

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>THE PORTLAND FOUNDATION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>112 E MAIN ST</b> City or town, state or country, and ZIP + 4 <b>PORTLAND, IN 47371</b> <b>F Name and address of principal officer: DOUG INMAN</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>35-6028362</b> <b>E Telephone number</b> <b>(260) 726-4260</b> <b>G Gross receipts \$</b> <b>441,996.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ <b>WWW.PORTLANDFOUNDATION.ORG</b>		
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1951</b> <b>M State of legal domicile:</b> <b>IN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME,</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>9</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>9</b> <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <b>3</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>0</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>169.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>315.</b>																									
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**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.

<b>Sign Here</b>	Signature of officer <b>DOUG INMAN, EXECUTIVE DIRECTOR</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SCOTT A BOLLENBACHER, CPA</b>	Preparer's signature <b>SCOTT A BOLLENBACHE</b>	Date <b>06/23/11</b>	<input type="checkbox"/> Check if self-employed PTIN
	Firm's name ▶ <b>BOLLENBACHER &amp; ASSOCIATES, LLC</b> Firm's address ▶ <b>215 E PEARL ST, PO BOX 702</b> <b>PORTLAND, IN 47371</b>	Firm's EIN ▶ Phone no. <b>260-726-4207</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 295,980. including grants of \$ 198,298. ) (Revenue \$ ) THE PORTLAND FOUNDATION ADMINISTERS APPROXIMATELY 100 SEPARATE SCHOLARSHIP TRUSTS ESTABLISHED FOR THE PROVISION OF STUDENT SCHOLARSHIPS IN AND AROUND JAY COUNTY INDIANA. THE FOUNDATION ENSURES SPECIFIC GUIDELINES ESTABLISHED BY EACH SCHOLARSHIP TRUST ARE FOLLOWED IN AWARDING SCHOLARSHIPS TO BETTER THE COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 295,980.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		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)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</i> .....		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? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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 to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	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
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DOUGLAS L INMAN - (260) 726-4260**  
**112 EAST MAIN STREET, PORTLAND, IN 47371**



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b> .....							43,037.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							43,037.	0.	0.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or 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. **NONE**

