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Form **990**

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)

OMB No 1545-0047

2009

_				(е	xcept black l	ang bene	fit trust or priva	ate foundati	on)			****	and the same of th
	artment of nal Re∳en	the Treasury sue Service		► The organiza	tion may have to	use a copy	of this return to sati	sfy state repor	ting requirer	nents.	Ор	en to Pub	lic Inspection
	For the	2009 calendar	year,	or tax year be	ginning 7/	'01	, 2009	9, and endir	ng 6/	30		, 2010	
B	Check if a	applicable		C						D Employ	er iden	tification Nu	mber
	Addr	ress change IRS	ase use S label	OREGON MA		RING E	XTENSION			93-	13 <u>15</u>	5027	
Ŋ	Nam	ne change or	r print r type.	PARTNERS	HIP, INC.					E Telepho	ne nun	nber	
	Initia	al return sp	See	20175 NW			RT #100			503	-725	5-2662	
5	Tern		struc- ions.	BEAVERTO	N, OR 970	106							
	Ame	ended return								G Gross r	eceipts	\$ 2,	993,951.
>	\vdash		Name a	and address of princ	cipal officer		* *		H(a) Is this	a group retur			Yes X No
_			MF. A	AS C ABOVI	E					affiliates incl		F	Yes No
	Tay.e	exempt status			- o◀ (insert no.		4947(a)(1) or	527	If 'No,'	attach a list	(see in	structions)	
2010 		site: ► WWW.			(III) OTT TIO	<u>, </u>	13 17 (47(17 5)	<u> </u>	H(c) Group	exemption ni	ımber İ	-	
∌ ′			Corpora		Association	Other	> 1	Year of Forma				legal domicil	o OR
	rt i 🍇			ition Trust	ASSOCIATION	Outer		- Teal Of Forma	11011 200	<u> </u>	state of	legal domicil	e Ok
FC		Briefly describe t		anization's mi	ssion or mos	signific	ant activities: 7	ACCTOT C	DECON	MANITEA	CTI	DINC	
	1	BUSINESSES	_			_	_		- -				
ည]	うろうだいこううこう	_AA_T_T	ወ ጉሙሮ ጉሙር	TEMENTY	TON O	- Privericer	TIMINGLA	TOIVTIM	3 L (WC)	LUL	ਤ	
'nar	-			- -									
Activities & Governance	2 -	heck this box		if the organiza	tion discontin	ued its c	nerations or dis	nosed of m	ore than 2		 asset		
ဗိ		lumber of voting						sposed of file	ore than 2	2570 01 113	3	Ĭ	11
≪		lumber of indep						ne 1b)			4		10
Ě		otal number of									5		17
₹		otal number of							•		6		0
¥		otal gross unrel					ımn (C), line 12	•			7 a		0.
	bΛ	let unrelated bu	siness	taxable incon	ne from Form	990-T, I	ne 34				7 b		0.
									F	rior Year		Curi	rent Year
	8 C	Contributions and	d gran	ts (Part VIII. II	ne 1h)		•			1,358,4	69.		,317,444.
Ę	9 Program service									1,586,4			674,579.
Revenue		nvestment incor				4. and 7					40.	, , , , , , , , , , , , , , , , , , ,	1,928.
æ													
	12 T	Other revenue (F Total revenue –	add III	nes 8 through	11 (must-equ	al Part V	III. column (A),	line 12)		2,946,3	371.	2,	,993,951.
	13 0	Frants and similar	ar amo	ounts paid (Pa	nt X, column	(A), line	s 1-3)∑	••		154,4	106.		118,577.
	14 B	Benefits paid to	or for	members (Har	TIK. Solumna	A7 120	M 19 i						
		Salaries, other o						es 5-10)		2,243,5	517.	2.	,095,937.
8	L	Professional fund							-	· · · · · · · · · · · · · · · · · · ·		,	
Expenses	1							F1 0C7	污染机物	***		SAMPLE OF	
쫎	1	otal fundraising						51,067.	KSAME!	NO MEN		THE STATE OF THE STATE OF	THE RESERVE OF THE PARTY OF THE
_	1	Other expenses	•							580,3		-	578,426.
	1	otal expenses.					nn (A), line 25)		<u> </u>	2,978,2		2,	,792,940.
	19 F	Revenue less ex	pense	s Subtract line	e 18 from line	12				-31,9	<u>903.</u>	<u> </u>	201,011.
8									Begi	nning of Y	ear (End	d of Year
Ì	20 T	Total assets (Pa	rt X, lı	ne 16).						1,625,5	523.	1,	,690,987.
Net Assets or Fund Balances		Total liabilities (F					•			514,2	238.		378,691.
\$5	22 N	Net assets or fur	nd hala	ances Subtrac	t line 21 from	line 20				1,111,2	285.	1	,312,296.
P:	art II #				7 2		_ `		<u></u>			1	<u></u>
	41 (11				e examined this r	atura inclus	lan accompanying so	chadulas and st	atements and	d to the hest	of my k	nowledne and	d helief it is
		true, correct, and c	perjury, complete	Declaration of pre	eparer (other than	officer) is b	ling accompanying so ased on all information	on of which prep	arer has any	knowledge	<i>t</i> .	I	1 belief, it is
c:	~~		\sim	un					1	x 9	17	12/	2010
JI Ha	gn ere	Signature of of	fficer	(,)						ate) 		
		1		n cournen					CFO				
		Type or print n		R SCHERER					CFO				
_		Type of print	igine un					Date			16	Preparer's ide	entifying number
ъ.								Date	s	Check if self-	(see instruction	entifying number ons)
Pa		Preparer's		\bigcirc	1-			9/	/ l	employed P	. [_]	DOOOO	120
Pr	e- rer's	signature	4	1/6	NO .	11	<i>-</i>	1/16/	10			P00029	120
Us		Firm's name (or /	PAL		RS, AND C	<u>O., P.C</u>	·			_			
	ıly	employed), address, and		00 SW 72N						EIN ► 9		36123	
		ZIP + 4			7223		<u> </u>			hone no	(5	03 <u>)</u> _620-	
Ma	y the IF	RS discuss this r	return	with the prepa	irer shown ab	ove? (se	e instructions)			<u> </u>		X Ye	es No
_							separate instri	uctions.		TEEA0113	L 12/2	×9/09 Fc	orm 990 (2009

