PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1429 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

<u> </u>	or the	2022 calendar year, or tax year beginning	and	enaing	_	
<b>B</b> c	heck if pplicable	C Name of organization			D Employer iden	tification number
X	Addres	OREGON RESEARCH INSTITUTE				
	Name change	Doing business as			93-04956	55
F	Initial return Final	Number and street (or P.O. box if mail is not de 3800 SPORTS WAY	livered to street address)	Room/suite	<b>E</b> Telephone num 541-484-21	
	√return termin		ZID or foreign postal gods		G Gross receipts \$	7,014,046.
	ated □Ameno		ZIP or loreign postal code			
	⊒return □Applic	·	A DOMINIA		H(a) Is this a group	
	⊥tion pendir	F Name and address of principal officer: Chiki-	ARIHUN		for subordina	
_		SAME AS C ABOVE			7	es included? Yes No
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attacl	h a list. See instructions
_	Vebsit				H(c) Group exemp	
	orm of	organization: X Corporation Trust As Summary	sociation Other	<b>L</b> Year	of formation: 1960	M State of legal domicile: OR
	1	Briefly describe the organization's mission or most	significant activities: OREGON	RESEARCI	H INSTITUTE IS	AN
Activities & Governance		INDEPENDENT BEHAVIORAL SCIENCES RESEA				
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net	assets.
Ver	l	Number of voting members of the governing body			1	3   13
Ĝ	ı	Number of independent voting members of the government of the gove	. , , , , , , , , , , , , , , , , , , ,			4 3
∞ ∞		Total number of individuals employed in calendar y				5 102
<u>i</u> ë.		Total number of volunteers (estimate if necessary)				6 3
		Total unrelated business revenue from Part VIII, co				7a 0.
Ą	ı	Net unrelated business taxable income from Form	. ,,			7b 0.
		Net difference business taxable income from Form	990-1,1 art 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			7,288,33	
ne	l					0. 0.
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		2,70	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			13,21	<u> </u>
	ı	Total revenue - add lines 8 through 11 (must equal			7,304,24	
		Grants and similar amounts paid (Part IX, column (				0. 0.
	ı	Benefits paid to or for members (Part IX, column (A				0. 0.
	I	Salaries, other compensation, employee benefits (I			4,546,70	
ses		Professional fundraising fees (Part IX, column (A), I				0. 0.
Expenses	ı	Total fundraising expenses (Part IX, column (D), line		0.		
Ä	I	Other expenses (Part IX, column (A), lines 11a-11d,	'		2,728,64	2,582,829.
		Total expenses. Add lines 13-17 (must equal Part li			7,275,34	
	ı	Revenue less expenses. Subtract line 18 from line			28,90	
	13	rievende less expenses. Subtract line 10 nom line	12		eginning of Current Yea	
Net Assets or	20	Total assets (Part X, line 16)			2,073,09	
ASSE	21	Total liabilities (Part X, line 16)			923,58	
let/	22	Net assets or fund balances. Subtract line 21 from	line 20		1,149,51	
Pa	rt II	Signature Block	III le 20		_,,	2.1
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the hest of	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				Thy knowledge and belief, it is
