total revenue. See instructions			8,148,515	5,249,540	0	1,559,960	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,057,966	2,057,966		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	242,505	242,505		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	483,073	177,435	305,638	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,722	11,401	31,321	
9 Other employee benefits	102,942	1,991	100,951	
10 Payroll taxes	39,201	14,551	24,650	
11 Fees for services (nonemployees):				
a Management				
b Legal	73,634		73,634	
c Accounting	36,827		36,827	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,750		28,750	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,481		1,481	
12 Advertising and promotion	49,753	3,583	46,170	
13 Office expenses	24,185	6,723	17,462	
14 Information technology	18,645		18,645	
15 Royalties				
16 Occupancy	42,315		42,315	
17 Travel	14,888	7,844	7,044	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,818	265	5,553	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,972		6,972	
23 Insurance	10,372		10,372	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	30,544		30,544	
b DUES AND SUBSCRIPTIONS	10,648	1,731	8,917	
c EDUCATION/STAFF AND BOARD	8,389	96	8,293	
d PROFESSIONAL RECRUITMENT	3,900		3,900	
e All other expenses	387		320	67
25 Total functional expenses. Add lines 1 through 24e	3,335,917	2,526,091	809,759	67
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	320,762	1	535,570
	2	Savings and temporary cash investments	102,297	2	10,253
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	36,100	4	207,000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,929	9	10,646
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,888		
	b	Less: accumulated depreciation	10b 50,707	10c 62,154	55,181
	11	Investments—publicly traded securities	69,329,972	11	76,797,460
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,004,557	15	8,004,557
16	Total assets. Add lines 1 through 15 (must equal line 33)	77,865,771	16	85,620,667	
Liabilities	17	Accounts payable and accrued expenses	55,782	17	72,175
	18	Grants payable	653,386	18	80,968
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	709,168	26	153,143
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	76,870,868	27	85,112,804
	28	Net assets with donor restrictions	285,735	28	354,720
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	77,156,603	32	85,467,524	
33	Total liabilities and net assets/fund balances	77,865,771	33	85,620,667	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,148,515
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,335,917
3	Revenue less expenses. Subtract line 2 from line 1	3	4,812,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,156,603
5	Net unrealized gains (losses) on investments	5	3,498,323
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,467,524

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	170,304	1,313,368	498,276	1,430,511	1,339,015	4,751,474
2 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						
4 Total. Add lines 1 through 3	170,304	1,313,368	498,276	1,430,511	1,339,015	4,751,474
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)						108,930
6 Public support. Subtract line 5 from line 4						4,642,544

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	170,304	1,313,368	498,276	1,430,511	1,339,015	4,751,474
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,165,520	1,219,461	1,275,424	1,130,315	1,559,960	6,350,680
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-914,198	-392,738	577,199	60,985	620,077	-48,675
11 Total support. Add lines 7 through 10						11,053,479
12 Gross receipts from related activities, etc. (see instructions)					12	50,681
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	42.00%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	43.59%
16a 33 1/3% support test—2021. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2020. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 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% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2020.** 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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1	X	
2		X

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

JOINT VENTURE GAIN/LOSS & MISC.	\$ -668,752
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GRANTS RETURNED	\$ 602,371
-----------------	------------

OTHER INCOME-RESTITUTION	\$ 17,706
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**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**2021**

Name of the organization

Employer identification number

PORTAGE HEALTH FOUNDATION

38-3022945

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF HOUGHTON 616 SHELDEN AVE HOUGHTON MI 49931	\$ 50,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KEWEENAW COUNTY 5095 4TH ST EAGLE RIVER MI 49950	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PORTAGE HEALTH, INC. 500 CAMPUS DR HANCOCK MI 49930	\$ 466,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BLUE CROSS BLUE SHIELD 600 E. LAFAYETTE BLVD DETROIT MI 48226	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOSEPH KIRKISH 1103 COLLEGE AVE HOUGHTON MI 49931	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PATS HEAVY EQUIPMENT SALES, LLC 10612 HIGHWAY M-38 GREENLAND MI 49929	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

PORTAGE HEALTH FOUNDATION

38-3022945

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	97,048	58,981			
b Contributions	90,000	25,000	50,000		
c Net investment earnings, gains, and losses	14,369	13,068	8,981		
d Grants or scholarships	36,000				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	165,418	97,048	58,981		

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 66.97%
 - b** Permanent endowment ▶ 33.03%
 - c** Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		46,837	12,079	34,758
d Equipment		59,051	38,628	20,423
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 55,181

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) EQUITY INVESTMENTS	7,952,027
(2) INVESTMENT IN SUBSIDIARY	52,530
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,004,557

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,618,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,498,323	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,498,323	
3	Subtract line 2e from line 1	3	8,119,765	
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	4a		
b	Other (Describe in Part XIII.)	4b	28,750	
c	Add lines 4a and 4b	4c	28,750	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,148,515	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,307,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	3,307,167	
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	4a		
b	Other (Describe in Part XIII.)	4b	28,750	
c	Add lines 4a and 4b	4c	28,750	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,335,917	

Part XIII Supplemental Information.