(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 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions) .....	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	260,151.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....		260,151.				
	Program Service Revenue	2 a	.....	Business Code				
b		.....						
c		.....						
d		.....						
e		.....						
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		174,688.			174,688.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
		b	Less: rental expenses .....					
		c	Rental income or (loss) .....					
		d	Net rental income or (loss) .....					
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses .....					
		c	Gain or (loss) .....					
		d	Net gain or (loss) .....			-7,861.	-7,861.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b	Less: direct expenses .....	b				
		c	Net income or (loss) from fundraising events .....					
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
b		Less: direct expenses .....	b					
c		Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....	a						
	b	Less: cost of goods sold .....	b					
	c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			Business Code					
11 a	<b>PARTNERSHIP INVESTMENT</b> .....	211110		169.		169.		
b	<b>PARTNERSHIP INV-NONTAX</b> .....	211110		-501.			-501.	
c	.....							
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....			-332.				
12	<b>Total revenue.</b> See instructions. ....			426,646.	-7,861.	169.	174,187.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21 .....	130,376.	130,376.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	67,922.	67,922.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	43,037.	21,519.	21,518.	
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 .....	5,870.	1,150.	4,720.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	6,046.	2,250.	3,796.	
10 Payroll taxes .....	3,741.	1,734.	2,007.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	3,548.		3,548.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	15,507.	15,507.		
g Other .....	42,797.	42,797.		
12 Advertising and promotion .....	6,200.	6,200.		
13 Office expenses .....	1,660.		1,660.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	4,665.		4,665.	
17 Travel .....	1,884.		1,884.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	27,866.		27,866.	
23 Insurance .....	1,219.		1,219.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>LILLY SCHOLARSHIP</b> .....	3,606.	3,606.		
b <b>PRINTING</b> .....	2,919.	2,919.		
c <b>UTILITIES</b> .....	1,766.		1,766.	
d <b>TELEPHONE</b> .....	1,675.		1,675.	
e <b>DUES AND SUBSCRIPTIONS</b> .....	1,182.		1,182.	
f All other expenses .....	2,116.		2,116.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	375,602.	295,980.	79,622.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	99,623.	<b>1</b>	90,952.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	152.	<b>9</b>	105.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 640,460.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 106,419.	551,981.	<b>10c</b> 534,041.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,892,208.	<b>12</b>	10,022,180.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	5,197.	<b>15</b>	5,197.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,549,161.	<b>16</b>	10,652,475.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>		
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	723,091.	<b>25</b>	804,116.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	723,091.	<b>26</b>	804,116.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-363,189.	<b>27</b>	-183,827.	
	<b>28</b> Temporarily restricted net assets .....	18,514.	<b>28</b>	860,562.	
	<b>29</b> Permanently restricted net assets .....	9,170,745.	<b>29</b>	9,171,624.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	8,826,070.	<b>33</b>	9,848,359.	
<b>34</b> Total liabilities and net assets/fund balances .....	9,549,161.	<b>34</b>	10,652,475.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	426,646.
2	Total expenses (must equal Part IX, column (A), line 25)	2	375,602.
3	Revenue less expenses. Subtract line 2 from line 1	3	51,044.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,826,070.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	971,245.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,848,359.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	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 in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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 in Schedule O and describe any steps taken to undergo such audits.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center"><b>THE PORTLAND FOUNDATION</b></p>	<b>Employer identification number</b> <p style="text-align:center"><b>35-6028362</b></p>
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**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 11, 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.)
  - 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	80,904.	36,042.	182,979.	37,520.	260,151.	597,596.
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 <b>Total.</b> Add lines 1 through 3 .....	80,904.	36,042.	182,979.	37,520.	260,151.	597,596.
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) .....						6,637.
6 <b>Public support.</b> Subtract line 5 from line 4.						590,959.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	80,904.	36,042.	182,979.	37,520.	260,151.	597,596.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	377,121.	268,877.	300,466.	183,861.	166,827.	1,297,152.
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 IV.) .....	-1,224.	3,268.	4,087.	943.	-332.	6,742.
11 <b>Total support.</b> Add lines 7 through 10						1,901,490.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	31.08	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	32.13	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
16b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
17b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE PORTLAND FOUNDATION

Employer identification number

35-6028362

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate contributions to (during year) .....	3,281.	
3 Aggregate grants from (during year) .....	16,199.	
4 Aggregate value at end of year .....	612,951.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 are a 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 programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	9,547,040.	8,141,792.	11,756,528.		
b Contributions	257,550.	33,894.	235,769.		
c Net investment earnings, gains, and losses	1,214,957.	1,726,692.	-3,279,139.		
d Grants or scholarships	198,298.	228,397.	403,210.		
e Other expenditures for facilities and programs					
f Administrative expenses	144,512.	126,941.	168,156.		
g End of year balance	10,676,737.	9,547,040.	8,141,792.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		220,423.		220,423.
b Buildings				
c Leasehold improvements		394,170.	86,305.	307,865.
d Equipment				
e Other		25,867.	20,114.	5,753.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				534,041.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) FMB-US & STATE GOVT	163,708.	END-OF-YEAR MARKET VALUE
(B) FMB-CORPORATE BONDS	327,132.	END-OF-YEAR MARKET VALUE
(C) FMB-MUTUAL FUNDS	4,798,839.	END-OF-YEAR MARKET VALUE
(D) FMB-SAVINGS AND TEMP CASH		
(E) INVESTMENTS	105,393.	END-OF-YEAR MARKET VALUE
(F) MAINSOURCE-SAVINGS AND		
(G) TEMP CASH INV	44,429.	END-OF-YEAR MARKET VALUE
(H) MAINSOURCE-CORP BONDS	186,940.	END-OF-YEAR MARKET VALUE
(I) MAINSOURCE-CORP STOCKS	1.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>10,022,180.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ASSETS HELD FOR OTHERS	804,116.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>804,116.</b>