ti uo,	001100	t, and complete. Declaration of preparer (ether than office	n) is based on an information of wi	non proparor	nas any knowledge.	
Sigi	•	Signature of officer			I Date	
Her		CHRIS ARTHUN, DIRECTOR OF FINANCE				
пеі	ь	Type or print name and title				
		<del></del>	Dropararie eignatura		Date Check	PTIN
Paid	1	Print/Type preparer's name WENDY CAMPOS	Preparer's signature WENDY CAMPOS		1 (0.5 (0.2	
			HILLDI CVIII OB	μ	1 1 22	91-0189318
	arer	Third Trains			Firm's EIN	71-0103310
use	Only				Dh	03-242-1447
		PORTLAND, OR 97205			Phone no. 5	03-242-1447
May	tne IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	OREGON RESEARCH INSTITUTE IS AN INDEPENDENT BEHAVIORAL SCIENCES	
	RESEARCH CENTER DEDICATED TO UNDERSTANDING HUMAN BEHAVIOR AND	
	IMPROVING THE QUALITY OF HUMAN LIFE THROUGH THE PREVENTION AND	
	TREATMENT OF HEALTH, EDUCATIONAL, AND SOCIAL PROBLEMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported.	0.)
4a	(Code:) (Expenses \$1,493,404. including grants of \$0. ) (Revenue \$PROMOTING HEALTHY CHILD DEVELOPMENT: RESEARCHERS IN THIS AREA EXAMINE	<u> </u>
	THE ROLE THAT FAMILIES, SCHOOLS, FRIENDS, NEIGHBORHOODS, AND COMMUNITIES PLAY IN PROMOTING THE POSITIVE DEVELOPMENT OF CHILDREN,	
	TEENS, AND YOUNG ADULTS. THE RESEARCH TEAMS STUDY WHAT LEADS TO SOCIAL	
	AND ACADEMIC SUCCESS AS WELL AS WHAT LEADS TO PROBLEM BEHAVIORS, SUCH	
	AS SUBSTANCE USE AND SCHOOL FAILURE. ORI SCIENTISTS WORK WITH SCHOOLS	
	AND PARENTS TO REFINE AND ADAPT EVIDENCE-BASED PROGRAMS SUCH AS	
	LITERACY STRENGTHENING, SOCIAL SKILLS PROGRAMS, AND PARENT TRAINING	
	PROGRAMS.	
4b	(Code:) (Expenses \$1,345,482. including grants of \$0. (Revenue \$	0.)
	PROMOTING PHYSICAL HEALTH: ORI RESEARCHERS ARE STUDYING WAYS TO KEEP	, , , , , , , , , , , , , , , , , , ,
	PEOPLE OF ALL AGES PHYSICALLY HEALTHY. ORI'S WORK IN CHRONIC ILLNESS	
	PREVENTION BEGAN IN THE 1980S WITH RESEARCH TO FIND WAYS TO HELP PEOPLE	
	WITH DIABETES MANAGE THEIR ILLNESS. THE STUDY AND PROMOTION OF PHYSICAL	
	ACTIVITY BEGAN IN THE 1990S WITH IMPORTANT LONGITUDINAL RESEARCH ON THE	
	FACTORS WHICH INFLUENCE CHILDREN AND YOUTH TO BECOME AND REMAIN	
	PHYSICALLY ACTIVE AND WITH IMPORTANT CLINICAL TRIALS OF THE BENEFITS OF	
	TAI CHI EXERCISE FOR THE ELDERLY.	
4c	(Code:) (Expenses \$1,400,033. including grants of \$0. (Revenue \$	0.
	PROMOTING PSYCHOLOGICAL HEALTH: ORI SCIENTISTS STUDY EMOTIONAL AND	
	BEHAVIORAL DISORDERS AS WELL AS NORMATIVE DEVELOPMENT AND PERSONALITY,	
	IN ORDER TO BETTER UNDERSTAND FACTORS THAT MAKE PEOPLE VULNERABLE TO	
	SERIOUS MENTAL HEALTH DISORDERS AS WELL AS FACTORS THAT INCREASE	
	RESILIENCE THAT HELPS PEOPLE COPE WITH DAILY CHALLENGES. AN IMPORTANT	
	COMPONENT OF RESEARCH IN THIS AREA IS DEVELOPING AND EVALUATING	
	INTERVENTIONS FOR THE PREVENTION AND TREATMENT OF DISORDERS.	
4d	Other program services (Describe on Schedule O.)	0 \
4-	(Expenses \$ 379,263. including grants of \$ 0.) (Revenue \$  Total program service expenses 4,618,182.	0.)
<u>4e</u>	Total program service expenses 4,618,182.	Form <b>990</b> (2022)
		1 01111 000 (2022)