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ONTONAGON COUNTY CANCER BOARD DESIGNATED ENDOWMENT IS INTENDED TO SUPPORT CANCER RELATED SERVICES, SCREENINGS, WELLNESS AND HEALTH RELATED SUPPORT SERVICES WITHIN ONTONAGON COUNTY. THE PERMANENT SCHOLARSHIP ENDOWMENT IS INTENDED TO SUPPORT ONTONAGON AREA SCHOOLS GRADUATES WITH SCHOLARSHIPS

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES NETTED WITH INCOME \$ 28,750

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

INVESTMENT FEES NETTED WITH INCOME \$ 28,750

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

PORTAGE HEALTH FOUNDATION

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

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)	31 BACKPACKS 1100 CENTURY WAY, STE C HOUGHTON MI 49931	45-4916842	3	58,155		BOOK		FOOD, GENERAL
(2)	ADAMS TOWNSHIP SCHOOL DISTRICT PO BOX 37 PAINESDALE MI 49955	38-6001475	GOV	39,000		BOOK		TRAUMA
(3)	AHMEEK VILLAGE VOLUNTEER FIRE DEPT. 111 VIVIAN STREET AHMEEK MI 49901	85-1254853	3	10,049		BOOK		GENERAL SUPPORT
(4)	BARAGA AREA SCHOOLS 210 LYONS STREET BARAGA MI 49908	38-6000433	GOV	17,500		BOOK		TRAUMA
(5)	BARAGA COUNTY SHELTER HOME 11 S FOURTH ST L'ANSE MI 49946	38-2512571	3	31,716		BOOK		GENERAL SUPPORT
(6)	BARBARA KETTLE GUNDLACH SHELTER 620 CONGLOMERATE ST ONTONAGON MI 49953	38-2321126	3	59,104		BOOK		FAMILY SUPPORT
(7)	BAY CLIFF HEALTH CAMP PO BOX 310 BIG BAY MI 49808	38-6000167	3	15,000		BOOK		GENERAL SUPPORT
(8)	CALUMET TOWNSHIP 25880 RED JACKET RD CALUMET MI 49913	38-1711880	GOV	12,500		BOOK		RECREATIONAL SUPPORT
(9)	CALUMET TOWNSHIP FIRE & RESCUE 56826 MINE STREET CALUMET MI 49913	85-4175255	3	10,028		BOOK		RECREATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 44

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

DAA

Schedule I (Form 990) (2021)

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHASSELL TOWNSHIP 41950 WILSON MEMORIAL DR CHASSELL MI 49916	38-1984364	GOV	22,974		BOOK		RECREATIONAL SUPPORT
(2)	CHASSELL TOWNSHIP PUBLIC SCHOOLS 41585 US HIGHWAY 41 CHASSELL MI 49916	38-6001478	GOV	16,500		BOOK		TRAUMA
(3)	CITY OF HANCOCK 399 QUINCY ST HANCOCK MI 49930	38-6004557	GOV	37,000		BOOK		GENERAL SUPPORT
(4)	CITY OF HOUGHTON 616 SHELDEN AVE HOUGHTON MI 49931	38-6007225	GOV	128,290		BOOK		TASK FORCE SUPPORT
(5)	COPPER COUNTRY ANGEL MISSION 119 FIFTH STREET CALUMET MI 49913	84-4106746	3	24,376		BOOK		GENERAL SUPPORT
(6)	COPPER COUNTRY HABITAT FOR HUMANITY PO BOX 231 HOUGHTON MI 49931	38-3113603	3	15,412		BOOK		GENERAL SUPPORT
(7)	COPPER COUNTRY SENIOR MEALS 821 W WATER ST HANCOCK MI 49930	38-3041729	3	209,312		BOOK		GENERAL SUPPORT
(8)	COPPER HARBOR TRAILS CLUB 230 GRATIOT ST COPPER HARBOR MI 49918	26-2959858	3	29,458		BOOK		RECREATIONAL SUPPORT
(9)	DAN SCHMIDTT GIFT OF MUSIC 2239 N FARMERS BLOCK RD ALLOUEZ MI 49805	45-5214071	3	13,420		BOOK		GENERAL SUPPORT

