

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493319027792

# 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)

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

A Fo	r the 2	011 ca	lendar year,	or tax year begi	nning 07-01-2011	and ending 06	5-30-2012	2			
<b>B</b> Che	eck if ap	plicable	C Name of org	ganization ufacturing Extensior	Partnership Inc				D Emplo	yer i	dentification number
☐ Add	tress cha	ange	Doing Busine						93-13 E Teleph		
☐ Nar	me chan	nge	Doing busine	255 A5							
Init	ial retur	n			ıf maıl ıs not delivere	d to street address)	Room/sur	te			- 3770
☐ Ter	mınated	1	12909 SW 6	8th Parkway Room	No 140				G Gross re	eceipi	ts \$ 4,991,517
┌ Am	ended r	eturn		, state or country, a	nd ZIP + 4		1	_			
☐ App	olication	pending	Portland, OR	. 97223							
				and address of	prıncıpal officer			<b>H(a)</b> Is th	■ ıs a group	retu	
				her Scherer W 68th Parkway	Suite 140			affilia	ates?		⊤Yes 🔽 No
				OR 97223				H(b) Are a	ll affiliates	inclu	ided?
			_					If"N	o," attach	a lis	t (see instructions)
<b>I</b> Ta	x-exem <sub> </sub>	pt status	<b>У</b> 501(c)(3	)   501(c)( )	◀ (insert no ) 🔽	1947(a)(1) or   5	527	H(c) Grou	ıp exempt	ion r	number 🟲
) W	ebsit e	: ► www	v omep org								
<b>K</b> Forr	n of org	anızatıon	Corporation	n Trust Assoc	ation 🗌 Other 🕨			L Year of fo	rmation 20	01	<b>M</b> State of legal domicile OR
Pa	rt I	Sum	mary								
				•	ssion or most sigr						
æ	<u> </u>	ssist O	regon manuf	acturing busines	ses with the impl	ementation of a	dvanced r	manufacturın	g practice	S	
Activities & Governance											
Ĕ.	_										
*	2 0	heck th	nis box 🛏 if	the organization	discontinued its	operations or di	sposed o	f more than 2	25% of its	net	assets
ين س	3 N	lumber	of voting mer	nbers of the gov	ernıng body (Part	VI, line 1a) .				3	13
xo Vi	4 N	lumber	ofındepende	nt voting membe	rs of the governir	ng body (Part VI	, lıne 1b)			4	12
Œ.	5 T	otal nur	mber of indiv	ıduals employed	ın calendar year	2011 (Part V , III	ne 2a) .			5	14
鬟	<b>6</b> ⊤	otal nur	mber of volur	nteers (estimate	ıfnecessary) .					6	
đ	7a ⊤	otal uni	elated busin	ess revenue fror	n Part VIII, colur	nn (C), line 12				7a	0
	ьN	let unre	lated busine:	ss taxable incon	ne from Form 990	-T, line 34 .				7b	
								Pric	r Year		Current Year
	8 Contributions and grants (Part VIII, line 1h)								2,860,	532	3,969,004
ĕ	9	Program service revenue (Part VIII, line 2g)							968,4	434	1,022,039
Reven	10	_	investment income (Part VIII, column (A), lines 3, 4, and 7d)							293	474
æ	11				A), lines 5, 6d, 8d						0
	12	Totalr	evenue—add	lines 8 through	11 (must equal P	art VIII, columi	n (A), lıne				
									3,830,2	259	4,991,517
	13				art IX, column (A				1,158,	194	2,205,059
	14		-	-	rt IX, column (A),	-					0
83	15	Salarıe 10)	es, other com	ipensation, empl	oyee benefits (Pa	rt IX, column (A	.), lines 5	-	2,103,957		
Expenses	16a	•	sıonal fundra	ıısıng fees (Part	IX, column (A), lıı	ne 11e)			2,137,		0
<u>*</u>	ь	Total fu	ndraising expen	ses (Part IX, columr	ı (D), line 25) <b>▶</b> 58,53	25					
ш	17			•	A), lines 11a-11c		<del></del> .		699,8	813	864,404
	18	Totale	expenses Ac	ld lines 13–17 (	must equal Part I	X, column (A), lı	ne 25)		3,995,2	201	5,173,420
	19	Reven	ue less expe	nses Subtract li	ne 18 from line 1.	2			-164,9	942	-181,903
8 g								_	g of Curre	nt	End of Year
Not Assets or Fund Balances								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rear		
Ass IBa	20						•		1,869,6	$\overline{}$	1,277,895
4 P	21								722,2	-	312,444
	22				act line 21 from li	ne 20			1,147,	354	965,451
	rt II		ature Bloc								
know					mined this return, etc. Declaration of						to the best of my of which preparer has any
		****							012-11-15		
Sign		Signa	ture of officer					D	ate		<del></del>
Here	e		AN POLLIACK PI								
		<b>Т</b> Туре	or print name a	and title		_					
		Prepare		logors CD*		Date		Check If			payer identification number
Paid		sıgnatur	re PROYRE	Rogers CPA		2012-11-09		elf- employed 🕨 🦵	(see insti	iuctio	115)
Prep	arer's		ame (or yours	RAS Group LLC		l		•			
Use	Only		mployed), , and ZIP + 4	12700 SW 72nd	Ave				EIN F		
			, · ·						Phone no		(503) 684-8421
				Tigard, OR 972	23						<u> </u>