# Form 990 (2022) OREGON RESEARCH INSTITUTE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		x
•	Schedule D, Part III	<b>├°</b>		<del></del>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<sub></sub>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I. See instructions	17	L	х
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		х
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the second of			

# Form 990 (2022) OREGON RESEARCH INSTITUTE Part IV Checklist of Required Schedules (continued)

	· (continued)		V	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24.5	Schedule J	25		
<b>24</b> a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines 24b through 24d and complete			1
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			1
		OEL		Х
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		Х
~~	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
^-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	l
Pa	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	41	
- 41	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued to containe a reciponate of flotte to diffy line in this fill art v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	169	140
b	Enter the number reported in 50x 5 of 10ff 1050. Enter 40 in not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10	х	

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01111 330	(2022)			
Part V	Sta	atements Regarding Other IRS Filings and Tax Compliance	(continued)	

			Yes	No
2a	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 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		x
4		7c		21
d e		7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  13b			
C	Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template and payments for indeed template	110		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments? If "No," applied an explanation as School to Co.	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2022) 232005 12-13-22

OREGON RESEARCH INSTITUTE Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $$\tt OR$  , CA , NM , MN

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

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS ARTHUN, DIRECTOR OF FINANCE AND ADMINISTRATION - 541-484-2123

97477

Form **990** (2022)

3800 SPORTS WAY, SPRINGFIELD, OR

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

Check if Schedule O contains a response or note to any line 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. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box	not c	Pos heck	ition		one n an	(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) FUZHONG LI	40.00	-				,,		100 657		22.020
SENIOR RESEARCH SCIENTIST (2) EDWARD FEIL	36.00					Х		198,657.	0.	32,030.
SENIOR RESEARCH SCIENTIST	30.00	1				x		161,594.	0.	26,108.
(3) KEITH SMOLKOWSKI	27.00							101,354.	,	20,100.
SENIOR RESEARCH SCIENTIST	27,00	1				x		140,171.	0.	27,914.
(4) PAUL ROHDE	26.00									27,5226
BOARD CHAIR, SENIOR SCIENTIST		х		х				130,641.	0.	25,108.
(5) GRANT EDMONDS	40.00							,		,
RESEARCH SCIENTIST		1				x		123,237.	0.	25,446.
(6) LISA SHEEBER	19.00							·		,
BOARD MEMBER, SENIOR SCIENTIST		х						61,538.	0.	33,555.
(7) CHRIS ARTHUN	27.00									
DIRECTOR OF FINANCE & ADMINISTRATION				Х				69,919.	0.	7,385.
(8) DEREK KOSTY	20.00									
BOARD MEMBER, ASSOCIATE RESEARCH SCI		Х						56,715.	0.	17,439.
(9) JULIE POPE	34.00	]								
BOARD MEMBER, RESEARCH ASSISTANT		Х						50,166.	0.	16,646.
(10) ANDREW GUESS	27.00	1								
BOARD MEMBER, IT SYSTEMS ADMINISTRAT		Х						44,689.	0.	20,628.
(11) CRAIG LEVE	18.00	1								
BOARD TREASURER, DATA ANALYST		Х		Х				49,059.	0.	14,510.
(12) KATHERINE CLAWSON	22.00	ł						26.474		42.542
BOARD MEMBER, RESEARCH ASSISTANT	10.00	Х						36,174.	0.	13,543.
(13) SHANNON MCGILL	10.00	١,,						21 600		7 502
BOARD MEMBER, PROJECT MANAGER	15.00	Х						21,680.	0.	7,583.
(14) KASIE CLOUD COMMUNITY BOARD MEMBER	15.00	x						20.052	0.	2 125
(15) ANDREW BERGEN	1.00	^						20,052.	0.	2,135.
BOARD MEMBER, SENIOR SCIENTIST	1.00	x						3,758.	0.	376.
(16) HERBERT SEVERSON	1.00	<del>  _,</del>			$\vdash$			3,750.	<u> </u>	3,3.
BOARD MEMBER, SENIOR SCIENTIST	<b>———</b>	x						926.	0.	93.
(17) MARIE JACKSON	1.00	<del>  -</del>							· ·	
BOARD SECRETARY, COMMUNITY BOARD MEM	_,	х		x				0.	0.	0.
	ı	1						1	1	Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