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
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? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		<u>X</u>
	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? If 'Yes,' complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10_		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	7		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	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? If'Yes,' complete Schedule D, Part X	.: .:		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		~	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	<u> </u>	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u> </u>
	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? If 'Yes,' complete Schedule F, Part I.	14b		x_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part L	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u></u>	<u> </u>

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Form 990 (2009) OREGON MANUFACTURING EXTENSION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		х
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	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? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28 c		X
29		29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		х

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Form **990** (2009)

Form 990 (2009) OREGON MANUFACTURING EXTENSION [Part Water Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		Yes	No
Information Returns. Enter -0- if not applicable		·	
Tarker the name of the managed in the tarker of the target approach			١.,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		_
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		·	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5ь		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	t 6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	''		
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	2		° 40
holdings at any time during the year?			مهري
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь	\neg	-
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(cX12) organizations. Enter:			" / i
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009)

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.

Sec	tion A.	Governing Body and	Management								
							_			Yes	No
1 a	Enter the	number of voting members	of the governing be	ody		.	1 a	11	1		
b	Enter the	number of voting members	that are independe	ent		. Г	1 b	10			
	Did any o	fficer, director, trustee, or k rector, trustee or key emplo	ey employee have a			ess rel	ationship w	th any other	2		X
3	•	ganization delegate control , directors or trustees, or k	•			oy or ur	nder the dir	ect supervision	3		X
		ganization make any signif				p 0.00.	•		4		X
7		prior Form 990 was filed?	localit Gridinges to its	organizationa.	400411101110						
5		ganization become aware o	furing the year of a	material divers	sion of the organ	nization	's assets?		5	:	Х
6		organization have members			sion of the organ				6		X
	Does the	organization have members			vho may elect on	ne or m	nore membe	ers of the	7a		X
	_	body?	ody subject to appr	oval by membe	are stockholders	or oth	ner nersons		7b		X
	•	•	• •	-			-	i			
	the follow	•	-	neetings neid (or written actions	s under	taken dunn	g the year by	8a	X), a
		ning body?				• •		• • • • •	8b	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$	
		mittee with authority to act ny officer, director or truste on's mailing address? <i>If 'Y</i> i				 ≀ho can	 inot be read	hed at the		^	
