

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.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the 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. filing your 1776 MILLRACE DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. EUGENE, OR 97403 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) 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
 1776 MILLRACE DR. - EUGENE, OR 97403 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, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 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

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

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

| A I | or the | 2021 calendar year, or tax year beginning | and | ending | | | | | |
|---------------|----------------------------|---|---|---------------|-------------------------|-------------------|-------------------------------|--|--|
| | Check if applicable | C Name of organization | | | D Employer id | dentific | cation number | | |
| Г | Addres | | | | | | | | |
| F | Name | | | | 93-049 | 5655 | | | |
| F | Initial return | Number and street (or P.O. box if mail is not deli | vered to street address) | Room/suite | + | | r | | |
| F | Final | 1776 MILLRACE DRIVE | vorda to stroot addroos | Troom, suito | 541-484-2123 | | | | |
| _ | ⊥return/ termin ated | | 7IP or foreign postal code | | G Gross receipts | | 7,304,248. | | |
| Г | Ameno | , | in or foreign postar dode | | H(a) Is this a g | | | | |
| F | Applic tion | · | ARTHUN | | for subord | - | | | |
| _ | pendir | SAME AS C ABOVE | | | | | ncluded? Yes No | | |
| T - | Гах-ехе | empt status: X 501(c)(3) 501(c) () | | or 527 | | | list. See instructions | | |
| | | e: WWW.ORI.ORG | 1 (| <u> </u> | H(c) Group exe | | | | |
| | | | sociation Other | L Year | of formation: 196 | | A State of legal domicile; OR | | |
| | | Summary | · · | 1 = 100. | 0.101111411011 | , | e class of rogal dominons, | | |
| | 1 | Briefly describe the organization's mission or most s | significant activities: OREGON | RESEARC | H INSTITUTE I | S AN | | | |
| Governance | | INDEPENDENT BEHAVIORAL SCIENCES RESEAR | | | | | | | |
| nar | 2 | Check this box if the organization discon | tinued its operations or dispos | sed of more | than 25% of its | net ass | sets. | | |
| Ver | 3 | Number of voting members of the governing body (| Part VI, line 1a) | | | 3 | 14 | | |
| | 4 | Number of independent voting members of the government | | | | | 4 | | |
| დ თ | | Total number of individuals employed in calendar ye | | | 100 | | | | |
| iŧie | | Total number of volunteers (estimate if necessary) | | | | | 4 | | |
| Activities & | | Total unrelated business revenue from Part VIII, colo | | | | | 10,006. | | |
| ⋖ | | Net unrelated business taxable income from Form 9 | | | | 7b | 4,730. | | |
| | | | | | Prior Year | | Current Year | | |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | | 8,199, | 369. | 7,288,334. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | | 0. | 0. | | |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, | and 7d) | | 1, | 609. | 2,703. | | |
| ~ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | | 2, | 662. | 13,211. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal F | Part VIII, column (A), line 12) | | 8,203, | 640. | 7,304,248. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A | N), lines 1-3) | | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A) | , line 4) | | | 0. | 0. | | |
| ý | 15 | Salaries, other compensation, employee benefits (P | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), lir | ne 11e) | | | 0. | 0. | | |
| g | b | Total fundraising expenses (Part IX, column (D), line | 25) 🕨 | 0. | | | | | |
| ŵ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) | | 2,961, | 506. | 2,728,642. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX | (, column (A), line 25) | | 8,201, | 859. | 7,275,343. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 1 | 2 | | 1, | 781. | 28,905. | | |
| Net Assets or | | | | Ве | ginning of Current | | End of Year | | |
| sets | 20 | Total assets (Part X, line 16) | | | 2,049, | | 2,073,093. | | |
| ABS | 21 | Total liabilities (Part X, line 26) | | | | 034. | 923,582. | | |
| | 22 | Net assets or fund balances. Subtract line 21 from I | ine 20 | | 1,066, | 986. | 1,149,511. | | |
| | art II | Signature Block | | | | | | | |
| | | Ities of perjury, I declare that I have examined this return, i | | | | - | knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer | r) is based on all information of wr | iich preparer | nas any knowledge | e | | | |
| 0: | _ | Signature of officer | | | I Date | | | | |
| Sig | | CHRIS ARTHUN, DIRECTOR OF FINANCE | | | Duto | | | | |
| Her | е | Type or print name and title | | | | | | | |
| | | , | Droparar's signature | Т | Date 0 | Check | PTIN | | |
| Paid | | * ' ' | Preparer's signature VENDY CAMPOS | | 1 (00 (00 | i L | | | |
| | arer | | | <u> </u> - | Firm's EIN 91-0189318 | | | | |
| | Only | Firm's address 805 SW BROADWAY STE 1200 | This chains | | | | | | |
| 550 | Jy | PORTLAND, OR 97205 | | | Phone r | ₁₀ 503 | -242-1447 | | |
| May | / the IF | RS discuss this return with the preparer shown above | re? See instructions | | 11 110110 1 | | X Yes No | | |