Form 990 (2022) OREGON RESEA	RCH INSTITU	ΤE							93-049565	5	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
<b>(A)</b> Name and title	(B) Average hours per week	box	not cl	ss per	ition more son is	l than c s both r/trust	n an	( <b>D)</b> Reportable compensation from	(E)  Reportable compensation from related		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f orç an	npensa rom th ganizat d relat anizati	ation e :ion :ed
(18) CHUCK KALNBACH	1.00											
COMMUNITY BOARD MEMBER		Х						0.	0.			0.
(19) SHAWN MURPHY	1.00											
COMMUNITY BOARD MEMBER	-	Х						0.	0.			0.
1b Subtotal								1,168,976.	0.		270	499.
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								1,168,976.	0.		270,	499.
2 Total number of individuals (including but i								· · · · · ·	000 of reportable		,	5
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		,	,		,	,	·		•	3		Х
4. Face and in the interest that all and the interest that all all all all all all all all all a												

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KAISER FOUNDATION, 1800 HARRISON STREET,		
16TH FLOOR, OAKLAND, CA 94612	RESEARCH	230,197.
SCOTT LAW GROUP, LLP		
PO BOX 70422, SPRINGFIELD, OR 97475	LEGAL	129,775.
IRIS MEDIA, 1203 WILLAMETTE STREET, SUITE		
100, EUGENE, OR 97401	RESEARCH	107,938.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 3		

Part VIII	Statement of Rever	านe
Form 990 (2022	) OREGON	RES

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi				1e	5,104,546.				
ons,			Government grants (contributions)		3,104,340.				
utic		T	All other contributions, gifts, grants, and		1 000 219				
ĕ			similar amounts not included above $\dots$	1f	1,909,218.				
ont		_	Noncash contributions included in lines 1a-1f	1g  \$		7 012 764			
O g		n	Total. Add lines 1a-1f		B	7,013,764.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	ends, intere	st, and				
			other similar amounts)			1,956.			1,956.
	4		Income from investment of tax-exer						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
				Securities	(ii) Other				
	-	_	assets other than inventory <b>7a</b>						
		h	Less: cost or other basis						
Φ		~	and sales expenses						
her Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
푸			Gross income from fundraising events	I					
O th	Ü	u	including \$	·					
١			contributions reported on line 1c). §	-					
				I .					
		<b>L</b>	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraisir						
	9	a	Gross income from gaming activitie						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming a						
	10	а	Gross sales of inventory, less return	I					
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in	nventory					
တ					Business Code				
e e	11	а	OTHER LOSS		541700	-1,674.			-1,674.
Miscellaneous Revenue		b							
cell Seve		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d			-1,674.			
	12		Total revenue. See instructions			7,014,046.	0.	0.	282.