	organiza	on's mailing address? If 'Y	es,' provide the nan	nes and addres	sses in Schedule	<u> </u>		· · · · · · · · · · · · · · · · · · ·	9		<u>X</u>
Sec	tion B.	Policies (This Secti	on B requests ır	nformation a	ibout policies	not re	equired b	y the Internal			
Reve	nue Code)		··-							
										Yes	No
		organization have local cha	•						10 a		<u>X</u>
b	If 'Yes,' o and bran	oes the organization have verset to ensure their operations.	vritten policies and ons are consistent v	procedures gowith those of the	verning the activine organization?.	tities of	f such chapt	ters, affiliates,	10 Ь		
		rganization provided a copy							11	X	
11 A	Describe	n Schedule O the process,	if any, used by the	organization to	o review this Fori	m 990	See S	chedule O	建模部	WARRIED	加数江
12 a	Does the	organization have a written	conflict of interest	policy? If 'No,'	go to line 13				12 a		_X
b	Are office	rs, directors or trustees, an	d key employees re	equired to discl	ose annually inte	erests t	that could g	ive rise	12 b		
c	Does the	organization regularly and o	consistently monitor	r and enforce o	compliance with t	the pol	icy? If 'Yes	' describe in	12 c		<u></u>
		organization have a written					•		13		X
14		organization have a written							14		X
15		ocess for determining com comparability data, and cor				w and a	approval by	ındependent			
		nization's CEO, Executive D							15 a		X
	_	cers of key employees of the							15 b		X
_		line 15a or 15b, describe t			structions)					***	
⁻ 16 a	Did-the-c	ganization invest in contribing the year?	oute assets to, or pa		joint-venture-or-s	sımılar-	arrangemer	nt-with-a-taxable	16 a		X
t	If 'Yes,' I	as the organization adopted enture arrangements under the respect to such arrangen	applicable federal t	procedure requare law, and take	ken steps to safe	ization eguard	to evaluate the organiz	its participation ation's exempt	16 b		
Sec		Disclosures									
		tates with which a copy of t	his Form 990 is req	juired to be file	d - None						
18	Section	104 requires an organization. Indicate how you make the	n to make its Form	s 1023 (or 102	4 if applicable), 9	990, ar	nd 990-T (50	01(c)(3)s only) a	vailabi	e for	public
19	Describe	in Schedule O whether (and ts available to the public.		·	•	docum	nents, confli	ct of interest pol	ісу, аі	nd fina	ancial
	State the	name, physical address, a SCHERER 20175 NW									
					~						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) (B) (c)								(D)	(E)	(F)
Name and Title	Average	Position (check all that a			hat appl	ly)	Reportable	Reportable compensation from	Estimated amount of other	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PETER MURRAY		Ī								
President	1	Х						0.	0.	0.
CHRISTINE DUNN MEMBER	1	Х						0.	0.	0.
CHARLIE LAKE										
Treasurer	1	Х						0.	0.	0.
ROGER LEE			П							
MEMBER	1	X						0.	0.	0.
RALPH MCRAE										
MEMBER	11	X					<u> </u>	0.	0.	0.
CLINT MORRISON										
MEMBER	1	X					<u> </u>	0.	0.	0.
TOM FOX	}]]				
MEMBER	1	X					<u> </u>	0.	0.	<u> </u>
JASON POMPEL		١.,								•
MEMBER CHASE	1	X	\vdash				₩	0.	0.	0.
BETSY CHASE	1 ,	Х			l	Ì		0.	0.	0
MEMBER GRANT KIRBY	1	<u> </u>	Н		├─	 	╁┈	0.	0.	0.
MEMBER	1	X						0.	0.	0
ADRIAN POLLIAK	 		Н		┢	<u> </u>	 			<u> </u>
MEMBER	1	Х					İ	0.	0.	0.
PATRICK MURPHY							ŀ			
Executive Direc	40			X	_		<u>L</u>	114,168.	0.	0.
CHRISTOPHER SCHERER	<u> </u>	ļ								
CFO	40	<u> </u>	Ш	X			$oxed{oxed}$	104,592.	0.	0.
	ļ				•	ļ				
					<u> </u>	<u> </u>	ļ			
	 		\vdash		\vdash	-	\vdash		 -	<u> </u>
									_	