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	426,646.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	375,602.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	51,044.
4	Net unrealized gains (losses) on investments	4	971,245.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	971,245.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,022,289.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,397,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	971,245.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	971,245.
3	Subtract line 2e from line 1	3	426,646.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	426,646.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	375,602.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	375,602.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	375,602.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: SCHOLARSHIPS AND GRANTS FOR THE BETTERMENT OF JAY**

COUNTY.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**THE PORTLAND FOUNDATION**

**Employer identification number  
35-6028362**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTS PLACE, INC 131 E WALNUT STREET PORTLAND, IN 47371		501(C)(3)	61,486.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY-RANDOLPH DEVELOPMENTAL SERVICES - 901 E. WATER STREET - PORTLAND, IN 47371		501(C)(3)	890.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY COMMUNITY CENTER 115 E WATER STREET PORTLAND, IN 47371		501(C)(3)	7,022.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY COUNTY HISTORICAL SOCIETY 903 E MAIN STREET PORTLAND, IN 47371		501(C)(3)	9,775.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY COUNTY PUBLIC LIBRARY 315 N SHIP ST PORTLAND, IN 47371		501(C)(3)	2,030.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JOHN JAY CENTER FOR LEARNING 101 S MERIDIAN STREET PORTLAND, IN 47371		501(C)(3)	24,916.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO

- 2** Enter total number of section 501(c)(3) and government organizations **21.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PURDUE FOUNDATION 403 WEST WOOD STREET WEST LAYFAYETTE, IN 47907		501(C)(3)	14,017.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
BLOOMFIELD ELEMENTARY SCHOOL 350 E 500 N BRYANT, IN 47326		501(C)(3)	426.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
COMMUNITY & FAMILY SERVICES 521 S WAYNE ST PORTLAND, IN 47371		501(C)(3)	2,500.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
EAST ELEMENTARY SCHOOL 705 E TALLMAN ST PORTLAND, IN 47371		501(C)(3)	300.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
GENERAL SHANKS ELEMENTARY 414 FLORAL AVE. PORTLAND, IN 47371		501(C)(3)	690.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
WESTLAWN ELEMENTARY SCHOOL 234 WEST PEARL STREET DUNKIRK, IN 47336		501(C)(3)	450.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY COUNTY CHRISTIAN ACADEMY 289 S 200 W PORTLAND, IN 47371		501(C)(3)	100.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JAY COUNTY HUMANE SOCIETY 1313 SHADELAND LN PORTLAND, IN 47371		501(C)(3)	627.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
JUDGE HAYNES ELEMENTARY SCHOOL 827 WEST HIGH STREET PORTLAND, IN 47371		501(C)(3)	926.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO

LHA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PENNVILLE ELEMENTARY SCHOOL 390 WEST PLEASANT STREET PENNVILLE, IN 47369		501(C)(3)	100.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
SECOND HARVEST FOOD BANK 6621 OLD STATE RD 3 MUNCIE, IN 47303		501(C)(3)	2,291.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
UNITED WAY OF JAY COUNTY 101 S MERIDIAN STREET PORTLAND, IN 47371		501(C)(3)	1,243.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO
YOUTH SERVICE BUREAU 603 W ARCH STREET PORTLAND, IN 47371		501(C)(3)	587.	0.			ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO

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

(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
SCHOLARSHIPS	64	67,922.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: WHEN A GRANT IS AWARDED TO A NOT-FOR-PROFIT ORGANIZATION, THE FOUNDATION HAS PROCEDURES IN PLACE TO ENSURE PROPER USAGE OF THE GRANT FUNDS. THE RECIPIENT ORGANIZATION MUST SHOW PROOF OF EXPENDITURE FOR THE PROJECT, AND THEN MUST SIGN A GRANT AGREEMENT, WHEREBY THEY AGREE TO USE THE GRANT FUNDS ONLY FOR THE PROJECT FOR WHICH THE GRANT WAS AWARDED.