232009 12-13-22

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22  Grants and other assistance to foreign				
3					
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
,					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	704,316.	556,078.	148,238.	
6	trustees, and key employees	701,310.	330,070.	140,230.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,776,490.	2,126,583.	649,907.	
7	Other salaries and wages Pension plan accruals and contributions (include	2,770,450.	2,120,303.	045,507.	
8		258,594.	198,999.	59,595.	
^	section 401(k) and 403(b) employer contributions)	605,198.	484,971.	120,227.	
9	Other employee benefits	224,248.	168,470.	55,778.	
10	Payroll taxes	221,210.	100,470.	33,170.	
11	Fees for services (nonemployees):				
a	Management	48,820.		48,820.	
b	Legal	45,330.		45,330.	
C.	Accounting	45,550.		45,550.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	435,010.	292,684.	142,326.	
40	column (A), amount, list line 11g expenses on Sch 0.)	2,750.	2,750.	142,320.	
12	Advertising and promotion	187,174.	61,572.	125,602.	
13	Office expenses	231,672.	2,912.	228,760.	
14	Information technology	231,072.	2,312.	220,700.	
15	Royalties	524,316.		524,316.	
16	Occupancy	33,795.	33,795.	324,310.	
17	Travel	33,733.	33,733.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	7,827.	2,720.	5,107.	
19	Conferences, conventions, and meetings	3,094.	2,720.	3,107.	
20	Interest	3,054.		5,051.	
21	Payments to affiliates	89,632.		89,632.	
22	Inguirongo	118,061.		118,061.	
23	Other expenses. Itemize expenses not covered	110,001.		110,001.	
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUBAWARDS	623,199.	623,199.		
b	BUILDING MAINTENANCE	143,998.	3,676.	140,322.	
С	RESEARCH SUPPLIES	55,667.	27,824.	27,843.	
d	PARTICIPANT FEES	32,484.	31,949.	535.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,151,675.	4,618,182.	2,533,493.	
26	Joint costs. Complete this line only if the organization				<u></u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2022) Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	317,632.	1	152,422		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			648,099.	3	641,95
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္ခ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Down and a supragram and all forms of all annual			61,193.	9	61,46
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	862,285.			
	b	Less: accumulated depreciation	. 10b	750,018.	201,899.	10c	112,26
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, line	11		227,687.	12	159,20
1	3	Investments - program-related. See Part IV, line	e 11			13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11			616,583.	15	16,334,23
1	6	Total assets. Add lines 1 through 15 (must ed			2,073,093.	16	17,461,53
1	7	Accounts payable and accrued expenses	808,038.	17	776,60		
1	8	Grants payable		18			
1	9	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
ဖ္က 2	2	Loans and other payables to any current or for	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		22	
¬   2	23	Secured mortgages and notes payable to unre	elated thi	rd parties	115,544.	23	62,08
2	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
2	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			0.	25	15,744,570
2	26				923,582.	26	16,583,25
<u>"</u>		Organizations that follow FASB ASC 958, cl	neck her	e X			
စ္ဗိ		and complete lines 27, 28, 32, and 33.					
E 2	27	Net assets without donor restrictions			1,149,511.	27	878,27
<u>n</u> 2	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
ဋ္ဌ 2	9	Capital stock or trust principal, or current fund				29	
3 Se	0	Paid-in or capital surplus, or land, building, or				30	
₹   3	1	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	2	Total net assets or fund balances			1,149,511.	32	878,27
3	3	Total liabilities and net assets/fund balances			2,073,093.	33	17,461,534 Form <b>990</b> (202

Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,	014,	046.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,	151,	675.
3	Revenue less expenses. Subtract line 2 from line 1	3		-:	137,	629.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,	149,	511.
5	Net unrealized gains (losses) on investments	5		-:	133,	604.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				-1.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			878,	277.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	х	
			F	orm 9	990 (	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**ZUZZ**Open to Public