93-0495655

| Pa | Statement of Program Service Accomplishments | | |
|-----------|---|-------------------------------|------------------------|
| | Check if Schedule O contains a response or note to any line in this Part III | | <u> </u> |
| 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 list | ted 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 progra | am 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 | n services, as measured by | y expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations | ations to others, the total e | expenses, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 1,481,424. including grants of \$ | 0. (Revenue \$ | 0.) |
| | PROMOTING HEALTHY CHILD DEVELOPMENT: RESEARCHERS IN THIS AREA EXAMINE | / ` | , |
| | 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 \$ 1,476,931. 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. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 40 | (Code:) (Expenses \$ 861,916. including grants of \$ | 0.) (Revenue \$ | 0.) |
| 4c | PROMOTING PSYCHOLOGICAL HEALTH: ORI SCIENTISTS STUDY EMOTIONAL AND |) (Revenue \$ | |
| | 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) |
| | (Expenses \$ 552,012. including grants of \$ 0.) (Revenue \$ | | 0.) |
| <u>4e</u> | Total program service expenses ► 4 , 372 , 283 . | | |
| | | | Form 990 (2021) |

93-0495655

Form 990 (2021) 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 | | | |
| Ŭ | 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 | ٣ | | |
| 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 | \cdot | - | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| | Schedule D, Part III | 8 | | |
| 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | 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 | Х | |
| 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 | Х | |
| 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 | | x |
| 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 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | <u></u> | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 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 | | x |
| 10 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | - |
| 18 | | 18 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 10 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | x |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| b | 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 | | Х |

132003 12-09-21

| | 990 (2021) OREGON RESEARCH INSTITUTE 93-04956 | 55 | Р | age 4 |
|------|--|----------|-------|-------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | Schedule K. If "No," go to line 25a | 24b | | |
| | | 240 | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04- | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | - |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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 | | | |
| | Schedule L, Part I | 25b | | Х |
| 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% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 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): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| u | | 28a | | x |
| L | "Yes," complete Schedule L, Part IV | | | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 00- | | x |
| | "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 | | | ١ |
| | 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 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| - | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 00 | | |
| 3, | | 37 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 31 | | |
| 38 | Notes All Farm 200 files are a social day associated to Colonial Co | 20 | х | 1 |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Λ | |
| ı a | Charlet Cahaduda O contains a vacques aventa to any line in this Dark V | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | T | |
| | | - | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | _ | | |
| | Little the number of Forms wize included of fine 1a. Enter -0-11 not applicable | <u> </u> | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |

Form **990** (2021)

(gambling) winnings to prize winners?

| Form | 990 (2021) OREGON RESEARCH INSTITUTE 93-04956 | 55 | Р | age 5 | | | | |
|------|---|----------|-----|--------------|--|--|--|--|
| Par | t V Statements 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 10 | 0 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | $oxed{oxed}$ | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | $oxed{oxed}$ | | | | |
| 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 | Х | | | | | |
| 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 | | Х | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | |
| С | , | | | | | | | |
| | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| | 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? | | | X | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ₩ | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | ļ ,, | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | ₩ | | | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| | Sponsoring organizations maintaining donor advised funds. | 00 | | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | \vdash | | | | |
| | Section 501(c)(7) organizations. Enter: | 90 | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | | | |
| ·· | Gross income from members or shareholders 11a | | | | | | | |
| | 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 | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: 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 | | | | | | | |
| | Enter the amount of reserves on hand | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | |
| | activities that would result in the imposition of an excise tay under section 4051, 4052 or 40532 | 1 17 | | 1 | | | | |

If "Yes," complete Form 6069.

OREGON RESEARCH INSTITUTE Form 990 (2021) 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 1a Enter the number of voting members of the governing body at the end of the tax year 14 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 Х more members of the governing body? 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 Did the organization have a written document retention and destruction policy? 14 Х 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶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

Form **990** (2021)