ONCE THE GRANT FUNDS ARE EXPENDED, THE RECIPIENT ORGANIZATION MUST COMPLETE A WRITTEN FINAL GRANT REPORT, WHICH DETAILS THE USAGE OF THE GRANT FUNDS.

FINALLY, THE FOUNDATION CONDUCTS ON-SITE VISITS WITH RECIPIENT

**Part IV** Supplemental Information

ORGANIZATIONS AS A WAY TO FURTHER ENSURE PROPER USAGE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARTS PLACE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY-RANDOLPH DEVELOPMENTAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: JOHN JAY CENTER FOR LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: PURDUE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: BLOOMFIELD ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: EAST ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY  
BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: GENERAL SHANKS ELEMENTARY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

**Part IV** Supplemental Information

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BUILDING COMMUNITY ENDOWMENT

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NAME OF ORGANIZATION OR GOVERNMENT: WESTLAWN ELEMENTARY SCHOOL

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(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

---

BUILDING COMMUNITY ENDOWMENT

---

---

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY CHRISTIAN ACADEMY

---

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

---

BUILDING COMMUNITY ENDOWMENT

---

---

NAME OF ORGANIZATION OR GOVERNMENT: JAY COUNTY HUMANE SOCIETY

---

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

---

BUILDING COMMUNITY ENDOWMENT

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NAME OF ORGANIZATION OR GOVERNMENT: JUDGE HAYNES ELEMENTARY SCHOOL

---

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

---

BUILDING COMMUNITY ENDOWMENT

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NAME OF ORGANIZATION OR GOVERNMENT: PENNVILLE ELEMENTARY SCHOOL

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(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE  
PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY

---

BUILDING COMMUNITY ENDOWMENT

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NAME OF ORGANIZATION OR GOVERNMENT: SECOND HARVEST FOOD BANK

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**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF JAY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH SERVICE BUREAU

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE PORTLAND FOUNDATION

Employer identification number

35-6028362

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY BUILDING COMMUNITY ENDOWMENT

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN WAS REVIEWED BY THE  
BOARD OF DIRECTORS PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES EACH  
MEMBER TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT  
ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES THE  
SALARY FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABILITY, LENGTH OF  
EMPLOYMENT, ETC.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING  
DOCUMENTS, POLICIES, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC UPON  
REQUEST

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 971,245.

TRANSFER TO PF - CORPORATION 35-2019497

NO CHANGES

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning , and ending

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; F Group exemption number; G Check organization type; D Employer identification number; E Unrelated business activity codes.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of DOUGLAS L INMAN Telephone number (260) 726-4260

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, and total income of 1,315.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing various deductions such as salaries, repairs, interest, and total deductions of 1,000, resulting in an unrelated business taxable income of 315.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date EXECUTIVE DIRECTOR Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENT IN PARTNERSHIPS WHICH WERE DONATED BY CONTRIBUTORS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	AMOUNT
PERFORMANCE CAPITAL MANAGEMENT, LLC	-94.
PERFORMANCE CAPITAL MANAGEMENT, LLC	-283.
PERFORMANCE CAPITAL MANAGEMENT, LLC	-189.
REEF GLOBAL ENERGY II, LP	-120.
PEGASUS OFFSET JOINT VENTURE	220.
APEX EXPLORATION PARTNERS	-53.
WILCOX 1992 ACQUISITION FUND I, LTD	492.
EAST MURRAY PROSPECT #2 JOINT VENTURE	1,342.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	1,315.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>THE PORTLAND FOUNDATION</b>	Employer identification number <b>35-6028362</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>112 E MAIN ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PORTLAND, IN 47371</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DOUGLAS L INMAN**

- The books are in the care of ▶ **112 EAST MAIN STREET - PORTLAND, IN 47371**  
 Telephone No. ▶ **(260) 726-4260** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**THE PORTLAND FOUNDATION**