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Part	1111				<b>lishments</b> Jestion in this Part III		F		
1	Brief	ly describe the orgai	nızatıon's mıssıon						
Assis	t O re	on manufacturing b	usinesses with the	e ımplementat	ion of advanced manu	facturing practices			
2		ne organization unde rior Form 990 or 990				r which were not listed on	┌ Yes ┌ No		
	If "Ye	s," describe these n	ew services on Sc	hedule O					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Ye	s," describe these c	hanges on Schedu	ıle O					
4	exper	nses Section 501(c	)(3) and 501(c)(4	) organizations	s and section 4947(a)	nree largest program service )(1) trusts are required to re ch program service reported	port the amount of		
4a					including grants of \$ ing practices to Oregon ma	) (Revenue \$ nufacturing businesses through de	) monstrations, production and		
4b	(Cod	e	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)		
4c	(Cod	e	) (Expenses \$		including grants of \$	) (Revenue \$	)		
	O+b.	er program services	(Doscriba in Sah	odulo O \					
		er program services enses \$		uding grants o	f\$	) (Revenue \$	)		
4e	Tota	ıl program service ex	rpenses►\$	4,475,15	4				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Νο
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? <i>If</i> " <i>Yes," complete Schedule F, Part III and IV</i>	16		No
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</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	Checklist of Required Schedules (continued)			
	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</i> " <i>Yes,"</i> complete Schedule I, Parts I and II	21	Yes	
	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		No
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 $I$	25a		Νο
	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		N o
	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		No
	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? If "Yes," complete Schedule L, Part III	27		No
	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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
	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>	32		No
	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		No
	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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
	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		N o
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	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	Yes	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
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			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year <sup>?</sup>	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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 or securities account)?	4a		Νo
b	·			
_	If "Yes," enter the name of the foreign country ►			
	J ,	_		
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νο
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>-</b>		
L	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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 holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Foto Foto Foto Foto Foto Foto Foto Fot			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
_		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
•	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
ь	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c	_		<u>.</u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

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

Se	ection A. Governing Body and Management								
	coon in corolling body and nanagement		Yes	No					
	· ·								
1a	Enter the number of voting members of the governing body at the end of the tax								
_	year								
D	Independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any								
	other officer, director, trustee, or key employee?								
3	3		Νo						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo					
6	Did the organization have members or stockholders?	6		Νo					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		Νo					
8	or persons other than the governing body?								
	year by the following	_	.,						
a	The governing body?	8a	Yes						
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)			ı					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No					
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	ıza		NO					
	rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Νο					
14	Did the organization have a written document retention and destruction policy?	14		Νo					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Νο					
b	Other officers or key employees of the organization	15b		Νo					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure	TOD		<u> </u>					
17	List the States with which a copy of this Form 990 is required to be filed ►OR								
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								