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

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

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

DAA

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

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)	DIAL HELP 609 SHELDEN AVENUE HOUGHTON MI 49931	38-2026918	3	280,420		BOOK		CRISIS UNIT FUNDING
(2)	DOLLAR BAY TAMARACK SCHOOLS 48475 MAPLE DRIVE DOLLAR BAY MI 49922	38-6001485	GOV	22,500		BOOK		TRAUMA, FOOD
(3)	FINLANDIA UNIVERSITY 601 QUINCY STREET HANCOCK MI 49930	38-1359570	GOV	148,190		BOOK		FOOD AND SCHOLARSHIP
(4)	FRIENDS OF THE PORKIES PO BOX 221 ONTONAGON MI 49953	38-3388836	3	9,426		BOOK		GENERAL SUPPORT
(5)	GREAT LAKES RECOVERY CENTER 97 SOUTH FOURTH ST ISHPEMING MI 49849	38-2453316	3	6,500		BOOK		GENERAL SUPPORT
(6)	HANCOCK PUBLIC SCHOOLS 501 CAMPUS DRIVE HANCOCK MI 49930	38-6001483	GOV	14,300		BOOK		RECREATIONAL FACILIT
(7)	HOUGHTON COUNTY SHERIFF 403 E. HOUGHTON AVE. HOUGHTON MI 49931	38-6004855	GOV	34,107		BOOK		LIFESAVER PROJECT
(8)	HOUGHTON PORTAGE TOWNSHIP SCHOOLS 1603 GUNDLACH ROAD HOUGHTON MI 49931	38-6001486	GOV	84,000		BOOK		TRAUMA
(9)	KEWEENAW FAMILY RESOURCE CENTER 850 W SHARON AVE, STE 6 HOUGHTON MI 49931	38-3138462	3	33,538		BOOK		GENERAL SUPPORT

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

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

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

DAA

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

PORTAGE HEALTH FOUNDATION

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

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)	KEWEENAW NORDIC SKI CLUB PO BOX 564 HANCOCK MI 49930	38-3439782	3	19,143		BOOK		RECREATIONAL SUPPORT
(2)	KEWEENAW RANDOM ACTS OF KINDNESS PO BOX 343 AHMEEK MI 49901	47-1446118	3	10,454		BOOK		GENERAL SUPPORT
(3)	L'ANSE AREA SCHOOL DISTRICT 201 N FRONT STREET L'ANSE MI 49946	38-6000435	GOV	39,000		BOOK		TRAUMA
(4)	MAIN STREET CALUMET PO BOX 188 CALUMET MI 49913	01-0791312	3	18,211		BOOK		FOOD SUPPORT
(5)	MERCY EMS PO BOX 415 ESCANABA MI 49829	26-0185773	3	6,937		BOOK		GENERAL SUPPORT
(6)	MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON MI 49931	38-6005955	GOV	36,510		BOOK		FOOD STUDY
(7)	OMEGA HOUSE 2211 MAUREEN LANE HOUGHTON MI 49931	38-3511814	3	129,271		BOOK		GENERAL SUPPORT
(8)	ONTONAGON AREA SCHOOLS 701 PARKER AVENUE ONTONAGON MI 49953	38-6003205	GOV	19,500		BOOK		TRAUMA, FOOD
(9)	ONTONAGON COUNTY CANCER ASSOC PO BOX 282 ONTONAGON MI 49953	38-2865670	3	19,190		BOOK		GENERAL SUPPORT

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

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

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

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

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)	SIMPLE KINDNESS FOR YOUTH 809 HECLA ST HANCOCK MI 49930	80-0551359	3	34,104		BOOK		GENERAL SUPPORT
(2)	STANTON TOWNSHIP 50960 CANAL ROAD HOUGHTON MI 49931	38-2005834	GOV	28,200		BOOK		RECREATIONAL FACILIT
(3)	SUPERIOR HEALTH FOUNDATION 121 N. FRONT STREET MARQUETTE MI 49855	20-3615349	3	50,000		BOOK		GENERAL SUPPORT
(4)	SUPERIOR SEARCH & RESCUE PO BOX 682 HOUGHTON MI 49931	38-2971413	3	47,107		BOOK		GENERAL SUPPORT
(5)	SWEDETOWN TRAILS CLUB PO BOX 214 CALUMET MI 49913	38-2628847	3	31,429		BOOK		GENERAL SUPPORT
(6)	UP KIDS 57 HURON ST HOUGHTON MI 49931	38-1368336	3	36,347		BOOK		GENERAL SUPPORT
(7)	UP MEDICAL EDUCATION CORP. 850 WEST BARAGA AVENUE MARQUETTE MI 49855	23-7360416	3	50,000		BOOK		EDUCATIONAL SUPPORT
(8)	VILLAGE OF BARAGA 100 HEMLOCK STREET BARAGA MI 49908	38-6007154	GOV	20,000		BOOK		RECREATIONAL FACILIT
(9)								

