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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number

PORT	<b>FLAND LEADERSH</b>	IP FOUNDATION					[		26-422	4606		
Par	t Reason f	or Public Cha	ity Status (All orga	nizations	s must c	omplete	this par	t.) See i	nstruction	ns.		
1	A church, cond A school desc A hospital or a A medical rese	vention of church ribed in section a cooperative has	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attacspltal service organization operated in conjuncts:	churches th Schedi	describe ule E.) cribed in s	ed in sec	tion 170( 70(b)(1)(	b)(1)(A)(i) A)(iii).		iil). Entei	the	
5	An organization		the benefit of a colleg	ge or uni	versity ov	vned or	perated	by a go	vernmenta	al unit de	escrib	ed in
6 7	✓ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					it or from	the ger	eral p	oublic
9	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  ☐ An organization that normally receives: (1) more than 331/s% of its support from contributions membership less, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/s% of its support from gross investment income and unrelated business taxable income (less section 500(a)(2). (Complete Part III.)							gross of us				
10 11	An organization	on organized an one or more pub	operated exclusively ad operated exclusive licity supported organ describes the type of	ely for th	e benefit described	of, to p	perform 1 on 509(a	he funct )(1) or se	ions of co	(a)(2). S		t the
	other than fou or section 509	his box, I certify indation manage I(a)(2).	that the organization rs and other than one	e or more	ntrolled d publicly	irectly or supporte	indirectly d organi	y by one zations o	lescribed	llsqualific in section	ed pe on 509	rsons 9(a)(1)
f g	organization, o	check this box . 17, 2006, has t	written determination							e III sup	portir 	ng 🔲
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported					describe	din (ii) an	d 11g(j)	Yes	No
h	(ii) A family m (iii) A 35% cor	ember of a persontrolled entity of	on described in (i) abo a person described in on about the support	ve? ı (i) or (ii) ı	 above? .					11g(ii) 11g(iii)		
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) is the c in col. (i) its	rganization sted in your document?	the organ	ou notify lization in of your port?	organizat (i) organi	s the ion in col. zed in the S ?		mount .	of
				Yes	No	Yes	No	Yes	No			
A)												
B)												
C)												
D)												
E)												
otal												
or P	aperwork Reductio	n Act Notice, see	the instructions for		Cat. No	. 11285F		Sch	edule A (Fo	rm 990 or	990-EZ	2) 2010

FILE ]
MANUEL ON 18/2011

Form 990 or 990-EZ.

04B 003

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of 1	Part I or if the	organization	failed to qua	
	on A. Public Support	(-) 0000 T	#\ 0007 [	43.0000	( n 0000	<u> </u>	(A T-1-)
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2006 N/A	(b) 2007 N/A	(c) 2008 N/A	(d) 2009 84,615	(e) 2010 363,985	(f) Total 448,600
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				84,615	363,985	448,600
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)						291,300
6	Public support. Subtract line 5 from line 4.						157,300
	on B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2000 N/A	(b) 2007 N/A	(C) 2008 N/A	84,615	363,985	448,600
8	Gross income from interest, dividends,			- 107	44,013	303,303	440,000
	payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				13,265	63,000	76,265
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ns)			12	524,825
13	First five years. If the Form 990 is for th						n 501(c)(3)
	organization, check this box and stop her					<u> </u>	🕨 🗷
$\overline{}$	on C. Computation of Public Suppor			4		44	
14 15	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch	, column (r) all lecule A. Part I	/idea by line 1 / line 14	i, column (i))		15	<u>%</u> - %-
16a	331a% support test - 2010. If the organiz	ation did not o	heck the box	on line 13, and	l line 14 is 331/		
	box and stop here. The organization qual						
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	ization did no zation qualifies	t check a box s as a publicly:	on line 13 or supported orga	16a, and line anization	15 is 33½%	or more,
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	ınd-circumstar mstances" tes	nces" test, che	ck this box and	d stop here. E	ine 14 Is xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	ion meets the eets the "facts	"facts-and-cir and-circumst-	cumstances"	test, check thi ne organizatior	s box and sto	and line op here. publicly
18	Private foundation. If the organization did	i not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and	· P []
	instructions	· · · · ·	<u> </u>	· · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u>· · · · · </u>	<u> </u>

	e A (Form 990 or 990-EZ) 2010			5051 (15)			Page 3			
Part										
•	(Complete only if you checked th						ier Part II.			
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	11.)				
	on A. Public Support	4.3.0000	41.000		( # 0000	1 2004				
	dar 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			<u> </u>						
_	received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities									
	furnished in any activity that is related to the					ł				
	organization's tax-exempt purpose	<u> </u>								
3	Gross receipts from activities that are not an			İ						
	unrelated trade or business under section 513									
4	Tax revenues levied for the			ļ						
5	organization's benefit and either paid			}						
	to or expended on its behalf			<u> </u>						
5	The value of services or facilities									
	furnished by a governmental unit to the					ļ				
	organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and 3									
	received from disquallfied persons .									
ь	Amounts included on lines 2 and 3									
	received from other than disqualified			<u> </u>	i	1				
	persons that exceed the greater of \$5,000		1			1				
	or 1% of the amount on line 13 for the year					[				
C	Add lines 7a and 7b									
8	Public support (Subtract line 7c from				1					
	line 6.)									
Secti	on B. Total Support			-						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest, dividends,									
	payments received on securities loans, rents,					1	İ			
	royalties and income from similar sources .						ĺ			
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses				ł					
	acquired after June 30, 1975			i			1			
C	Add lines 10a and 10b									
11	Net income from unrelated business					1				
	activities not included in line 10b, whether		l							
	or not the business is regularly carried on									
12	Other income. Do not include gain or					•				
	loss from the sale of capital assets		ĺ							
	(Explain in Part IV.)					<u> </u>	L			
13	Total support. (Add lines 9, 10c, 11,									
	and 12.)						l			
14	First five years. If the Form 990 is for the		n's first, secor	id, third, fourth	, or fifth tax y	ear as a sectio	on 501(c)(3)			
	organization, check this box and stop her	re	<u></u>	<del> <u>.</u> .</del>	<u> </u>		· · · <b>▶</b> 🔲			
Secti	on C. Computation of Public Suppor	t Percentag	е							
15	Public support percentage for 2010 (line 8					15	%			
16	Public support percentage from 2009 Sch	edule A, Part	ill, line 15 .		<u> </u>	16	%			
Secti	on D. Computation of Investment Inc	come Perce	ntage							
17	Investment income percentage for 2010 (					17	%			
18	Investment income percentage from 2009 Schedule A, Part III, line 17									
19a		331/2% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line								
	17 is not more than 331/x9%, check this box and stop here. The organization qualifies as a publicly supported organization . >									
ь	331/a% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/a%, and									
	line 18 is not more than 331,3%, check this is									
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	640 € 6160 E			

Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	instructions).	
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