Part VII Section A. Officers, Directors, Trus	tees, Key Employees, and												
` (A)	(B) Average	Post	tion /	-	c)	that a	unnh/)	(D)	(E)	,	F)		
、 Name and Title	hours per week			Officer		employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation for related organization (W-2/1099-MISC	ons compe from organi and r	nated of other nsation n the ization related zations		
							_						
						_		,					
		_	_		_		_						
1 b Total							_	218,760.	<u> </u>	0.	0.		
 Total number of individuals (including but not limite from the organization ► 2 	a to tho	se II	stec	a abo	ove,) Wh	o re	ceived more than	\$100,000 in rep	ortable comp	ensation		
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translution. 	<i>ndıvıdua</i> portable	al e co: 50,00	mpe	nsa If 'Y	tıon 'es'	and con	 i oth iplet	ner compensation	from	3	Yes No X X X		
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule	satio <i>J for</i>	n fr	om a ch pe	any erso	unre n	elate	ed organization fo	r services	電器 5	X		
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ed inde	nen	deni	cor	ntra	ctors	s tha	at received more t	han \$100 000 o		· · · · ·		
compensation from the organization.													
Name and business addres	is							Description) of Services	(C) Compens	sation		
	٠	l	ا عا	¹¹		lı-	- ·			} ; ; n, 4 4 m 1 2 1 1 n .	17 200 404-		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		umi	iea	io ti	1056	# IIS	ted a	auovej wno receiv	rea more than	法法规制			

	t 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
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f: h Total. Add lines 1a-1f	1,317,444.			
ROGRAM SERVICE REVENUE	2a CLIENT SERVICE REVENUE b c d e f All other program service revenue	1,674,579. 1,674,579.	1,674,579.		· 11
<u> </u>	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest a other similar amounts) 4 Income from investment of tax-exempt bond processing the processing of the proce	eeds 1,928.	1,928.		21.4
	(i) Real (ii) Per 6 a Gross Rents 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 b Less: cost or other basis and sales expenses. c Gain or (loss)	•			
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18. b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses a c Net income or (loss) from gaming activities.	>			
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	>	1,676,507.	0.	0.

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).

	All other organizations must comp				
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	118,577.	118,577.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-			
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.	127,668.	0.	76,601.	51,067.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	1,403,858.	1,211,068.	192,790.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	205,220.	167,576.	37,644.	
9	Other employee benefits .	209,187.	182,187.	27,000.	-
10	Payroll taxes	150,004.	121,454.	28,550.	
11	Fees for services (non-employees)	200/0011	2227_1011		
	Management .				
	Legal				······································
	: Accounting	26,847.		26,847.	
_	Lobbying	20/02/1			
	Prof fundraising svcs. See Part IV, In 17			SAME OF THE PERSON OF THE PERS	
	Investment management fees .				
	Other .				
-	Advertising and promotion		-		
13	Office expenses .				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .	140,130.	131,553.	8,577.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates	0.000		2 222	
22	Depreciation, depletion, and amortization	2,383.		2,383.	
23	Insurance	5,771.	Transfers to the second second second second	5,771.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
;	SUPPLIES	129,836.	116,345.	13,491.	
	PROGRAM SERVICES	125,000.		125,000.	
	THIRD PARTY PROVIDERS	65,230.	65,230.		
	d OTHER EXPENSES	29,114.		29,114.	
	Printing and Publications	28,834.	28,834.		
	f All other expenses	25,281.	20,431.	4,850.	
	Total functional expenses. Add lines 1 through 24f	2,792,940.	2,163,255.	578,618.	51,067.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation	<u> </u>	<u> </u>	1	Form 990 (2009)