CHRIS ARTHUN, DIRECTOR OF FINANCE AND ADMINISTRATION - 541-484-2123

97403

1776 MILLRACE DR., EUGENE, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 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) | (B) | J | | | | .,,, | | (D) | (E) | (F) |
|--------------------------------------|-------------------|-------------------------------|------------------------|---------|--------------|---------------------------------|--------|-------------------------|-------------------------|---------------------|
| • • | | | (C) Position | | | | | | | |
| Name and title | Average hours per | | not c | heck | more | than o | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week | | | | | r/trus | | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | eg G | | organization | (W-2/1099-MISC/ | from the |
| | related | stee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al trus | nal tr | | loyee | comp | | 1099-NEC) | | and related |
| | below | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| | line) | п | SE . | #0 | Ke | ë,Ë | 윤 | | | |
| (1) FUZHONG LI | 40.00 | - | | | | | | 100 605 | | 24 555 |
| SENIOR RESEARCH SCIENTIST | 22.00 | | | | | Х | | 192,685. | 0. | 31,557. |
| (2) KEITH SMOLKOWSKI | 38.00 | - | | | | | | | | |
| SENIOR RESEARCH SCIENTIST | | | _ | | | Х | | 190,541. | 0. | 30,085. |
| (3) EDWARD FEIL | 32.00 | - | | | | | | | | |
| SENIOR RESEARCH SCIENTIST | | | | | | Х | | 144,861. | 0. | 23,925. |
| (4) PAUL ROHDE | 26.00 | - | | | | | | | _ | |
| BOARD CHAIR, SENIOR SCIENTIST | | Х | | Х | | | | 126,216. | 0. | 24,367. |
| (5) GRANT EDMONDS | 40.00 | - | | | | | | | _ | |
| RESEARCH SCIENTIST | | | | | | Х | | 122,429. | 0. | 25,142. |
| (6) SHANNON MCGILL | 38.00 | | | | | | | | | |
| BOARD MEMBER, PROJECT MANAGER | | Х | | | | | | 73,491. | 0. | 23,808. |
| (7) DEREK KOSTY | 29.00 | | | | | | | | | |
| BOARD MEMBER, ASSOCIATE RESEARCH SCI | | Х | | | | | | 73,453. | 0. | 19,490. |
| (8) LISA SHEEBER | 14.00 | | | | | | | | | |
| BOARD MEMBER, SENIOR SCIENTIST | | Х | | | | | | 61,071. | 0. | 22,546. |
| (9) ANDREW GUESS | 33.00 | | | | | | | | | |
| BOARD MEMBER, IT SYSTEMS ADMINISTRAT | | Х | | | | | | 50,993. | 0. | 27,005. |
| (10) CRAIG LEVE | 21.00 | | | | | | | | | |
| BOARD TREASURER, DATA ANALYST | | Х | | Х | | | | 47,892. | 0. | 16,175. |
| (11) CHRIS ARTHUN | 23.00 | 1 | | | | | | | | |
| DIRECTOR OF FINANCE & ADMINISTRATION | | | | Х | | | | 58,266. | 0. | 5,782. |
| (12) KASIE CLOUD | 38.00 | | | | | | | | | |
| BOARD MEMBER, RESEARACH ASSISTANT | | Х | | | | | | 45,956. | 0. | 17,821. |
| (13) JULIE POPE | 32.00 | | | | | | | | | |
| BOARD MEMBER, RESEARACH ASSISTANT | | Х | | | | | | 42,487. | 0. | 16,625. |
| (14) ANDREW BERGEN | 1.00 | | | | | | | | | |
| BOARD MEMBER, SENIOR SCIENTIST | | Х | | | | | | 1,634. | 0. | 314. |
| (15) HERBERT SEVERSON | 1.00 | | | | | | | | | |
| BOARD SECRETARY, SENIOR SCIENTIST | | Х | | Х | | | | 0. | 0. | 0. |
| (16) CHUCK KALNBACH | 1.00 | | | | | | | | | |
| COMMUNITY BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) MARIE JACKSON | 1.00 |] | | | | | | | | |
| COMMUNITY BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | Form 990 (2021) |

132007 12-09-21 Form **990** (2021)