.8 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F Christopher Scherer

20175 NW Amberglen Court Suite 100

Beaverton, OR 97006 (503) 821-1292

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

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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) Name and Title A verage hours per week (describe			on (de that s per office ector	n on son er aı	e bo is bo nd a stee]	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ADRIAN POLLIACK BOARD PRESIDENT	1 00	х						0	0	0
(2) CHARLIE LAKE SECRETARY/TREASURER	1 00	х						0	0	0
(3) JEAN BACK MEMBER	1 00	Х						0	0	0
(4) CHRISTINE DUNN MEMBER	1 00	Х						0	0	0
(5) GEORGE FAY MEMBER	1 00	х						0	0	0
(6) RON FOX MEMBER	1 00	Х						0	0	0
(7) GRANT KIRBY MEMBER	1 00	Х						0	0	0
(8) JERRY KOOPMAN MEMBER	1 00	Х						0	0	0
(9) ROGER LEE MEMBER	1 00	х						0	0	0
(10) RALPH MCRAE MEMBER	1 00	Х						0	0	0
(11) CLINT MORRISON MEMBER	1 00	Х						0	0	0
(12) PETE MURRAY MEMBER	1 00	Х						О	0	0
(13) JASON POMPEL MEMBER	1 00	х						0	0	0
(14) CHRISTOPHER SCHERER MEMBER	1 00	Х						0	0	0
(15) MARK SHEPPARD MEMBER	1 00	х						0	0	0
(16) TAB WILKINS MEMBER	1 00	х						0	0	0
(17) CHRISTOPHER SCHERER PRESIDENT	40 00			Х				116,536	0	14,169

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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ar	e bo is b nda	ox, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimamount of compension from organizat	ated of other sation the ion and	
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza		
(18) DAVID LOOPER CONSULTANT	40 00					х		102,832	0		14,167	
(19) KARI PENCA CONSULTANT	40 00					х		102,767	0		17,002	
(20) GERRY SNELL CONSULTANT	40 00					х		102,832	0		17,002	
(21) JOHN VALACHOVIC CONSULTANT	40 00					х		102,767	0		17,002	
							Ļ					
		· ·		•	•		<b>P</b>					
							<b> </b>	527,734		79,342		
Total number of individuals (inclu \$100,000 of reportable compens	-				ed	above)	who	received more tha	n			
2 2 1 1										Yes	No	
3 Did the organization list any form on line 1a? If "Yes," complete School					: y e	•	•	· · · · ·		3	No	
4 For any individual listed on line 1 organization and related organiza individual									ch	4	No	
5 Did any person listed on line 1a r services rendered to the organiza									r ındıvıdual for	5	No	
Section B. Independent Cont	ractors											
Complete this table for your five l \$100,000 of compensation from or within the organization's tax ye	the organization											
Nam	<b>(A)</b> e and business add	ress						Descri	(B) ption of services	Compe		
2 Total number of independent contr \$100,000 of compensation from the	•	_	ot lim	ııted	to t	those I	ıste	d above) who receiv	ed more than			