Page 11

		•	(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	370,998.	1	416,343
l	2	Savings and temporary cash investments	749,243.	2	749,465
-	3	Pledges and grants receivable, net	184,730.	3	231,519
	4	Accounts receivable, net	. 313,076.	4	265,402
	5	Receivables from current and former officers, directors, trustees, key employed and highest compensated employees. Complete Part II of Schedule L	es,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)	(1)) / (1)		MATERIAL PROPERTY.
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule	L	6	·
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
[9	Prepaid expenses and deferred charges		9	13,313
1	10 a	Land, buildings, and equipment cost or other basis. 10a 53, 4	86.		
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 48, 3	93. 7,476.	10 c	5,093
		Investments — publicly-traded securities		11	
		Investments – other securities See Part IV, line 11	,	12	
	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11		15	9,852
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,625,523.	16	1,690,987
_	10 17	Accounts payable and accrued expenses	441,274.	17	375,316
	18	Grants payable		18	
	19	Deferred revenue	72,964.	19	3,375
	20	Tax-exempt bond liabilities		20	
. 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	· · · · · · · · · · · · · · · · · · ·
?		Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
1		of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	514,238.	26	378,691
N		Organizations that follow SFAS 117, check here X and complete lines	13172	:38	外型和线性
Ĕ		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,111,285.	27	1,312,296
ŠΙ	28	Temporarily restricted net assets		28	
! }	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► and comple	te #11	4	
- 1		lines 30 through 34.			100
FUND	30	Capital stock or trust principal, or current funds		30	
- 1	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
B A L	32	Retained earnings, endowment, accumulated income, or other funds		32	
ANCES.	33	Total net assets or fund balances.	1,111,285.	33	1,312,296
61	-	Total first address of familia adjustments.	1,625,523.	34	1,690,987

TEEA0111L 01/30/10

Part XI # Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990. Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b b Were the organization's financial statements audited by an independent accountant? . . . c 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?..... 2 c If the organization changed either its oversight process or selection process during the tax year, explain ın Schedule O 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 consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis 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 X Audit Act and OMB Circular A-133?... 32 b 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. . . . 3 b

BAA Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

OMB No 1545-0047

Nar

	nonexempt charitable trust.		Open to Public
partment of the Treasury rnal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions		Inspection
ne of the organization (DREGON MANUFACTURING EXTENSION	Employer identifica	stion number
I	PARTNERSHIP, INC.	93-131502	7
	D. L.C. Oberita Chahara (All annual adams and a second annual adams and a	_	

Part	I Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	nstruct	ions		
The c	organization is not a priv	vate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				-	
1	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(iXAXI)	•				
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule I	Ε.)								
3	A hospital or coope	erative hospital service	e organization described	ın sectio	on 170(l)(1)(A)(i	iii).					
4	A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii). Er	nter the hos	pıtal's	;
	name, city, and sta											
5	An organization op 170(b)(1)(A)(iv). (C	erated for the benefit complete Part II.)	of a college or university	owned	or oper	ated by	a gover	nmental	unit de	scribed in s	ection	1
6			governmental unit descri									
7	in section 170(b)(1)(A)(vi). (Complete Part II.)											
8												
9	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	—	•	exclusively to test for pu									
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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	I — Fund	tionally	ıntegrat	ed		d 🔲	Type III-	Other	
е	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 check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (organizatior 	۱,	
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	;?		
_										[Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?			rsons d		d in (ii) a	and (III)	11 g (i)		i
	(ii) a famıly mem	iber of a person desc	ribed in (i) above?							. 11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?.						11 g (iii)		
h	Provide the following	ng information about t	he supported organization	ons.		,						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your rning ment?	the organ	(i) of	(vi) Is organizati (i) organiz U S	on in col.	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
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Total	1	A COMPANY			THE STATE OF	逐		機器	学			