Page 8

93-0495655

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|---------------------|--------------------------------|-----------------------|--------------|---|--------------------|--------|---------------------------|-------------------------------|-------|--------|----------------|-------|
| (A) | (A) (B) (C) | | | | | | | | (E) | (F) | | | |
| Name and title | Average | (do | | Pos | |) than c | ne | Reportable Reportabl | | | E | stimat | ed |
| | hours per week | box | , unles | ss per | rson i | s both | an | compensation | compensation | - 1 | ar | nount | |
| | (list any | | | | | 1 | , | from the | from related organizations | | com | other pensa | |
| | hours for | direct | | | | Ъ | | | (W-2/1099-MIS | | | rom th | |
| | related | tee or | ıstee | | Officer Key employee Highest compensated employee | | | (W-2/1099-MISC/ | 1099-NEC) | - | | janizat | |
| | organizations | al trus | nal trı | | loyee | com pe | | 1099-NEC) | | | | d relat | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | thest ploye | Former | | | | org | anizati | ions |
| (18) MARK KANNEN | 1.00 | 르 | Ë | JO. | ¥. | E E | 요 | | | | | | |
| COMMUNITY BOARD MEMBER | 1.00 | х | | | | | | 0. | | 0. | | | 0. |
| (19) SHAWN MURPHY | 1.00 | | | | | | | | | | | | |
| COMMUNITY BOARD MEMBER | | х | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| dh Cubatal | | | | | | | _ | 1,231,975. | | 0. | | 284 | 642. |
| 1b Subtotal c Total from continuation sheets to Part | | | | | | | | 1,231,973. | | 0. | | 204, | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,231,975. | | 0. | | 284 | 642. |
| Total number of individuals (including but | | | | | | | o re | · · · · · · | 000 of reportable | | | | |
| compensation from the organization | | | | | | , | | , | | | | | 5 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | er, director, trust | ee, k | кеу е | mpl | loye | e, or | hig | hest compensated empl | oyee on | | | | |
| line 1a? If "Yes," complete Schedule J fo | or such individual | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the | sum of reportabl | e cc | mpe | ensa | tion | and | oth | ner compensation from the | ne organization | | | | |
| and related organizations greater than \$ | | | • | | | | | | | | 4 | Х | |
| 5 Did any person listed on line 1a receive | | | | | | | | | | | _ | | v |
| rendered to the organization? <i>If</i> "Yes," C | omplete Schedule | e J f | or su | ıch <u>ı</u> | oers | on . | | | | | 5 | | Х |
| Complete this table for your five highest | compensated inc | lene | nder | nt co | ntra | actor | s th | nat received more than \$ | 100 000 of comp | ensat | ion fr | om. | |
| the organization. Report compensation f | | | | | | | | | | oriou | | 5111 | |
| (A) | | | | | | | | (B) | | | ((| C) | |
| Name and busine | ess address | | | | | | | Description of s | ervices | С | ompe | nsatio | n |
| KAISER FOUNDATION, 1800 HARRISON S | TREET, | | | | | | | | | | | | |
| 16TH FLOOR, OAKLAND, CA 94612 | 100 | | | | | | _ | RESEARCH | | | | 594, | ,111. |
| IRIS MEDIA, 1203 WILLAMETTE, SUITE | 100, | | | | | | | DECENDOU | | | | 1 2 0 | 716 |
| EUGENE, OR 97401 | | | | | | | - | RESEARCH | | | | 120, | 746. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

93-0495655

Form 990 (2021) OREGON RESIDENT VIII Statement of Revenue

| | | Check if Schedule O contains a respons | e or note to any lin | e in this Part VIII | | | |
|--|------|--|----------------------|---|------------------------------------|----------------------------|------------------------------------|
| | | · | - | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | lunction revenue | business revenue | sections 512 - 514 |
| SΩ | 1 a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | | |
| ي ق | | Fundraising events 1c | | | | | |
| fts, r A | | Related organizations 1d | | | | | |
| ig ig | | Government grants (contributions) | 5,127,932. | | | | |
| Sin | | All other contributions, gifts, grants, and | 0,11,,501, | | | | |
| utic le ri | ' | | 2,160,402. | | | | |
| 등 동 | _ | similar amounts not included above 1f | 2,100,102. | | | | |
| no Dd | _ | Noncash contributions included in lines 1a-1f | | 7,288,334. | | | |
| O a | n | Total. Add lines 1a-1f | Business Code | 7,200,334. | | | |
| | _ | | | | | | |
| ice | 2 a | | | | | | |
| er Je | b | | - | | | | |
| n S | С | | | | | | |
| lrar Sev | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| - | f | All other program service revenue | | | | | |
| _ | g | | | | | | |
| | 3 | Investment income (including dividends, inte | | | | | |
| | | other similar amounts) | | 2,703. | | | 2,703. |
| | 4 | Income from investment of tax-exempt bond | proceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| e | | and sales expenses 7b | | | | | |
| ther Revenue | С | Gain or (loss) 7c | | | | | |
| Re | | Net gain or (loss) | | | | | |
| ē | | Gross income from fundraising events (not | | | | | |
| ₽ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | a | | | | |
| | b | | Sb . | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | | * * | a | | | | |
| | b | | b | | | | |
| | | Net income or (loss) from gaming activities_ | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | | 2. | 0a | | | | |
| | h | | Ob | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| $\overline{}$ | | The state of the s | Business Code | | | | |
| sna | 11 a | PARKING REVENUE | 812930 | 10,006. | | 10,006. | |
| ned Tue | ii a | | 541700 | 3,205. | | | 3,205. |
| Miscellaneous Revenue | C | · - | | , | | | , , = · · = · |
| Be | | All other revenue | | | | | |
| Σ | | • Total. Add lines 11a-11d | | 13,211. | | | |
| | 12 | Total revenue. See instructions | | 7,304,248. | 0. | 10,006. | 5,908. |
| | | | | , -, | | , , , , , , | , |