Form 9								Page <b>9</b>
Part	/1111	Statement of	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
#\$ #	1a	Federated cam	paigns 1a					
턴	ь	Membership du	ies 1 <b>b</b>					
કું.ઉ	С	Fundraising ev	ents <b>1c</b>					
<del>≢</del> ,≅	d	Related organiz	zations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grant	s (contributions) <b>1e</b>	3,969,004				
er s	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
년 등	g	Noncash contr	ibutions included in					
멸				_	3,969,004			
<u> </u>	h	Iotal. Add lines	s 1a-1f		3,909,004			
e⊒	]	CLIENT SERVICE R	DEVENUE	Business Code	4 000 000	4 000 000		
Program Service Revenue	2a b	- CLIENT SERVICE R	KEVENUE	900099	1,022,039	1,022,039		
2 <u>2</u>	c							
Ģ	d							
38	e							
<u>e</u>	f	All other progra	am service revenue					
ွိ								
	д 3		s 2a-2f		1,022,039			
			ome (including dividen ar amounts)	. 1	474			474
	4		stment of tax-exempt bond					
	5	Royalties .		• [				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d		ss)	<del></del> ►				
ě	8a		rom fundraising					
Other Revenue			s reported on line 1c)					
<u>.</u>			а					
Ě	b		penses b	events 🕨				
•	c 9a		(loss) from fundraising From gaming activities	events				
			ne 19					
	b		penses <b>b</b>					
	10a	Net income or of Gross sales of returns and allo		vities				
	Ь		a oods sold b					
	с		(loss) from sales of inv	entory 🕨				
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C							
	d	All other reven						
	е	iotal. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	4,991,517	1,022,039		474
	1			I	+, > > 1, > 1 /	1,022,039		1 4/4

## 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) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,205,059	2,205,059		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	146,312		87,787	58,525
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			
7	Other salaries and wages	1,470,321	1,263,773	206,548	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	81,634	65,744	15,890	
9	Other employee benefits	241,160	204,809	36,351	
10	Payroll taxes	164,530	129,429	35,101	
11	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			_
с	Accounting	37,630		37,630	
d	Lobbying	0			_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	4,181	105	4,076	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	36,453		36,453	
17	Travel	146,282	117,933	28,349	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	50,185	49,049	1,136	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,729		3,729	
23	Insurance	19,046		19,046	
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)				
а	Supplies	76,210	42,995	33,215	
b	Outreach	131,461	131,461		
С	Third Party Providers	196,895	196,895		
d	Printing and Publications	18,342	18,342		
е					
f	All other expenses	143,990	49,560	94,430	
25	Total functional expenses. Add lines 1 through 24f	5,173,420	4,475,154	639,741	58,525
26	Joint costs. Check here ► ☐ 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				rm <b>990</b> (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 382,462 261,580 1 2 749.720 499.671 Savings and temporary cash investments . . . . . . . 2 543,647 319,392 3 4 152.032 4 148.399 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . 6 7 8 Inventories for sale or use . . . . . . 9 31.525 19.800 9 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment cost or other basis Complete Part 23,751 10a 10a VI of Schedule D 10b 3,729 Less accumulated depreciation . . . . 20,022 b 10c 10,253 9,031 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 1,869,639 16 1,277,895 Total assets. Add lines 1 through 15 (must equal line 34) . . . 706,441 305,475 17 17 Accounts payable and accrued expenses . 18 18 19 15,844 19 6,969 20 20 Tax-exempt bond liabilities . . . . . . . . . . . . 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 722,285 26 312,444 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 1,147,354 27 965,451 28 Temporarily restricted net assets . . . . . 28 Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,147,354 965.451 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . 1.869.639 1.277.895 34

Ра	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		4.9	991,51
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,173		
3	Revenue less expenses Subtract line 2 from line 1	3			181,90
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	147,35
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		ç	965,45
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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	1			
	Schedule O	•	2c		Νo
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

# SCHEDULE A Public (

(Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

h

**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

Open to Public Inspection

Orego	n Manu	facturing Extension Partnership Inc				
			93-1315027			
	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box	)			
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)				
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(</b>	V)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>secti</b> hospital's name, city, and state	operated for the benefit of a college or university owned or operated by a governmental unit described in			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a question 170(b)(1)(A)(iv). (Complete Part II)	jovernmental unit	describe	_ .d ın	
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(	(A)(v).			
7	<b>▽</b>	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from the	e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )				
9		An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membershi	p fees, aı	nd gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more thai	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax) fro	om busine	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•			
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>	09(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carry 09(a)(2) See <b>sec</b> t 111h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	-	-	
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I or Type III sup	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)	1 1	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizate col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
-									
-									
-									
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 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.)