**35-6028362**

Name and title of officer

**DOUG INMAN  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>426646</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BOLLENBACHER & ASSOCIATES, LLC** to enter my PIN **12345**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35127412345**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **06/23/11**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**

**NP-20**

State Form 51062  
 (R3 / 3-10)

For the Calendar Year or Fiscal Year  
 Beginning 01/01/2010 and Ending 12/31/2010  
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

Name of Organization <b>THE PORTLAND FOUNDATION</b>		Telephone Number <b>(260) 726-4260</b>
Address <b>112 E MAIN ST</b>	County <b>JAY</b>	Indiana Taxpayer Identification Number
City <b>PORTLAND, IN 47371</b>	State <b>IN</b> ZIP Code <b>47371</b>	Federal Identification Number <b>35-6028362</b>
Printed Name of Person to Contact <b>DOUG INMAN</b>		Contact's Telephone Number

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 59.
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE OF JAY COUNTY, INDIANA, NOW AND FOR GENERATIONS TO COME, BY BUILDING COMMUNITY ENDOWMENT**

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

**EXECUTIVE DIRECTOR**

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

**Important:** Please submit this completed form and/or extension to:  
 Indiana Department of Revenue, Tax Administration  
 P.O. Box 7147  
 Indianapolis, IN 46207-7147  
 Telephone: (317) 233-4015

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 233-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

**FORM IT-6 (INDIANA CORPORATION ESTIMATED TAX WORKSHEET)  
KEEP FOR YOUR RECORDS - DO NOT FILE WITH THE RETURN**

Name <b>THE PORTLAND FOUNDATION</b>		Federal ID Number <b>35-6028362</b>	
	Amount of Income	Tax Rate	Amount of Tax
1) Adjusted gross income tax .....	315.	.085	27.
2) Total tax due .....			27.
3) Total tax adjusted to equalize payments .....			30.
4) Overpayment applied to estimated tax .....			
5) Extension payment applied to estimated tax .....			
6) Number of installments required .....			1

**Record of Estimated Tax Payments**

Amount of first installment due on <u>04/20/11</u> .....	0.
Amount of second installment due on <u>06/20/11</u> .....	0.
Amount of third installment due on <u>09/20/11</u> .....	0.
Amount of fourth installment due on <u>12/20/11</u> .....	30.

050451  
11-11-10

Cut on line before mailing

-----IT-6 0810-----1019-----

**6**

\_\_\_\_\_  
Printed Name of Officer Title

\_\_\_\_\_  
Signature of Officer Title

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Federal ID Number

Voucher Number Calendar or Fiscal Year Ending Due Date

Enter Total Tax Below

1

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

050451  
11-11-10

Cut on line before mailing

-----IT-6 0810-----1019-----

**6**

\_\_\_\_\_  
Printed Name of Officer Title

\_\_\_\_\_  
Signature of Officer Title

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Federal ID Number

Voucher Number Calendar or Fiscal Year Ending Due Date

Enter Total Tax Below

2

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226

050451  
11-11-10

Cut on line before mailing

-----IT-6 0810-----1019-----

**6**

\_\_\_\_\_  
Printed Name of Officer Title

\_\_\_\_\_  
Signature of Officer Title

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Federal ID Number

Voucher Number Calendar or Fiscal Year Ending Due Date

Enter Total Tax Below

3

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7226  
INDIANAPOLIS, IN 46207-7226



**Indiana Nonprofit Organization Unrelated Business Income Tax Return**

**2010**

Calendar Year Ending December 31, 2010 or

Fiscal Year Beginning \_\_\_\_\_ 2010 and Ending \_\_\_\_\_  
 Check box if amended.  Check box if name changed.