132009 12-09-21

| Proceedings Process | Secti | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | er organizations must con | nplete column (A). | |
|--|-------|--|---------------------------------------|---------------------------|--------------------|---------------------------------------|
| Total expenses | | Check if Schedule O contains a respon | se or note to any line in | | | |
| 1 Grants and other assistance to domestic organizations and domestic powerments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 Benefits paid to or for members Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Compensation of current officers, directors, trustees, and Key employees Person plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Compensation of current officers, directors, trustees, and trustees and value seeds of the compensation of current officers of the compensation of current of the compensation of current officers, directors, and trustees are contributed as a section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employee benefits Contribution of the compensation of the compensati | | ' ' | | Program service | Management and | (D) Fundraising expenses |
| and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation or individual above to disqualified persons (as defined under section 4958(f)(11) and persons described in 4958(f)(11) an | | | | | | 1 |
| 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 755,393. 607,214. 148,179. 6 Compensation of current officers, directors, trustees, and key employees 755,393. 607,214. 148,179. 6 Compensation of current officers, directors, trustees, and key employees 755,393. 607,214. 148,179. 6 Compensation of current officers, directors, and section 4988(r)(3)(8) 7 Other salaries and wages 8 Pension jain acruals and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits 6 27,350. 393,455. 233,895. 10 Payroll taxes 11 Fees for services (nonemployees): 8 Management 1 Legal | | and domestic governments. See Part IV, line 21 | | | | |
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| 22 Depreciation, depletion, and amortization 56,394. 56,394. 23 Insurance 127,444. 127,444. 24 Other expenses. Itemize 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 0.) 1,063,735. 1,063,735. a SUBAWARDS 134,965. 134,965. b BUILDING MAINTENANCE 134,965. 134,965. c PARTICIPANT FEES 78,812. 77,892. 920. d RESEARCH SUPPLIES 32,000. 30,548. 1,452. e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization 4 394. 1 | 21 | | | | | |
| 127,444. 127,444. 127,444. | 22 | | 56,394. | | 56,394. | |
| 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 0.) a SUBAWARDS b BUILDING MAINTENANCE c PARTICIPANT FEES d RESEARCH SUPPLIES 4 All other expenses b All other expenses. Add lines 1 through 24e 7,275,343. 1,063,735. 1,063,735. 1,063,735. 134,965. 77,892. 920. 4,452. 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. | 23 | Insurance | 127,444. | | 127,444. | |
| a SUBAWARDS 1,063,735. 1,063,735. b BUILDING MAINTENANCE 134,965. 134,965. c PARTICIPANT FEES 78,812. 77,892. 920. d RESEARCH SUPPLIES 32,000. 30,548. 1,452. e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| b BUILDING MAINTENANCE 134,965. 134,965. c PARTICIPANT FEES 78,812. 77,892. 920. d RESEARCH SUPPLIES 32,000. 30,548. 1,452. e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | 9 | | 1 063 735 | 1.063 735 | | |
| C PARTICIPANT FEES 78,812. 77,892. 920. d RESEARCH SUPPLIES 32,000. 30,548. 1,452. e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | | | | _, , 0 | 134.965. | |
| d RESEARCH SUPPLIES 32,000. 30,548. 1,452. e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | C | | · · · · · · · · · · · · · · · · · · · | 77,892. | , | |
| e All other expenses 6,588. 1,889. 4,699. 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | d | | · · · · · · · · · · · · · · · · · · · | · | | |
| 25 Total functional expenses. Add lines 1 through 24e 7,275,343. 4,372,283. 2,903,060. 26 Joint costs. Complete this line only if the organization | | | , | · | , | |
| 26 Joint costs. Complete this line only if the organization | | | | | | 0. |
| educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | , , 1 | . , - | , , , | |

Form 990 (2021) Part X | Balance Sheet

| <u>Par</u> | tΧ | Balance Sheet | | | | | |
|-----------------------------|-----|--|-------------|-----------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or n | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 349,494. | 1 | 317,632 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 717,753. | 3 | 648,099 |
| | 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 pei | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| က္က | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ¥ | 9 | Duran aid assessment and defense dealers are | | | 150,083. | 9 | 61,193 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | . 10a | 1,202,300. | | | |
| | b | Less: accumulated depreciation | 218,232. | 10c | 201,899 | | |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line | 229,761. | 12 | 227,687 | | |
| | 13 | Investments - program-related. See Part IV, lin | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 383,697. | 15 | 616,583 | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | 2,049,020. | 16 | 2,073,093 | | |
| | 17 | Accounts payable and accrued expenses | | | 863,260. | 17 | 808,038 |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| s | 22 | Loans and other payables to any current or fo | | | | | |
| i <u>ti</u> e | | trustee, key employee, creator or founder, sub | stantial o | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of th | | | | 22 | |
| ا ڏ | 23 | Secured mortgages and notes payable to unre | elated thi | | 118,774. | 23 | 115,544 |
| | 24 | Unsecured notes and loans payable to unrelate | ed third | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lin | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | T . 10 1000 A 110 470 1 05 | | | 982,034. | 26 | 923,582 |
| | | Organizations that follow FASB ASC 958, cl | neck her | e ▶ X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 1,066,986. | 27 | 1,149,511 |
| Bal | 28 | Net assets with donor restrictions | | | | 28 | |
| pu | | Organizations that do not follow FASB ASC | | | | | |
| ᆲ | | and complete lines 29 through 33. | | | | | |
| ρ | 29 | Capital stock or trust principal, or current fund | ls | | | 29 | |
| Sets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,066,986. | 32 | 1,149,511 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 2,049,020. | 33 | 2,073,093 |