include any "unusual grants"   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   1,961,493   1,358,469   1,317,444   2,860,532   3,969,004   11,466,94   5  The portion of total contributions by each person (other than a governmental unit or publicly supported or granization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)   6  Public Support. Subtract line 5   11,466,94   7  Amounts from line 4   1,961,493   1,358,469   1,317,444   2,860,532   3,969,004   11,466,94   8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   19,307   1,440   1,928   1,293   474   24,44   8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   19,307   1,440   1,928   1,293   474   24,44   8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   19,307   1,440   1,928   1,293   474   24,44   9  Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on   11,491,38   10  Other income (Explain in Pat IV) Do not include gain or loss from the sale of capital assets   11,491,38   1,491,38   11  Total support (Add lines ? Ithrough 10)   10		under Part III. If th	e organızatıon	fails to qualify ι	ınder the tests	listed below, ple	ease com	plete I	Part III.)
Gifts, grants, contributions, and membership feet received (Do not include any "unusual grants")  grants 1			_	_					
membershy fest received (Do not include any "unsual grants")   1,364,493   1,358,469   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   2,860,332   3,969,004   11,466,94   1,317,444   1,928   1,293   1,466,94   1,317,444   1,928   1,293   1,466,94   1,317,444   1,928   1,293   1,466,94   1,4	Cale		(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20:	ι 1	(f) Total
organization's benefit and either paid to or expended on its behalf  3 Phale and the 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 1,961,493 1,358,409 1,317,444 2,860,532 3,969,004 11,466,94  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included amount shown on line 11, column (f)  6 Public Support. Subtract line 5 from line 4  5 Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  6 Gross income from interest, dividends, payments received on securities loans, rents, royaltes and income from smaller sources  9 Net income from unrelated business a cryalized and income from smaller sources  9 Net income from unrelated business a cryalized and income from smaller sources  9 Net income from unrelated business a cryalized and income from smaller sources from the selection of the subsiness is regularly to the business is regularly in the subsiness is regularly in the		membership fees received (Do not include any "unusual	1,961,49	3 1,358,469	1,317,444	2,860,532	3,9	69,004	11,466,942
turnished by a governmental unit to the organization without charge to the organization without charge to the organization without charge to the organization 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 Public Support. Subtract line 5 from line 4  Section B. Total Support  A mounts from line 4  5 Form line 4  5 Form line 4  5 Form line 5  6 Public Support merest, dividends, payments reserved on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business a sectivities, whether or not the business is regularly carried on the unrelated of the column of the column (f)  1 Other income (Splan in Part 1)  1 Other income (Splan in Part 1)  1 Other income (Splan in Part 1)  1 Other income (Splan in Part 2)  3 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  4 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)  5 Public Support Percentage for 2010 Schedule A, Part II, line 14  1 10% or more, and if the organization qualifies as a publicly supported organization in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how th		organization's benefit and either paid to or expended on its behalf							
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 amounts how on line 11, column (6)  6 Public Support. Subtract line 5 from line 4  5 Section B. Total Support  Calendar year (or fascal year beginning in) 7 A mounts from line 4  5 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from ine 14  10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  10 Total support (Add lines 7 through 10)  10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  10 Total support (Add lines 7 through 10)  10 Gross receipts from related activities, etc (See instructions)  11 Total support (Add lines 7 through 10)  12 Section C. Computation of Public Support Percentage  4 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  15 Public Support Percentage for 2010 Schedule A, Part II, line 14  16 33 1/3% support test—2011. If the organization ind or check the box on line 13, and line 14 is 13 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10 Office in the same of capital assets and stop here. The organization qualifies as a publicly supported organization in Part IV who the organization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV who the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV whow the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV whow the organization meets the "facts and circu		furnished by a governmental unit to							
Section B. Total Support   Calendar year   C	<b>4 5</b>	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 shown on line 11, column	1,961,49	3 1,358,469	1,317,444	2,860,532	3,9	69,004	11,466,942
Calendar year   Or fiscal year   beginning in		Public Support. Subtract line 5							11,466,942
beginning in)  A Amounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions)  13 First Five Years If the Form 99 0 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2010 Schedule A, Part II, line 14  15 Jay 31/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how t	Se	ection B. Total Support							
7 Amounts from line 4	Cale		(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 201	.1	<b>(f)</b> Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on  Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  Total support (Add lines 7 through 10)  Gross receipts from related activities, etc (See instructions)  Italy 13  First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  Public Support Percentage for 2010 Schedule A, Part III, line 14  15  99 510 %  33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  100% facts—and-circumstances sets—2011. If the organization did not check he 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 org	7		1.961.493	1.358.469	1.317.444	2.860.532	3.9	69.004	11.466.942