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

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

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

DAA

Schedule I (Form 990) (2021)

38-3022945

Schedule I (Form 990) (2021) PORTAGE HEALTH FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 AWARD	1	200		CASH	
2 FLOOD RELIEF	1	6,890		CASH	
3 SCHOLARSHIPS	92	179,700		CASH	
4 ACCESS TO CARE/GAS CARD	24	3,800		CASH	
5 MENTAL/BEHAVIORAL HEALTH		12,308		CASH	
6 COMMUNITY SUPPORTED AGRIC		20,254		CASH	
7 EDUCATION SUPPLIES		305		CASH	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE ORGANIZATION REQUESTS A PROGRAM OVERVIEW AND BUDGET, A SIX-MONTH
 PROGRESS REPORT, AND A FINAL STATUS REPORT COMPLETED WITHIN 60 DAYS FROM
 THE FINAL EXPENDITURES.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SAFE COMMUNITY SUPPLIES		1,140		CASH	
2 POVERTY EDUC. SUPPLIES	120	17,908			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KEVIN STORE EXECUTIVE DIRECTOR	(i) 138,827 (ii) 3,500 (iii) 200	0	0	11,386	20,562	174,475	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for providing supplemental information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

FORM 990, PART I, LINE 6

COMMUNITY MEMBERS WHO ASSISTED ON VARIOUS COMMITTEES THROUGHOUT THE YEAR.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

MENTAL AND BEHAVIORAL HEALTH

PROVIDES GRANTS, INCLUDING SUBSTANCE USE DISORDER, SPECIFICALLY ADDRESSING
THE NEEDS OF OUR POPULATION.-EARLY INTERVENTION AND PREVENTION PROGRAMS INCLUDING SUBSTANCE USE
DISORDER.

-EMERGENCY AND MOBILE CRISIS RESPONSE.

-MENTAL AND BEHAVIORAL HEALTH SERVICE ACCESS, COORDINATION, AND NAVIGATION.

-SUICIDE PREVENTION AND AWARENESS.

-YOUTH LEADERSHIP AND RESILIENCY DEVELOPMENT.

-PARENT EDUCATION AND ENGAGEMENT.

-ADDICTION SERVICES.

-PROGRAMMING ADDRESSING OTHER FORMS OF MENTAL ILLNESS, STRESS REDUCTION,
ANXIETY, AND DEPRESSION THAT MAY INCLUDE PHYSICAL AND MINDFULNESS
ACTIVITIES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

ACCESS TO CARE-

GRANTS TO ORGANIZATIONS AND INDIVIDUALS TO MEET THE FINANCIALS RESOURCES
NEEDED TO DEVELOP NEW AND/OR EXPANDED HEALTH SERVICES WITH MEET A
COMMUNITY'S NEEDS, AS WELL AS PROVIDING GAS CARDS TO INDIVIDUALS TO BE USED
FOR MEDICAL TRAVEL.

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

GIVING TUESDAY-CAMPAIGN AIMED INVOLVING THE LOCAL COMMUNITY TO JOIN IN ON THE GLOBAL GENEROSITY MOVEMENT WHICH CREATES A DAY THAT ENCOURAGES PEOPLE TO DONATE TO A LIST OF QUALIFIED NON-PROFIT CHARITIES. THE FOUNDATION MATCHES THE COMMUNITY DONATIONS UP TO A SPECIFIED DOLLAR AMOUNT EACH YEAR. THE FIRST THREE YEARS OF THIS PROGRAM HAS RAISED MORE THAN \$1 MILLION DOLLARS FOR NON-PROFIT ORGANIZATIONS IN BARAGA, HOUGHTON, KEWEENAW AND ONTONAGON COUNTIES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

STOP THE ROAR OF HUNGER

THE FOUNDATION HAS RESEARCHED THE WAYS IN WHICH FOOD INSECURITIES AND NUTRITION AFFECT AN INDIVIDUAL'S OVERALL HEALTH. IN AN EFFORT TO REDUCE THE NEGATIVE EFFECTS OF FOOD INSECURITIES, HUNGER, AND POOR NUTRITION, THE FOUNDATION HAS BEGUN IDENTIFYING FUNDING STRATEGIES TO ADDRESS THE COMMUNITY'S AWARENESS TO FOOD AND THE CRITICAL IMPACT IT HAS ON INDIVIDUAL AND POPULATION HEALTH. THE FOUNDATION'S GRANTING AND HANDS-ON WORK WITHIN THE COMMUNITY IS INTENDED TO CURB THE HEALTH RISKS ASSOCIATED WITH FOOD INSECURITY AND NUTRITIONAL INSTABILITY.