| Pa | rt XI Reconciliation of Net Assets | | | | | | |
|----|--|-----------|---------|-------|--------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | | |
| | | ı İ | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7 , | 304, | 248. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7, | 275, | 343. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 28, | 905. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1, | ,066, | 986. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 53, | 576. | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | |
| 10 | - | | | | | | |
| | column (B)) | 10 | 1, | ,149, | 511. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | <u></u> | | X | | |
| | | | | 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 O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | 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: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 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? | | 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 Sing | gle Audit | | | | | |
| | Act and OMB Circular A-133? | | 3a | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | | | |
| | | | Form | 990 | (2021) | | |

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.

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

OMB No. 1545-0047

2021

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 | 71 | 1 | , | | | |
|---------|--|---------------------------------------|------------------------|---------------------|---------------------------------------|---------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | ` , | | , | , , , , , , , , , , , , , , , , , , , | . , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 14,238,061. | 12,614,359. | 10,193,141. | 8,199,369. | 7,288,334. | 52,533,264. |
| 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 | 14,238,061. | 12,614,359. | 10,193,141. | 8,199,369. | 7,288,334. | 52,533,264. |
| | 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. | | | | | | 52,533,264. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 14,238,061. | 12,614,359. | 10,193,141. | 8,199,369. | 7,288,334. | 52,533,264. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 2,369. | 2,802. | 3,069. | 1,609. | 2,703. | 12,552. |
| 9 | Net income from unrelated business | , | , | , | , | , | · · · · · · · · · · · · · · · · · · · |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | 3,613. | 4,244. | 2,279. | | 10,006. | 20,142. |
| 10 | Other income. Do not include gain | , , , , , , , , , , , , , , , , , , , | , | , | | , | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 47,430. | 6,101. | 4,107. | 2,662. | 3,205. | 63,505. |
| 11 | Total support. Add lines 7 through 10 | , | , | , | , | , | 52,629,463. |
| 12 | | etc. (see instruction | nns) | | | 12 | |
| | First 5 years. If the Form 990 is for th | • | , | | | | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2021 (li | | | olumn (f)) | | 14 | 99.82 % |
| 15 | 5 1 11 | | | | | 15 | 99.84 % |
| 16a | 33 1/3% support test - 2021. If the c | | | | | ore, check this box | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | ū | | | | | • |
| | meets the facts-and-circumstances te | | | - | | | ▶ □ |
| h | 10% -facts-and-circumstances test | - | • | | - | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | - | | |
| 18 | Private foundation. If the organization | | - | • | • • • | | |
| <u></u> | ato rodinadioni ii tile organizatio | ala not oncon a | 55% OIT III 10 10, 10e | ., 100, 17a, 01 17D | , cricon triis box ai | Cohodulo A | |

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.)

| Se | ction A. Public Support | , | | | | | |
|------|--|---|-------------------|---|----------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | 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 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| - | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | T | T | Т | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| " | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 10 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | rot opening their | foundly an extra to | l | 01(a)(2) | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | | |
| Sec | check this box and stop here ction C. Computation of Publi | | | • | | | |
| | Public support percentage for 2021 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2020 | , | , | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 | 70 |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| - | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

132023 01-04-22

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 |
|-------------|--------|------|
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| 10b | | L |
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| Par | t IV Supporting Organizations (continued) | | | |
|-----|---|----------|-----|----|
| | · · · | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| 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 | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | 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 Part VI 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 ins | truction | 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. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | 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 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in 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 | | | | |
| Sect | ion 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). | | | | | |