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Part III 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.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 3,526,119. 2,704,801. 1,961,493. 1,358,469. 1,317,444 10,868,326. 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 0. the public without charge. 3,526,119. 2,704,801. 1,961,493. 1,358,469. 1,317,444. 4 Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f). Public support. Subtract line 5 from line 4 10,868,326. Section B. Total Support Calendar year (or fiscal year (c) 2007 (e) 2009 (a) 2005 (b) 2006 (d) 2008 (f) Total beginning in) 3,526,119. 2,704,801 961,493 358,469 317,444 10,868,326 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 1,440 1,928 72,117. 22,992 26,450 19,307 similar sources Net income from unrelated business activities, whether or not the business is regularly 0<u>.</u> carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV. 1,720 1,720. Total support. Add lines 7 10,942,163. through 10... 0. 12 Gross receipts from related activities, etc. (see instructions) . 12 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 \triangleright Section C. Computation of Public Support Percentage 99.3% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 99.3% 15 Public support percentage from 2008 Schedule A, Part II, line 14... 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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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) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009(f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line THE PERSON NAMED IN THE PE 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on . . . 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12.) 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 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Scriedule A	Supple	emont	al Inf	2009	tion	Com	nlata ataln	thic	nart -10K	to pro	EVIC	the	volar	ations	reguu	red by	Part	/ H Jine	10.	ige 4
Part:IV	Part II	, line	17a oi	17b	; and	Part	III, III	ne 1	2. Pr	ovide	any	other	addit	ional ı	nform	ation.	See 1	nstruc	tions.	
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service		► Attach to Form 990 or Form 990-EZ.	► See separate insti	ructions.	Inspection				
f the organization ans	wered 'Yes,'	to Form 990, Part IV, line 3, or Form 990-	EZ, Part VI, line 46 (F	Political Campaign Acti	vities), then				
		complete Parts I-A and B. Do not compl							
		ion 501(c)(3)) organizations: complete Pa		Do not complete Part I-E	3.				
 Section 527 organia 					,				
		' to Form 990, Part IV, line 4, or Form 990-							
 Section 501(c)(3) o 	organizations	that have filed Form 5768 (election under	r section 501(h)). Cor	nplete Part II-A. Do not	complete Part II-B				
 Section 501(c)(3) of Part II-A. 	organizations	that have NOT filed Form 5768 (election	under section 501(h))	: Complete Part II-B. D	o not complete				
		' to Form 990, Part IV, line 5 (Proxy Tax), t	then						
 Section 501(c)(4), 	(5), or (6) or	ganizations: Complete Part III.							
Name of organization				Employer identifica					
<u>OREGON MANUFAC</u>				93-131502					
		ganization is exempt under section			ation.				
 Provide a descrip 	otion of the o	organization's direct and indirect political c	ampaign activities in	Part IV.					
2 Political expendit	tures			≻ \$ _.					
3 Volunteer hours	_ •								
Part I-B Complet	e if the or	ganization is exempt under section	on 501(c)(3).						
1 Enter the amount	t of any exci	se tax incurred by the organization under	section 4955	▶\$	0.				
2 Enter the amount	t of any exci	se tax incurred by organization managers	under section 4955	▶\$	0.				
3 If the organizatio	n incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No				
4a Was a correction made?									
b If 'Yes,' describe in Part IV.									
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).									
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities >\$									
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities									
, , , , , , , , , , , , , , , , , , , ,	function expe	enditures Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L, ►\$					
4 Did the filing orga	anızatıon file	Form 1120-POL for this year?			Yes No				
5 Enter the names made For each contributions reco	, addresses organization	and employer identification number (EIN) listed, enter the amount paid from the fili ere promptly and directly delivered to a se e (PAC). If additional space is needed, pr	of all section 527 poling organization's fundamental political organization	itical organizations to wids. Also enter the amounization, such as a sepa	or or nonnear				
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
				T					