EDUCATION AND SCHOLARSHIPS

EDUCATION IS AN IMPORTANT COMPONENT TO A HEALTHIER COMMUNITY. HEALTH RISK STUDIES HAVE SHOWN POPULATIONS AND INDIVIDUALS WITH HIGHER LEVELS OF EDUCATION COMPLETION GENERALLY HAVE NOTICEABLY REDUCED HEALTH RISK FACTORS. IN ADDITION, ACCESS TO EDUCATIONAL TRAINING AND THE RETENTION OF THOSE STUDENTS WITHIN THE LOCAL COMMUNITY CONTRIBUTE TO A MORE VIBRANT AND PROSPEROUS ECONOMY, FURTHER REDUCING HEALTH RISK FACTORS THAT ARE MORE COMMONLY ASSOCIATED AND PRONOUNCED WITH LOWER INCOME EARNING HOUSEHOLDS. IN ADDITION TO ACCESS TO EDUCATION, MEDICAL INNOVATION AND RESEARCH IS A

Name of the organization

PORTAGE HEALTH FOUNDATION

Employer identification number

38-3022945

CRITICALLY IMPORTANT ASPECT OF THE FOUNDATION'S INVESTMENT IN THE LOCAL COMMUNITY. THROUGH PARTNERSHIP WITH EDUCATIONAL INSTITUTIONS, THE FOUNDATION IS ABLE TO SUPPORT RESEARCH AND OTHER ACADEMIC OFFERINGS THAT WILL HELP INFORM, ADDRESS, OR BE APPLIED TO HEALTH RISK FACTORS WITHIN THE LOCAL COMMUNITIES.

POVERTY

POVERTY INTERSECTS NEARLY ALL OTHER AREAS OF SOCIAL DETERMINANTS OF HEALTH AND THE HEALTH RISK FACTORS ASSOCIATED WITH THEM. THE FOUNDATION HAS UNDERTAKEN THE STEPS NECESSARY TO LAUNCH A FORMAL POVERTY LITERACY AND MITIGATION PROGRAM THAT INCLUDES COMMUNITY ENGAGEMENT, ECONOMIC DEVELOPMENT, FINANCIAL EDUCATION AND LITERACY TRAINING, AND OTHER STEPS TO BUILD COMMUNITY PARTNERSHIPS IN ADDRESSING POVERTY AND THE INHERENT AFFECTS.

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR OF THE FOUNDATION REVIEWS THE FORM 990 IN DETAIL PRIOR TO FILING. THE 990 IS THEN REVIEWED WITH FOUNDATION BOARD MEMBERS AT A REGULARLY SCHEDULED BOARD MEETING. EACH BOARD MEMBER IS PROVIDED A COPY OF THE FORM 990 FOR REVIEW BEFORE THE RETURN IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AN ANNUAL CONFLICT OF INTEREST POLICY STATEMENT IS COMPLETED AND SIGNED BY EACH BOARD MEMBER. THE EXECUTIVE DIRECTOR REVIEWS THE COMPLETED CONFLICT

Name of the organization

Employer identification number

PORTAGE HEALTH FOUNDATION

38-3022945

OF INTEREST FORMS. IF A CONFLICT IS IDENTIFIED, THAT BOARD MEMBER IS EXCUSED FROM ANY DISCUSSION OR VOT RELATING TO THE IDENTIFIED CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION UTILIZES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEY OR STUDIES, AND APPROVAL BY THE BOARD TO ESTABLISH COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE ORGANIZATION UTILIZES WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEY OR STUDIES, AND APPROVAL BY THE BOARD TO ESTABLISH COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

INVESTMENT FEES NETTED WITH INCOME	\$	-28,750
INVESTMENT FEES NETTED WITH INCOME	\$	28,750

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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38-3022945

PORTAGE HEALTH FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	COPPER COUNTRY SENIOR MEALS 821 WATER STREET HANCOCK MI 49930 38-3041729	MEALS	MI	3	7	N/A		X
(2)								
(3)								
(4)								
(5)								

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COPPER COUNTRY SENIOR MEALS	B	209,312	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Area with horizontal dotted lines for supplemental information.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

OMB No. 1545-0172

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

PORTAGE HEALTH FOUNDATION

Identifying number

38-3022945

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	3,251
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,251
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