| Par | rt V | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | ınizations _{(continu} | ed) | |
|-------|-----------|---|---------------------------------------|--------------------------------|-----|----------------------------------|
| Sect | ion D - | Distributions | | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | | nts paid to perform activity that directly furthers exemp | | | | |
| | organi | zations, in excess of income from activity | | 2 | | |
| 3 | Admin | istrative expenses paid to accomplish exempt purpose | s of supported organizations | s | 3 | |
| 4 | | nts paid to acquire exempt-use assets | | | 4 | |
| 5 | | ied set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | | distributions (describe in Part VI). See instructions. | , , , , , , , , , , , , , , , , , , , | | 6 | |
| 7 | | annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | | outions to attentive supported organizations to which the | ne organization is responsive | | | |
| | | de details in Part VI). See instructions. | 3 | | 8 | |
| 9 | | outable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | | amount divided by line 9 amount | | | 10 | |
| | | | (i) | (ii) | | (iii) |
| Secti | ion E - | Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | s | Distributable Amount for 2021 |
| _1_ | Distrib | outable amount for 2021 from Section C, line 6 | | | | |
| 2 | Under | distributions, if any, for years prior to 2021 (reason- | | | | |
| | able c | ause required - explain in Part VI). See instructions. | | | | |
| 3 | Exces | s distributions carryover, if any, to 2021 | | | | |
| a | From 2 | 2016 | | | | |
| b | From 2 | 2017 | | | | |
| С | From 2 | 2018 | | | | |
| d | From 2019 | | | | | |
| е | From 2 | 2020 | | | | |
| f | Total | of lines 3a through 3e | | | | |
| g | Applie | ed to underdistributions of prior years | | | | |
| h | Applie | ed to 2021 distributable amount | | | | |
| i | Carryo | over from 2016 not applied (see instructions) | | | | |
| | Remai | inder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distrib | outions for 2021 from Section D, | | | | |
| | line 7: | \$ | | | | |
| a | Applie | ed to underdistributions of prior years | | | | |
| | | ed to 2021 distributable amount | | | | |
| | Remai | inder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | | ining underdistributions for years prior to 2021, if | | | | |
| | | subtract lines 3g and 4a from line 2. For result greater | | | | |
| | | ero, explain in Part VI. See instructions. | | | | |
| 6 | | ining underdistributions for 2021. Subtract lines 3h | | | | |
| | | o from line 1. For result greater than zero, explain in | | | | |
| | | 1. See instructions. | | | | |
| 7 | | s distributions carryover to 2022. Add lines 3j | | | | |
| • | and 4 | | | | | |
| 8 | | down of line 7: | | | | |
| | | s from 2017 | | | | |
| | | s from 2018 | | | | |
| | | s from 2019 | | | | |
| | | s from 2020 | | | | |
| | | s from 2021 | | | | |
| | | | | | | |

| Part VI | | | | | |
|---------|---|--|--|--|--|
| | 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.) | | | | |
| | (See Instructions.) | | | | |
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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

2021

Schedule B (Form 990) (2021)

Employer identification number

| OREGON RESEARCH INSTITUTE 93-0495655 | | | | | | | | |
|--------------------------------------|---|--|------------------------------|--|--|--|--|--|
| Organiza | 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 not 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 | | | | | | |
| Note: On General | Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or | | | | | | | |
| Special I | | one contributor. Complete Parts I and II. See instructions for determining a contributor's | total contributions. | | | | | |
| Special i | nuies | | | | | | | |
| | sections 509(a)(1) a contributor, during | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F 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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | |
| Caution: answer " | Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OREGON RESEARCH INSTITUTE

93-0495655

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addit | tional space is needed. |
|--------------|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 1 | | 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 |
| 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. <u>4</u> | Name, address, and ZIP + 4 | Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. 5 | Name, address, and ZIP + 4 | Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) |
| No. 6 | Name, address, and ZIP + 4 | Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OREGON RESEARCH INSTITUTE

93-0495655

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | 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 |
| 110. | Hame, address, and Zir + + | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | - Hame, address, and En 1 1 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 140. | Haine, addiess, and LIF + + | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

OREGON RESEARCH INSTITUTE

93-0495655

| art II Noi | ncash Property (see instructions). Use duplicate copies of P | art 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) lo. om art l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) lo. om art l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) o. om ort I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) o. om rt I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| a) lo. om irt l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| | | S | 1 |

Schedule B (Form 990) (2021) Page **4**

| Name of o | rganization | | Employer identification number |
|---------------------------|---|--|---|
| | ESEARCH INSTITUTE | | 93-0495655 |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, charitable Use duplicate copies of Part III if additional s | through (e) and the following line entra naritable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r 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 gif | ft = ================================== |
| | Transferee's name, address, and | d ZIP + 4 | 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 gif | 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 |
| - | Transferration and address and | (e) Transfer of gif | |
| | Transferee's name, address, and | 5 ZIP + 4 | 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 |
| | | (e) Transfer of gif | ft |
| _ | Transferee's name, address, and | d 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.