Name of Organization <b>THE PORTLAND FOUNDATION</b>			Federal Identification Number (FID) <b>35 6028362</b>		
Number and Street <b>112 E MAIN ST</b>		Indiana County or O.O.S. <b>JAY</b>	Principal Business Activity Code <b>211110</b>		
City <b>PORTLAND</b>	State <b>IN</b>	ZIP Code <b>47371</b>	Telephone Number <b>260 726 4260</b>		
<b>K</b> Check all boxes that apply: <input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> In Bankruptcy <input type="checkbox"/> Schedule M <b>L</b> Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Due Date: 15th day of the fifth month following close of the tax year.					

**Adjusted Gross Income Tax Calculation on Unrelated Business Income**

Round all entries

1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts _____	1	1,315.00
2. Specific deduction (generally \$1,000; see instructions) _____	2	1,000.00
3. Interest on U.S. government obligations on the federal return less related expenses _____	3	.00
4. Deduction for qualified patents income _____	4	.00
5. Enter total from lines 2 through 4 _____	5	1,000.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) _____	6	315.00
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) _____	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) _____	8	315.00
9. Enter Indiana apportionment percentage, if applicable, from line 4(c) of IT-20 Schedule E apportionment (attach schedule) _____	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) _____	10	315.00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) _____	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	315.00
13. Indiana tax on unrelated business income (multiply line 12 by 8.5% (.085)). <b>See instructions for line 13</b> _____	13	27.00
14. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	14	.00
15. Total tax due (add lines 13 and 14) _____ Total Tax ▶	15	27.00
<b>Credit for Estimated Tax and Other Payments</b>		
16. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total	16	.00
17. Amount paid with extension _____	17	.00
18. Amount of overpayment credit (from tax year ending _____) _____	18	.00
19. Enter name of other credit _____ Code No. 19a _____	19b	.00
20. Total credits (add lines 16, 17, 18, and 19b) _____ Total Credits ▶	20	.00
21. Balance of tax due (line 15 minus 20; if line 20 is greater than line 15, proceed to lines 22, 23, and 26) _____	21	27.00
22. Penalty for the underpayment of income tax. Attach Schedule IT-2220 _____ <input type="checkbox"/> Check box if using annualization method	22	.00
23. Interest: If payment is made after the original due date, compute interest _____	23	.00
24. Penalty: If paid late, enter 10% of line 21; see instructions. If line 15 is zero, enter \$10 per day filed past due date _____	24	.00
25. Total payment due (add lines 21 through 24). (Payment must be made in U.S. funds) <b>PAY THIS AMOUNT</b> ▶	25	27.00
26. Total overpayment (line 20 minus lines 15, 22-24) _____	26	.00
27. Amount of line 26 to be refunded _____	27	.00
28. Amount of line 26 to be applied to the following year's estimated tax account _____	28	.00

You must go to the certification and authorization section on page 2 to complete this return.



Indiana Department of Revenue  
**Indiana Nonprofit Organization Unrelated Business Income**

Additional Explanation or Adjustment		
State Form 49189 (R8/8-09) Line (a)	Explanation (b)	Amount (c)
		.00
		.00
		.00

**Certification of Signatures and Authorization Section**

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 10)  Yes  No

Organization's E-mail address EE

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**DOUG INMAN** **EXECUTIVE**  
 Print or Type Name of Officer Title

**BOLLENBACHER & ASSOCIATES, LLC**

**Paid Preparer: Firm's Name** (or yours if self-employed)

Check One:  Federal ID Number  PTIN OR  Social Security Number

**20 1695613**

Telephone Number **260 726 4207**

Address **215 E PEARL ST, PO BOX 702**

City **PORTLAND**

State **IN** ZIP Code +4 **47371**

**SCOTT A BOLLENBACHER, 06 23 11**

Paid Preparer's Signature

Date

**Personal Representative's Name (Print or Type)**

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code +4 \_\_\_\_\_

**Sales/Use Tax Worksheet**

List all purchases made during 2010 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00
1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 14. If the amount is negative, enter zero and put no entry on line 14 of the IT-20NP	4C	.00

Please mail forms to: **Indiana Department of Revenue, 100 N. Senate Ave., Indianapolis, IN 46204-2253**