38-3022945

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902			X	1,951	7 HY 200DB	3,815	87
6	Okidata Printer	3/01/14	784			X	392	5 HY 200DB	784	0
7	Leasehold Improvements to office	1/17/14	7,550			X	3,775	7 HY 200DB	7,382	168
8	Office Suite Furniture	3/31/14	20,548			X	10,274	7 HY 200DB	20,090	458
9	Pedestal	4/11/14	344			X	172	7 HY 200DB	336	8
10	Sign	5/02/14	460			X	230	7 HY 200DB	450	10
11	Sign	9/03/14	500			X	250	7 HY 200DB	489	11
12	Telephone	12/15/14	386			X	193	7 HY 200DB	378	8
14	Conference Phone	2/05/15	744			X	372	7 HY 200DB	695	33
15	Office Space Renovation	2/24/15	3,145			X	1,572	7 HY 200DB	2,934	141
16	Sign	3/23/15	632			X	316	7 HY 200DB	590	28
17	Cabinet	5/11/15	555			X	277	7 HY 200DB	518	25
18	Okidata copier/printer	5/20/15	7,912			X	3,956	5 HY 200DB	7,912	0
19	Executive desk w/ hutch & return	6/11/15	3,468			X	1,734	7 HY 200DB	3,236	155
20	Outdoor Event Tent	8/14/15	1,321			X	661	7 HY 200DB	1,232	59
21	Board iPads (11)	1/11/16	7,684			X	3,842	5 HY 200DB	7,463	221
22	Executive desk with hutch & return	5/01/19	2,610				2,610	7 HY 200DB	1,012	457
23	Dell Power Edge T340 Server	7/15/19	7,200				7,200	5 HY 200DB	3,744	1,382
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470			X	0	15 HY S/L	29,470	0
25	Wiring Computer equipment	3/31/20	6,672			X	0	15 HY S/L	6,672	0
			<u>105,887</u>				<u>39,777</u>		<u>99,202</u>	<u>3,251</u>
	Grand Totals		105,887				39,777		99,202	3,251
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>105,887</u>				<u>39,777</u>		<u>99,202</u>	<u>3,251</u>

38-3022945

MI Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Prior MACRS:								
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	3,902	3,727	175	87	-88
6	Okidata Printer	3/01/14	784	784	784	0	0	0
7	Leasehold Improvements to office	1/17/14	7,550	7,550	7,213	337	168	-169
8	Office Suite Furniture	3/31/14	20,548	20,548	19,631	917	458	-459
9	Pedestal	4/11/14	344	344	329	15	8	-7
10	Sign	5/02/14	460	460	439	21	10	-11
11	Sign	9/03/14	500	500	478	22	11	-11
12	Telephone	12/15/14	386	386	369	17	8	-9
14	Conference Phone	2/05/15	744	744	645	66	33	-33
15	Office Space Renovation	2/24/15	3,145	3,145	2,724	281	141	-140
16	Sign	3/23/15	632	632	547	57	28	-29
17	Cabinet	5/11/15	555	555	481	50	25	-25
18	Okidata copier/printer	5/20/15	7,912	7,912	7,912	0	0	0
19	Executive desk w/ hutch & return	6/11/15	3,468	3,468	3,004	309	155	-154
20	Outdoor Event Tent	8/14/15	1,321	1,321	1,144	118	59	-59
21	Board iPads (11)	1/11/16	7,684	7,684	7,242	442	221	-221
22	Executive desk with hutch & return	5/01/19	2,610	2,610	1,012	457	457	0
23	Dell Power Edge T340 Server	7/15/19	7,200	7,200	3,744	1,382	1,382	0
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	29,470	982	1,965	0	-1,965
25	Wiring Computer equipment	3/31/20	6,672	6,672	222	445	0	-445
			<u>105,887</u>	<u>105,887</u>	<u>62,629</u>	<u>7,076</u>	<u>3,251</u>	<u>-3,825</u>
	Grand Totals		105,887	105,887	62,629	7,076	3,251	-3,825
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>105,887</u>	<u>105,887</u>	<u>62,629</u>	<u>7,076</u>	<u>3,251</u>	<u>-3,825</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902		0	0	1,951	1,951
6	Okidata Printer	3/01/14	784		0	0	392	392
7	Leasehold Improvements to office	1/17/14	7,550		0	0	3,775	3,775
8	Office Suite Furniture	3/31/14	20,548		0	0	10,274	10,274
9	Pedestal	4/11/14	344		0	0	172	172
10	Sign	5/02/14	460		0	0	230	230
11	Sign	9/03/14	500		0	0	250	250
12	Telephone	12/15/14	386		0	0	193	193
14	Conference Phone	2/05/15	744		0	0	372	372
15	Office Space Renovation	2/24/15	3,145		0	0	1,573	1,572
16	Sign	3/23/15	632		0	0	316	316
17	Cabinet	5/11/15	555		0	0	278	277
18	Okidata copier/printer	5/20/15	7,912		0	0	3,956	3,956
19	Executive desk w/ hutch & return	6/11/15	3,468		0	0	1,734	1,734
20	Outdoor Event Tent	8/14/15	1,321		0	0	660	661
21	Board iPads (11)	1/11/16	7,684		0	0	3,842	3,842
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470		0	0	29,470	0
25	Wiring Computer equipment	3/31/20	6,672		0	0	6,672	0
Grand Total			96,077		0	0	66,110	29,967