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

· H	pelongs to an affiliated group. checked box A and 'limited control' provisions appl	v	
	bying Expenditures — neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	40,832.	
b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1	a and 1b)	40,832.	0.
d Other exempt purpose expenditures .e Total exempt purpose expenditures (ad-	40,832.	0.	
f Lobbying nontaxable amount. Enter the both columns.	8,166.		
If the amount on line 1e, column (a) or (b) is. Not over \$500,000		,	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.		
g Grassroots nontaxable amount (enter 2		. 2,042.	0.
h Subtract line 1g from line 1a If zero or		38,790.	0.
i Subtract line 1f from line 1c. If zero or I		32,666.	0.
j If there is an amount other than zero or section 4911 tax for this year?	n either line 1h or line 1i, did the organization file F		Yes X No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

	Lobbyin	g Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	362,527.	338,751.	298,914.	8,166.	1,008,358.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,512,537.
c Total lobbying expenditures .	33,414.	33,414.	39,168.	40,832.	146,828.
d Grassroots nontaxable amount	90,632.	84,688.	74,729.	2,042.	252,091.
e Grassroots ceiling amount (150% of line 2d, column (e))					378,137.
f Grassroots lobbying expenditures				40,832.	40,832

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Schedule C (Form 990 or 990-EZ) 2009

Part'II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(b)).

(election under section 501(n)).			
•		2)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	igsquare		, r.
c Media advertisements?	igsquare		
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			<u>.</u>
f Grants to other organizations for lobbying purposes?	<u> </u>		
g Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>
i Other activities? If 'Yes,' describe in Part IV			<u></u>
j Total. Add lines 1c through 1ι			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912 .			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(-)(5)		
Rartill! An Complete if the organization is exempt under section 501(c)(4), section 501	(C)(D)	, or s	section 501(c)(6).
			V ₂ N ₂
4 Mars substantially all (00% as mars) dura recovered pendeductible by morphora?			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		•	1 2
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 		•	3
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	s is a		
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year	٠	2 b	
c Total		2c	.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police.	s lical	4	
expenditure next year?	• •	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		3	
	nd Pari	II.R	line 1:
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; ar Also, complete this part for any additional information	iu rai	. II-D,	mie II.
		_	

Schedule C (Form 990 or 990-EZ) 2009 OREGON MANUFACTURING EXTENSION	93-1315027	Page 4
Schedule C (Form 990 or 990-EZ) 2009 OREGON MANUFACTURING EXTENSION Partinal Supplemental Information (continued)		
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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, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public

Inspection Name of the organization Employer Identification number OREGON MANUFACTURING EXTENSION PARTNERSHIP, INC 93-1315027 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 Total number at end of year ... Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? . Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 (神) Held at the End of the Year 2 a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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 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, 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, 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 ▶\$ 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 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

4 Describe in Part XIV the intended uses of the organization's endowment funds.											
'Part VI Investments-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							
1 a Land											
b Buildings				. <u>–</u>							
c Leasehold improvements											
d Equipment											
e Other .	53,486.		48,393.	5,093							
Total, Add lines 1a through 1e (Column (d) must	equal Form 990, Part X, c	olumn (B), line 10(c)	۸. د.	5,093							

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

BAA

Schedule D (Form 990) 2009

3b

^{2.} FIN 48 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.