Inspection

Name of the organization **Employer identification number** OREGON RESEARCH INSTITUTE 93-0495655 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,614,359.	10,193,141.	8,199,369.	7,288,334.	7,013,764.	45,308,967.
2	Tax revenues levied for the organ-						
	ization'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	12,614,359.	10,193,141.	8,199,369.	7,288,334.	7,013,764.	45,308,967.
	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						45,308,967.
	etion B. Total Support						10,000,000
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	12,614,359.	10,193,141.	8,199,369.	7,288,334.	7,013,764.	45,308,967.
	Gross income from interest,	, ,	, ,	, ,	, ,		
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,802.	3,069.	1,609.	2,703.	1,956.	12,139.
a	Net income from unrelated business	_,	, , , , , , ,				
3	activities, whether or not the						
	hi.a.a.a.iaa.alala.aia.al.a.a	4,244.	2,279.		10,006.		16,529.
10	Other income. Do not include gain	1,2110	2,273.		10,000.		10,323.
10	· ·						
	or loss from the sale of capital	6,101.	4,107.	2,662.	3,205.	-1,674.	14,401.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	0,101.	4,107.	2,002.	3,203.	1,074.	45,352,036.
	,	ata (aaa inatuustia	no)			12	45,332,030.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	· ·		and a fifth town			
13	•	· ·	, , ,			01(0)(3)	
Sec	organization, check this box and stop etion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (fl)		14	99.91 %
	Public support percentage from 2021		•	.,,		15	99.82 %
	33 1/3% support test - 2022. If the co						76
IUa	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
U		•		•		•	
47.	and <b>stop here.</b> The organization quali						
17 a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					_	
1-	meets the facts-and-circumstances te					70 and line 15 in 1	
b	10% -facts-and-circumstances test	ū				•	ı∪% Or
	more, and if the organization meets the		•				
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	, 10D, 1/a, 0r 1/b,	cneck this box ar		
						Schedule A	(Form 990) 2022

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? |f "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla <i>l</i>	\ /Earr	n aan)	2022

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Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ction D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
_7_	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the						
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable			
0000		Exocoo Biodilbadorio	Pre-2022	Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
_3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2018						
<u>b</u>	Excess from 2019						
<u>c</u>	Excess from 2020						
<u>d</u>	Excess from 2021						
e	Excess from 2022						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

OF	93-0495655				
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor?	•			
Special Rules					
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ang the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) IZ, line 1. Complete Parts I and II.	d that received from any one			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ag requirements of Schedule B (Form 990).	• •			
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

OREGON RESEARCH INSTITUTE

93-0495655

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	# Total contributions \$ \$ \$ \$ 239,636.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ivalile, audi ess, and EIF + 4	\$ \$ 174,428.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3** 

Name of organization Employer identification number

OREGON RESEARCH INSTITUTE 93-0495655

Part II	TT II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2022) Page **4** 

Name of o	rganization		Employer identification number
OREGON F	RESEARCH INSTITUTE		93-0495655
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charused uplicate copies of Part III if additional sp	nrough <b>(e) and</b> the following line enti aritable, etc., contributions of <b>\$1,000 or I</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	ft
	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of giff	ft  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	ft  Relationship of transferor to transferee
	Transferee 3 name, address, and		Helationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

OREGON RESEARCH INSTITUTE

**Employer identification number** 93-0495655

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	·	(b) Funds and other accounts
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and below as also also sales
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):  a   Public exhibition   d   Loan or exchange program   b   Scholarly research   e   Other   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 XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 XIII and complete the following table:   Amount   c Beginning balance   1d   c Beginning balance   1d   c Distributions during the year   1d   c Distributions   1d	
a Public exhibition d Loan or exchange program e Other  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 XIII.  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" on 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 XIII and complete the following table:  c Beginning balance  d Additions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities  and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  Premainent endowment  %  Permanent endowment funds not in the possession of the organization that are held and administered for the	
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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 XIII.  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?	
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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 XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year Beginning of year balance b Contributions c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9% b Permanent endowment 9% c Term endowment 9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the	
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b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  c Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  y6  Term endowment  y6  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
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c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year Beginning of year balance b Contributions c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  9 Permanent endowment  9 Permanent endowment  9 Term endowment funds not in the possession of the organization that are held and administered for the	
d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
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f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back (e) Four year back (fo) Two years back (fo) Two years back (fo) Three years back (fo) Four year back (fo) Two years back (fo) Three years back (fo) Four year back (fo) Two years back (fo) Three years back (fo) Four year back (fo) Two years back (fo) Three years back (fo) Four year back (fo) Two years back (fo) Three years back (fo) Four year back (fo) Two years back (fo) T	_ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four year	
Beginning of year balance	
b Contributions c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	back
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
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 current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  b Permanent endowment  %  Term endowment  %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
b Permanent endowment%  c Term endowment%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
c Term endowment%  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	
	т
organization by:	No
(i) Unrelated organizations 3a(i)	├──
(ii) Related organizations 3a(ii)	$\vdash$
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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) Book value of the depreciation	<u></u>
1a Land	
<b>b</b> Buildings	
c Leasehold improvements	
<b>d</b> Equipment 862,285. 750,018. 112	,267.
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	,267.