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	0	0
6	Okidata Printer	3/01/14	784	0	0
7	Leasehold Improvements to office	1/17/14	7,550	0	0
8	Office Suite Furniture	3/31/14	20,548	0	0
9	Pedestal	4/11/14	344	0	0
10	Sign	5/02/14	460	0	0
11	Sign	9/03/14	500	0	0
12	Telephone	12/15/14	386	0	0
14	Conference Phone	2/05/15	744	16	0
15	Office Space Renovation	2/24/15	3,145	70	0
16	Sign	3/23/15	632	14	0
17	Cabinet	5/11/15	555	12	0
18	Okidata copier/printer	5/20/15	7,912	0	0
19	Executive desk w/ hutch & return	6/11/15	3,468	77	0
20	Outdoor Event Tent	8/14/15	1,321	30	0
21	Board iPads (11)	1/11/16	7,684	0	0
22	Executive desk with hutch & return	5/01/19	2,610	326	0
23	Dell Power Edge T340 Server	7/15/19	7,200	830	0
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	0	0
25	Wiring Computer equipment	3/31/20	6,672	0	0
			<u>105,887</u>	<u>1,375</u>	<u>0</u>
	Grand Totals		<u>105,887</u>	<u>1,375</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MI</u>
Prior MACRS:				
4	NEC DSX-40 PBX Telephone System	3/01/14	3,902	0
6	Okidata Printer	3/01/14	784	0
7	Leasehold Improvements to office	1/17/14	7,550	0
8	Office Suite Furniture	3/31/14	20,548	0
9	Pedestal	4/11/14	344	0
10	Sign	5/02/14	460	0
11	Sign	9/03/14	500	0
12	Telephone	12/15/14	386	0
14	Conference Phone	2/05/15	744	33
15	Office Space Renovation	2/24/15	3,145	140
16	Sign	3/23/15	632	28
17	Cabinet	5/11/15	555	24
18	Okidata copier/printer	5/20/15	7,912	0
19	Executive desk w/ hutch & return	6/11/15	3,468	155
20	Outdoor Event Tent	8/14/15	1,321	59
21	Board iPads (11)	1/11/16	7,684	0
22	Executive desk with hutch & return	5/01/19	2,610	326
23	Dell Power Edge T340 Server	7/15/19	7,200	830
24	Office Remodel-400 Quincy St. Floor 5	6/15/20	29,470	1,965
25	Wiring Computer equipment	3/31/20	6,672	445
			<u>105,887</u>	<u>4,005</u>
Grand Totals			<u>105,887</u>	<u>4,005</u>

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

PORTAGE HEALTH FOUNDATION

38-3022945

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1,379,143	1,165,015	-214,128
	2. Membership dues and assessments			
	3. Government contributions and grants	51,368	174,000	122,632
	4. Program service revenue			
	5. Investment income	1,130,315	1,559,960	429,645
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	852,869	4,629,464	3,776,595
	8. Net income or (loss) from fundraising events	-5,000		5,000
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	60,985	620,076	559,091
	12. Total revenue. Add lines 1 through 11	3,469,680	8,148,515	4,678,835
Expenses	13. Grants and similar amounts paid	2,669,893	2,300,471	-369,422
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	137,484		-137,484
	16. Salaries, other compensation, and employee benefits	439,507	667,938	228,431
	17. Professional fundraising fees			
	18. Other professional fees	116,436	140,692	24,256
	19. Occupancy, rent, utilities, and maintenance	36,980	42,315	5,335
	20. Depreciation and Depletion	8,076	6,972	-1,104
	21. Other expenses	113,227	177,529	64,302
	22. Total expenses. Add lines 13 through 21	3,521,603	3,335,917	-185,686
	23. Excess or (Deficit). Subtract line 22 from line 12	-51,923	4,812,598	4,864,521
Other Information	24. Total exempt revenue	3,469,680	8,148,515	4,678,835
	25. Total unrelated revenue			
	26. Total excludable revenue	2,044,169	6,809,500	4,765,331
	27. Total assets	77,865,771	85,620,667	7,754,896
	28. Total liabilities	709,168	153,143	-556,025
	29. Retained earnings	77,156,603	85,467,524	8,310,921
	30. Number of voting members of governing body	10	10	
	31. Number of independent voting members of governing body	10	10	
	32. Number of employees	7	8	
	33. Number of volunteers	15	5	