dividends, payments received on securities loans, rents, royalties and income from similar sources  9    Net income from unrelated business activities, whether or not the business is regularly carried on  10    Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets  11    Total support (Add lines 7 through 10)  12    Gross receipts from related activities, etc. (See instructions.)  13    First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  4    Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  5    Public Support Percentage for 2010 Schedule A, Part II, line 14  16    331/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17    10%-facts-and-circumstances test—2011. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. 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, check this box and stop here. Explain in Part IV how 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 qualifies as a publ		F	2,502,100	2,000,100		_,,,,,,,	-,-		
9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 16 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2011. If the organization did not check the 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, check this box and stop here. Explain in Part IV how 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, theck this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, theck this box and stop here. Explain in Part IV how 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, 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.  9 Private Foundation If the organization did not check a box on line 13, 16a, 16b, or 17a and line  15		dividends, payments received on securities loans, rents, royalties and income from similar	19,307	1,440	1,928	1,293		474	24,442
IV ) Do not include gain or loss from the sale of capital assets  11 Total support (Add lines 7 through 10)  12 Gross receipts from related activities, etc (See instructions )  13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  15 Public Support Percentage for 2010 Schedule A, Part II, line 14  16 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2011. If the organization did not check the 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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	9	business activities, whether or not the business is regularly							
through 10)  Gross receipts from related activities, etc (See instructions )  First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  Public Support Percentage for 2010 Schedule A, Part II, line 14  15 99 510 %  16 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the 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  170 10%-facts-and-circumstances test—2011. 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, 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 Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization for more, and if the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization for part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization for part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly		IV ) Do not include gain or loss							
First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  Public Support Percentage for 2010 Schedule A, Part II, line 14  15 99 790 %  33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the 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—2011. 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. 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, or 17a and line  15 is 10% or more, and if 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	11	Total support (Add lines 7 through 10)	uas ats /Saa ins	trustions \			1		11,491,384
Section C. Computation of Public Support Percentage  14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  15 Public Support Percentage for 2010 Schedule A, Part II, line 14  16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2011. If the organization did not check the 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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  18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see					Alexand Country on C	S.C.L.			
Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))  14 99 790 %  15 99 510 %  16 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2011. If the organization did not check the 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, check this box and stop here. Explain in 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, 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  18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see		check this box and <b>stop here</b>			, tnira, fourtn, or f	TITTH TAX YEAR AS A	501(c)(3)	organiz	- <del>-</del> '
Public Support Percentage for 2010 Schedule A, Part II, line 14  33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the 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  10%-facts-and-circumstances test—2011. 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.  b 10%-facts-and-circumstances test—2010. 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, 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		-			44 1 (7)				
33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the 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  10%-facts-and-circumstances test—2011. 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—2010. 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		-	•		11 column (f))		14		99 790 %
and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2010. If the organization did not check the 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  10%-facts-and-circumstances test—2011. 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—2010. 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		.,	,	,					99 510 %
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  Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see	Ь	and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2010. If the organization did not check the 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  10%-facts-and-circumstances test—2011. 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.							
		10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organization	nization meets thation meets the "	ne "facts and circu facts and circums	ımstances" test, o tances" test The	check this box an organization qua	d <b>stop her</b> lifies as a	<b>e.</b> publicly	<b>►</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) 9 A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	0 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	
Se	ection D. Computation of Investment Income Percentage		