Schedule D	(Form 990) 2022	OREGON RESEARCH INSTI	TUTE	93-0493633	Page
Part VII	Investments -	Other Securities.			

Part vii investments - Other Securities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	_	
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	408,794.
(2) SUBLESSEE SECURITY DEPOSITS	182,978.
(3) OPERATING LEASE RIGHT OF USE ASSETS	15,742,463.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,334,235.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITIES	15,744,570.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,744,570.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the Х organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 OREGON RESEARCH INSTITUTE			93-0495655	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,880,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-133,604.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-133,604.
3	Subtract line 2e from line 1			3	7,014,046.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				7,014,046.
Pa	T XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,151,675.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,151,675.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,151,675.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; P	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informa	ation.		
PART	X, LINE 2:				
THE	INSTITUTE FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS				
CODI	FICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCOUNTING FO	OR			
UNCE	RTAIN TAX POSITIONS AND THERE IS NO FINANCIAL STATEMENT IMPAC	T TO THE			
INST	TITUTE. THE INSTITUTE RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN	N TAX			
POSI	TIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION	NS WILL			
BE S	USTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE	TECHNICAL			
MERI	TS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE	LARGEST			
BENE	FIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED	UPON			
ULTI	MATE SETTLEMENT. THE INSTITUTE RECOGNIZES INTEREST AND PENALT	IES			
RELA	TED TO INCOME TAX MATTERS IN SUPPORT EXPENSES. THE INSTITUTE 1	HAD NO			
UNCE	RTAIN TAX POSITIONS AT DECEMBER 31, 2022.				
				Cabadula D /Fa	000\ 0000

Schedule D (Form 990) 2022	OREGON RESEARCH INSTITUTE	93-0495655	Page 5
Schedule D (Form 990) 2022  Part XIII   Supplemental Info	rmation (continued)		<u> </u>
	(Continueu)		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number OREGON RESEARCH INSTITUTE 93-0495655

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
		5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	i

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

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FUZHONG LI	(i)	198,657.	0.	0.	20,224.	11,806.	230,687.	0.
SENIOR RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) EDWARD FEIL	(i)	161,594.	0.	0.	16,276.	9,832.	187,702.	0.
SENIOR RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEITH SMOLKOWSKI	(i)	140,171.	0.	0.	14,255.	13,659.	168,085.	0.
SENIOR RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAUL ROHDE	(i)	130,641.	0.	0.	13,302.	11,806.	155,749.	0.
BOARD CHAIR, SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