Form **990****Tax Return History****2021**

Name

PORTAGE HEALTH FOUNDATION

Employer Identification Number
38-3022945

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	170,304	1,313,368	498,276	1,430,511	1,339,015	
Membership dues						
Program service revenue	844,982	1,914,946	676,921	852,869	4,629,464	
Capital gain or loss	1,165,520	1,219,461	1,275,424	1,130,315	1,559,960	
Investment income	1,134	-10,141	-9,708	-5,000		
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	-914,198	-392,738	577,199	60,985	620,076	
Total revenue	1,267,742	4,044,896	3,018,112	3,469,680	8,148,515	
Grants and similar amounts paid	390,407	3,025,287	1,411,067	2,669,893	2,300,471	
Benefits paid to or for members						
Compensation of officers, etc.			132,146	137,484		
Other compensation	283,105	386,883	328,331	439,507	667,938	
Professional fees	94,312	70,212	109,174	116,436	140,692	
Occupancy costs	11,610	12,630	13,940	36,980	42,315	
Depreciation and depletion	6,538	4,793	5,394	8,076	6,972	
Other expenses	119,480	104,950	161,643	113,227	177,529	
Total expenses	905,452	3,604,755	2,161,695	3,521,603	3,335,917	
Excess or (Deficit)	362,290	440,141	856,417	-51,923	4,812,598	
Total exempt revenue	1,267,742	4,044,896	3,018,112	3,469,680	8,148,515	
Total unrelated revenue						
Total excludable revenue	1,096,304	2,741,669	2,529,544	2,044,169	6,809,500	
Total Assets	66,237,611	60,237,176	69,553,584	77,865,771	85,620,667	
Total Liabilities	1,313,588	1,284,312	389,574	709,168	153,143	
Net Fund Balances	64,924,023	58,952,864	69,164,010	77,156,603	85,467,524	

Federal Statements

Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
UNRESTRICTED:	INTEREST INCOM	\$ 258			14	
	TOTAL	\$ 258				

Taxable Dividends from Securities

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
UNRESTRICTED:	DIVIDEND INCOME	\$ 1,559,702			14	
	TOTAL	\$ 1,559,702				

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
MANAGEMENT FEES	\$ 1,481	\$	\$ 1,481	\$
TOTAL	<u>\$ 1,481</u>	<u>\$ 0</u>	<u>\$ 1,481</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL EXPENSES	\$ 320	\$	\$ 320	\$ 67
EVENT COORDINATION	67	\$	\$ 320	\$ 67
TOTAL	<u>\$ 387</u>	<u>\$ 0</u>	<u>\$ 320</u>	<u>\$ 67</u>

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 73,500
DONATIONS	488,682
CITY OF HOUGHTON	
CASH CONTRIBUTION	50,500
KEWEENAW COUNTY	
CASH CONTRIBUTION	50,000
PORTAGE HEALTH, INC.	
CASH CONTRIBUTION	466,333
BLUE CROSS BLUE SHIELD	
CASH CONTRIBUTION	30,000
JOSEPH KIRKISH	
CASH CONTRIBUTION	90,000
PAUL TOMASI	
HOME DEPOT STOCK	
PATS HEAVY EQUIPMENT SALES, LLC	
CASH CONTRIBUTION	90,000
TOTAL	<u>\$ 1,339,015</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANONYMOUS	\$ 330,000	\$ 108,930
TOTAL	\$ 330,000	\$ 108,930

51667 Portage Health Foundation
38-3022945
FYE: 12/31/2021

10/7/2022 12:24 PM

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
UNRESTRICTED: INTEREST INCOM	\$ 258
UNRESTRICTED: DIVIDEND INCOME	1,559,702
TOTAL	<u>\$ 1,559,960</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

38-3022945

PORTAGE HEALTH FOUNDATION

Net Asset / Fund Balance at Beginning of Year

77,156,603**Revenue**Contributions 1,339,015

Program service revenue

Investment income 1,559,960Capital gain / loss 4,629,464

Fundraising / Gaming:

Gross revenue _____

Direct expenses _____

Net income _____

Other income 620,076**Total revenue**8,148,515**Expenses**Program services 2,526,091Management and general 809,759Fundraising 67**Total expenses**3,335,917**Excess / (deficit)**4,812,598

Changes

3,498,323

Net Asset / Fund Balance at End of Year

85,467,524**Reconciliation of Revenue**Total revenue per financial statements 11,618,088

Less:

Unrealized gains 3,498,323

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other 28,750**Total revenue per return** 8,148,515**Reconciliation of Expenses**Total expenses per financial statements 3,307,167

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other 28,750**Total expenses per return** 3,335,917**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>77,865,771</u>	<u>85,620,667</u>	
Liabilities	<u>709,168</u>	<u>153,143</u>	
Net assets	<u>77,156,603</u>	<u>85,467,524</u>	<u>8,310,921</u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/22

Failure to file penalty _____