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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 2141 NW 25TH AVENUE. City or town, state or country, and ZIP + 4: PORTLAND, OR 972102578

D Employer identification number: 68-0510491. E Telephone number: (503) 397-1759. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.NWHPEC.ORG. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	314,962	22	293,068
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,210	24	1,100
25 Total assets	319,172	25	294,168
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	319,172	27	294,168

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

THE PRIMARY PURPOSE OF NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM IS TO PROVIDE A FORUM FOR EDUCATION AND THE EXCHANGE OF INFORMATION REGARDING WAYS TO DEVELOP, IMPLEMENT, AND IMPROVE THE PRACTICES AND PROCESSES OF MANUFACTURING AND DISTRIBUTION BUSINESSES IN THE PACIFIC NORTHWEST REGION OF THE UNITED STATES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 THE PURPOSE OF NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM (NWHPEC) IS TO PROVIDE LEAN LEARNING OPPORTUNITIES TO OUR MEMBER COMPANIES. IN 2010, NWHPEC ACHIEVED THIS PURPOSE BY HOLDING THE FOLLOWING MEMBER ATTENDED LEAN LEARNING EVENTS - EXECUTIVE FORUMS 423 INDIVIDUALS ATTENDED 3 EXECUTIVE FORUMS - LEARNING TOURS 198 INDIVIDUALS ATTENDED 11 LEARNING TOURS - LEAN PRINCIPLE TRAINING CLASSES 260 INDIVIDUALS ATTENDED 18 LEAN PRINCIPLE TRAINING CLASSES - SPECIAL INTEREST GROUPS 50 INDIVIDUALS ATTENDED 4 SPECIAL INTEREST GROUP MEETINGS- BEST PRACTICE SHARING SESSIONS 137 INDIVIDUALS ATTENDED 2 BEST PRACTICE SHARING SESSIONS
(Grants \$ 0) If this amount includes foreign grants, check here

28a 0

29
(Grants \$) If this amount includes foreign grants, check here

29a

30
(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here: Signature of officer (DALE GEHRING VP FINANCE) and Date (2011-09-23).

Paid Preparer's Use Only: Preparer's signature (ROY ABRAMOWITZ), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (PERKINS & COMPANY PC), address, and ZIP + 4 (1211 SW FIFTH AVE SUITE 1000, PORTLAND, OR 972043710), EIN, and Phone no ((503) 221-0336).

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

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 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

NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM

Employer identification number

68-0510491

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	2,150

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSE AMOUNT 404 DESCRIPTION TRAVEL AMOUNT 421 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 8,105 DESCRIPTION INSURANCE AMOUNT 1,023 DESCRIPTION BANK CHARGES AMOUNT 1,432 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 20 DESCRIPTION SUPPLIES AMOUNT 46 DESCRIPTION HOSTING SPEAKER EXPENSE AMOUNT 47,491 DESCRIPTION MISCELLANEOUS AMOUNT 1,533 DESCRIPTION REBATE EXPENSE AMOUNT 1,250 DESCRIPTION MEALS AND ENTERTAINMENT AMOUNT 11,715 DESCRIPTION PAYROLL AMOUNT 4,018 DESCRIPTION TAXES & LICENSES AMOUNT 180 TOTAL TO FORM 990-EZ, LINE 16 77,638

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION CREDIT CARD RECEIVABLES BEG OF YEAR AMOUNT 4,210 END OF YEAR AMOUNT 1,100

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM

EIN: 68-0510491

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data**Software ID:****Software Version:****EIN:** 68-0510491**Name:** NW HIGH PERFORMANCE ENTERPRISE CONSORTIUM**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ELIZABETH KING 2141 NW 25TH AVENUE PORTLAND, OR 972102578	PRESIDENT 0 50	0	0	0
DALE GEHRING 2141 NW 25TH AVENUE PORTLAND, OR 972102578	VP FINANCE 0 50	0	0	0
KYLE STAVIG 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0
BRETT GANTZ 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0
ELIZABETH MERRILL 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0
BRYAN GOODMAN 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0
GREG MOONEY 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0
JULIE HATTEN 2141 NW 25TH AVENUE PORTLAND, OR 972102578	PROJECT MANAGER 36 00	90,338	0	0
CHARLIE LAKE 2141 NW 25TH AVENUE PORTLAND, OR 972102578	DIRECTOR 0 50	0	0	0