OREGON RESEARCH INSTITUTE

Inspection **Employer identification number** 93-0495655

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
UNDERSTANDING HUMAN BEHAVIOR AND IMPROVING THE QUALITY OF HUMAN LIFE	
THROUGH THE PREVENTION AND TREATMENT OF HEALTH, EDUCATIONAL, AND SOCIAL	
PROBLEMS.	
	_
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	_
TREATING TOBACCO, ALCOHOL AND ILLEGAL DRUG USE: ORI'S WORK IN THIS AREA	
DATES FROM RESEARCH FUNDING OBTAINED IN THE LATE 1970S TO STUDY TOBACCO	
USE IN YOUNG PEOPLE. SINCE THEN, RESEARCH INTEREST HAS BROADENED TO	_
INCLUDE RESEARCH ON THE PREVENTION OF ALCOHOL AND OTHER DRUG USE AMONG	
YOUTH. TWO IMPORTANT ORI LONGITUDINAL STUDIES, ONE ON PEER AND FAMILY	_
INFLUENCES ON YOUTH DRUG USE, AND THE OTHER ON YOUNG CHILDREN'S	_
KNOWLEDGE OF AND INTENT TO USE ALCOHOL AND DRUGS - HAVE PROVIDED	_
VALUABLE GUIDANCE IN THE DEVELOPMENT OF SUBSTANCE ABUSE PREVENTION	
PROGRAMS.	
EXPENSES \$ 379,263. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART VI, SECTION A, LINE 1A:	
PER THE BYLAWS OF THE CORPORATION, 10 OF THE VOTING BOARD DIRECTORS ARE	
EMPLOYEES OF THE CORPORATION: 5 FROM THE SCIENTIST COUNCIL AND 5 FROM THE	
SCIENTIST SUPPORT COUNCIL.	
FORM 990, PART VI, SECTION A, LINE 6:	
SCIENTIST COUNCIL ELECTS MEMBERS OF THAT BODY TO THE BOARD OF DIRECTORS.	
SCIENTIST SUPPORT COUNCIL ELECTS MEMBERS OF THAT BODY TO THE BOARD OF	
DIRECTORS. THOSE ELECTED EMPLOYEE BOARD MEMBERS ELECT 5 NON EMPLOYEE BOARD	_
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization OREGON RESEARCH INSTITUTE 93-0495655 MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: SCIENTIST COUNCIL ELECTS MEMBERS OF THAT BODY TO THE BOARD OF DIRECTORS. SCIENTIST SUPPORT COUNCIL ELECTS MEMBERS OF THAT BODY TO THE BOARD OF DIRECTORS. THOSE ELECTED EMPLOYEE BOARD MEMBERS ELECT 5 NON EMPLOYEE BOARD MEMBERS. EMPLOYEES SERVE ON VARIOUS COMMITTEES THAT ADVISE THE BOARD (SUCH AS FINANCE COMMITTEE, HUMAN RESOURCES COMMITTEE, ETC.) FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS REVIEWED BY THE ORGANIZATION'S DIRECTOR OF FINANCE AND ADMINISTRATION, FINANCE COMMITTEE, AND BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ORI REQUIRES DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST ANNUALLY FOR OFFICERS, DIRECTORS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES. DISCLOSURE OCCURS NEAR THE BEGINNING OF EACH YEAR AND RESPONSES THAT INDICATE A POTENTIAL CONFLICT OF INTEREST ARE REVIEWED BY THE DIRECTOR OF FINANCE AND ADMINISTRATION TO ASSESS IF A MANAGEMENT PLAN IS NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: SALARY RANGE IS DETERMINED BY COMPARISON TO EQUIVALENT POSITIONS IN THE NORTHWEST JOB MARKET. PLACEMENT ON SALARY RANGE IS DETERMINED BY 360 DEGREE PERFORMANCE EVALUATION, REVIEWED BY A COMPENSATION COMMITTEE, AND APPROVED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE INSTITUTE'S COMPENSATION POLICY. THIS PROCESS WAS LAST COMPLETED IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization  OREGON RESEARCH INSTITUTE	Employer identification number 93-0495655
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON	
REQUEST. FINANCIAL STATEMENTS ARE POSTED TO THE WEBSITE AND ARE ALSO	
AVAILABLE UPON REQUEST.	

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print OREGON RESEARCH INSTITUTE 93-0495655 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 3800 SPORTS WAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SPRINGFIELD, OR 97477 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CHRIS ARTHUN, DIRECTOR OF FINANCE AND ADMINISTRATION The books are in the care of ► 3800 SPORTS WAY - SPRINGFIELD, OR 97477 Telephone No. ▶ 541-484-2123 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning \_ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)