	Section b. Computation of investment income Percentage					
17	Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	17	0 %			
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18				

19a 33 1/3% support tests-2011. 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

33 1/3% support tests-2010. 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

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

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319027792

### OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

in opposition to candidates for public office in Part IV

Name	of the	organ	ızatıon		
Oregon	Manufa	cturing	Extension	Partnership	Inc

Employer identification number

93-1315027

art I-A	Complete if the o	rganization is exem	pt under section 501(	c) or is a section	527 organization.

- Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
  - Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? □ No
- If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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

Α	Check	$\neg$	of the filing erganization halongs to an affiliated group (and list in Bart IV) each affiliated group member's name address EIN
~	Check	,	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			expenses, and share of excess lobbying expenditures)

	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	31,386	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b	o)	31,386	
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	and 1d)	31,386	
f	Lobbying nontaxable amount Enter the amount f	6,277		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	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	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	1,569	
h	Subtract line 1g from line 1a If zero or less, ente	er -0-	29,817	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	25,109	
				-

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 on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) Total beginning in) 298,914 8,166 10,232 6,277 Lobbying non-taxable amount 323,589 Lobbying ceiling amount 485,384 (150% of line 2a, column(e)) 39,168 40,832 51,159 31,386 162,545 Total lobbying expenditures Grassroots non-taxable amount 74,729 2,042 2,558 1,569 80,898 Grassroots ceiling amount 121,347 (150% of line 2d, column (e)) 39,168 40,832 31,386 51,159 162,545 Grassroots lobbying expenditures

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

	(election under section 501(h)).					
		(;	a) 	+	(b)	
		Yes	No		A mou	nt
1	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					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 <b>01</b> (c	)(5),	or s	ectio	n
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	1 44	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	<b>t III-B</b> Complete if the organization is exempt under section $501(c)(4)$ , section	501(c	)(5),	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I					
_	answered "Yes".	T 4	l			
1 2	Dues, assessments and similar amounts from members  Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	1				
_	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
	Carryover from last year	2b				
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	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, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

DLN: 93493319027792

OMB No 1545-0047

Inspection

#### 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. 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 ┌ No funds are the organization's property, subject to the organization's exclusive legal control? 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 □ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of concernation accompate included in (a) required offer 9/17/06

a	Number of conservation easements included in (c) acquired after 8/17/06		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the taxable year -	luring	
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	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year		
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desc		

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.

- 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
- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)    Public exhibition	Г No
b Scholarly research  c Preservation for future generations  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?  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  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  1d	
c Preservation for future generations  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?  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  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  1c	
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?  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?  Ves  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  1d  Distributions during the year	
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?  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?  Ves  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  1d	
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?  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?  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  1c	
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?  b If "Yes," explain the arrangement in Part XIV and complete the following table  c Beginning balance d Additions during the year  Distributions during the year  1c	
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?  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  Distributions during the year  1c  1d	
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance  d Additions during the year  Distributions during the year  1c  1d  1e	厂 No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table  C Beginning balance d Additions during the year  Distributions during the year  1c  1c	Г No
C Beginning balance 1c 1d 1d 1d 1e Distributions during the year 1e 1e	
c Beginning balance d Additions during the year e Distributions during the year  1c  1d  1e	
d Additions during the year  e Distributions during the year  1d  1e	
e Distributions during the year  1e	
f Fudura balanca	
f Ending balance	
2a Did the organization include an amount on Form 990, Part X, line 21?	▼ No
<b>b</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 Year	ars Back
1a Beginning of year balance	
<b>b</b> Contributions	
c Investment earnings or losses	
d Grants or scholarships	
e Other expenditures for facilities and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the year end balance held as	
Board designated or quasi-endowment	
<b>b</b> Permanent endowment ►	
C Term endowment ►	
Are there endowment funds not in the possession of the organization that are held and administered for the organization by	No
(i) unrelated organizations	
(ii) related organizations	
<b>b</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 property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Box	ok value
1a Land	
<del>                                     </del>	
1a Land	
b Buildings	7,822
b Buildings	7,822 12,200
b Buildings	7,822 12,200 20,022

Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)2001111111	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
T-1-1 (C-1 (h) -h C COO D+ V (C) h (2)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
		(c) Metho	d of valuation
(a) Description of investment type	(b) Book value		f-year market value
	1		
	1		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	, , , , , <b>\r</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value

Part >	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1 <sub>T</sub>	otal revenue (Form 990, Part VIII, column (A), line 12)	1	4,991,517
2 <sub>T</sub>	otal expenses (Form 990, Part IX, column (A), line 25)	2	5,173,420
3 E	xcess or (deficit) for the year Subtract line 2 from line 1	3	-181,903
<b>4</b> N	let unrealized gains (losses) on investments	4	
_	onated services and use of facilities	5	
_	nvestment expenses	6	
_	rior period adjustments	7	
	Other (Describe in Part XIV)	8	
	otal adjustments (net) Add lines 4 - 8	9	
	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-181,903
Part X			· ·
	Total revenue, gains, and other support per audited financial statements	1	5,530,479
2 /	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a l	Net unrealized gains on investments 2a		
<b>b</b> [	Donated services and use of facilities 2b 538,962		
c F	Recoveries of prior year grants		
d (	Other (Describe in Part XIV) 2d		
e /	Add lines <b>2a</b> through <b>2d</b>	2e	538,962
3 9	Subtract line <b>2e</b> from line <b>1</b>	3	4,991,517
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
a I	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь (	Other (Describe in Part XIV) 4b		
c A	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	4,991,517
Part XI		per	
	Total expenses and losses per audited financial statements	1	5,712,382
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
<b>b</b> F	Prior year adjustments		
	Other losses	-	
d (	Other (Describe in Part XIV) 2d	1	
e /	Add lines <b>2a</b> through <b>2d</b>	2e	538,962
	Subtract line <b>2e</b> from line <b>1</b>	3	5,173,420
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a I	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> (	Other (Describe in Part XIV)	]	
c A	Add lines <b>4a</b> and <b>4b</b>	4c	
5 7	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	5,173,420

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, 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

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

# 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

2011

DLN: 93493319027792

pen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

Oregon Manufacturing Extension Partnership Inc 93-1315027 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . . . . . . (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal other) (1) Worksystems Inc111 SW 93-0857426 862,744 To train workers 5th AVE STE 1150 Portland, OR 97207 (2) Workforce Investment 93-1246270 167,223 ∏o train workers Council of Clackamas County 365 Warner Milne Rd STE 202 Oregon City, OR 97045 427,548 (3) Job Growers 626 High 26-0172758 To train workers Street NE STE 305 Salem, OR 97301 (4) SW Washington 01-0726348 485,038 To train workers Workforce Development Council805 Broadway ST **STE 412** Vancouver, WA 98660 (5) Impact WAPO BOX 886 262,506 To train workers Mukilteo, WA 98275

Use Schedule I-1 (Form 9	90) if additional space	ıs needed.			
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Identifier Return Reference

**Explanation** 

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319027792

**SCHEDULE 0** 

(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.

2011
Open to Public Inspection

Name of the organization Oregon Manufacturing Extension Partnership Inc	Employer identific	cation number
	93-1315027	

ldentifier	Return Reference	Explanation
Form 990 Part VI	11	Form 990 Review Process - A copy of the draft of the Form 990 is available for all voting members 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
Form 990 Part VI	19	The organizations governing documents, conflict of interest policy, and financial statements are generally not available to the public
		Form 990 Part VI Line 11 Form 990 Review Process - A copy of the draft of the Form 990 is available for all voting members 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 Form 990 Part VI Section C Line 19 The organizations governing documents, conflict of interest policy, and financial statements are generally not available to the public

#### **Additional Data**

**Software ID:** 11000218

**Software Version:** 2011.0.0

**EIN:** 93-1315027

Name: Oregon Manufacturing Extension Partnership Inc

#### Form 990, Special Condition Description:

#### **Special Condition Description**