	dule D (Form 990) 2009 OREGON MANUFACTURING EXTENSION	93-1315027	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	,993,951.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,792,940.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		201,011.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		201,011.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		,662,267.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1988	
	Net unrealized gains on investments 2a		
	Donated services and use of facilities	16.	
	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
		2e	668,316.
3	Subtract line 2e from line 1	3 2	,993,951.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
٠,	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		,993,951.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1 3	,461,256.
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	16.	
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	668,316.
3	Subtract line 2e from line 1	3 2	792,940.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5 2	792,940.
	t XIV Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pat 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the mation.	art IV, lines 1b and nis part to provide a	2b; Part V, iny additional
		. 	
			. –
			
	TEEA3304L 02/02/10	Schedule D (Form 990) 2009
BA	1EEA3304L 020210	Schedule B (. 51111 5567 2003

Schedule D (Form 990) 2009 OREGO	N MANUFACTURING EXTENSION	93-1315027	Page 5
Part XIV Supplemental Inform	N MANUFACTURING EXTENSION nation (continued)		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attatch to Form 990.

2009

OMB No. 1545-0047

Open to Public Inspection

≗ □ Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes **Employor identification number** 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. Use 93-1315027 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed Part I. General Information on Grants and Assistance OREGON MANUFACTURING EXTENSION Name of the organization

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOB GROWERS	26-0172758		6,159.	0.			TO TRAIN WORKERS
KEY LINKS	45-0495443		56,513.	0.			PROGRAM SERVICE
OMEP	93-1315027		30,287.	0.			PROJECT SERVICES
SW WA WORKFORECE DEV. COUNCIL. 805 BROADWAY ST STE 412 VANCOUVER, WA 98660	01-0726348		10,969.	0			TO TRAIN WORKERS
MORKFORCE INV. COUNCIL OF CLACKA 365 WARNER MILNE ROAD STE 202 OREGON CITY, OR 97045	93-1246270		6,453.	0.			TO TRAIN WORKERS
MORKSYSTEMS INC	93-0857426		8,196.	0.			TO TRAIN WORKERS
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	ganizations .					m

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 OREGON MANUFACTURING EXTENSION

Part III F) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance				provide the information required in Part I, line 2, and any other additional information.									
(e) Method of valuation (book, FMV, appraisal, other)				rt I, line 2, and any ot		1	 	 1 1 1 1 1	 1 1 1 1	 		 1 1 1 1 1 1	
(d) Amount of non-cash assistance				ation required in Par			 	 	1 	 	 	! ! ! ! ! ! !	
(c) Amount of cash grant				provide the informa			 	; ; ; ; ; ;					
(b) Number of recipients				plete this part to									
(a) Type of grant or assistance				Part IV & Supplemental Information. Complete this part to									

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Ordon immorratio dillipion	Employer identification number 93-1315027
Form 990, Part VI, Line 11 - Form 990 Review Process	75 1010021
A COPY OF THE DRAFT OF THE 990 IS AVAILABLE FOR ALL VOTING MEMB	ERS OF THE BOARD TO
REVIEW BETWEEN THREE TO FIVE BUSINESS DAYS BEFORE IT IS SIGNED	AND_SUBMITTED_TO_THE
INTERNAL REVENUE SERVICE. EACH BOARD MEMBER IS NOTIFIED AND AN	ELECTRONIC COPY IS
AVAILABLE UPON REQUEST.	

Schedule O (Form	350) 2005		Page 2
Name of the organization	OREGON MANUFACTURING EXTENSION PARTNERSHIP, INC.	Employer identification number 93-1315027	
7	,		
			
			-
			
			
			

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2009 Client 0057	Sched		EGON M	ANL		JRIN	G EX			rm	atior	1	Page 93-131502
9/15/10		· -	•		HEIROI	,.	110.						 03:05F
Part II, Line 10 - O	ther Income												
Nature and Sou	rce	2	009		2008			2007			2006		 2005
UNREALIZED GAI	N NETTED I	WITH B	BOOKS										1 720
	Total	\$	0.	\$		0.	\$		0.	\$		0.	\$ 1,720. 1,720.