OMB No. 1545-0047 Inspection

Name of the organization

OREGON RESEARCH INSTITUTE

Employer identification number 93-0495655

| Par | t I Organizations Maintaining Donor Advised Funds of | or Other Similar Funds | or Accounts. Complete if the | | | | | | |
|-----|---|-----------------------------------|------------------------------------|--|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, line 6. | | | | | | | | |
| | (a) I | Donor advised funds | (b) Funds and other accounts | | | | | | |
| 1 | Total number at end of year | | | | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | | | |
| 3 | 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 writing that t | the assets held in donor advise | ed funds | | | | | | |
| | are the organization's property, subject to the organization's exclusive leg | gal control? | Yes No | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in w | riting that grant funds can be | used only | | | | | | |
| | for charitable purposes and not for the benefit of the donor or donor advi | isor, or for any other purpose of | conferring | | | | | | |
| _ | impermissible private benefit? Yes No | | | | | | | | |
| Par | t II Conservation Easements. Complete if the organization a | nswered "Yes" on Form 990, F | Part IV, line 7. | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all | I that apply). | | | | | | | |
| | Preservation of land for public use (for example, recreation or educ | cation) Preservation of | a historically important land area | | | | | | |
| | Protection of natural habitat | Preservation of | a certified historic structure | | | | | | |
| | Preservation of open space | | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conserva | ation contribution in the form | | | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | | | |
| _ | Total number of conservation easements | | | | | | | | |
| b | | | | | | | | | |
| C . | Number of conservation easements on a certified historic structure included the conservation of the conservation easements on a certified historic structure included the conservation of the conservation easements on a certified historic structure included the conservation easements on a certified historic structure included the conservation easements on a certified historic structure included the conservation easements on a certified historic structure included the conservation easements on a certified historic structure included the conservation easements on a certified historic structure included the conservation of the conservation easements on a certified historic structure included the conservation of the conservation easements of the conservation of the conservation of the conservation easement in the conservation of the conservation easement in the conservation of the conservation easement in the conservation easement in the conservation easement in the conservation easement in the conservation end to the conservation end the conservation end to the conservation | | | | | | | | |
| d | Number of conservation easements included in (c) acquired after 7/25/06 | | 1 1 | | | | | | |
| _ | listed in the National Register | | | | | | | | |
| 3 | Number of conservation easements modified, transferred, released, extin | iguished, or terminated by the | organization during the tax | | | | | | |
| | year ▶ | | | | | | | | |
| 4 | Number of states where property subject to conservation easement is loc | | | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitor | | | | | | | | |
| • | | violations and enforcing cons | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | violations, and emorcing cons | ervation easements during the year | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violate | tions and enforcing conservat | tion assements during the year | | | | | | |
| ′ | \$\\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$ | tions, and emoroling conservat | tion easements during the year | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | requirements of section 170(| h)(4)(B)(i) | | | | | | |
| Ŭ | and section 170(h)(4)(B)(ii)? | | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation easemen | | | | | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the o | · | | | | | | | |
| | organization's accounting for conservation easements. | | | | | | | | |
| Par | t III Organizations Maintaining Collections of Art, Hist | orical Treasures, or Ot | her Similar Assets. | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV | /, line 8. | | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to rep | oort in its revenue statement a | nd balance sheet works | | | | | | |
| | of art, historical treasures, or other similar assets held for public exhibition | n, education, or research in fu | rtherance of public | | | | | | |
| | service, provide in Part XIII the text of the footnote to its financial stateme | ents that describes these item | S. | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 958, to report | in its revenue statement and b | palance sheet works of | | | | | | |
| | art, historical treasures, or other similar assets held for public exhibition, | education, or research in furth | erance of public service, | | | | | | |
| | provide the following amounts relating to these items: | | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | | |
| | (ii) Assets included in Form 990, Part X | | | | | | | | |
| 2 | If the organization received or held works of art, historical treasures, or ot | | | | | | | | |
| | the following amounts required to be reported under FASB ASC 958 relative | ting to these items: | | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | | | | |
| b | Assets included in Form 990, Part X | | | | | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions for Form 9 | | Schedule D (Form 990) 2021 | | | | | | |

| Par | t III Organizations Maintaining C | ollections of Art | t, Histor | ical Tre | asures, or | Other 9 | Similar As | sets | (continu | ied) |
|--------|--|-------------------------|---------------|---------------------------|-------------------------------|---------------|------------------------|------------|----------------|-----------|
| 3 | Using the organization's acquisition, accessi | on, and other records | s, check a | ny of the f | ollowing that | make sigr | nificant use c | of its | | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Lc Lc | an or excl | nange progra | m | | | | |
| b | Scholarly research | е | Ot | :her | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how they | further th | e organizatio | n's exemp | ot purpose in | Part XI | III. | |
| 5 | During the year, did the organization solicit o | r receive donations o | of art, histo | orical treas | ures, or othe | r similar a | ssets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | ete if the o | rganizatio | n answered "` | Yes" on F | orm 990, Pai | rt IV, lin | e 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for co | ntributions | or other ass | ets not ind | cluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing tab | le: | | | | | | |
| | | | | | | | | / | Amount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for esc | crow or cu | stodial accou | ınt liability | ι? | Ш | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Pai | t V Endowment Funds. Complete i | · | | | , | | | | | |
| | | (a) Current year | (b) Prid | or year | (c) Two years | s back (c | d) Three years | back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, d | column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | tion that a | ire held an | d administere | ed for the | organization | | | / N- |
| | by: | | | | | | | | | es No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | +- |
| | (ii) Related organizations | | | | | | | | 3a(ii) | +- |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3b | |
| Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment tun | as. | | | | | | |
| · ui | Complete if the organization answere | | Part IV I | ine 11a S | ee Form 990 | Part X lir | ne 10 | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | i i | | | Τ, | al\ Dools | |
| | Description of property | (a) Cost or o | | (b) Cost basis | I | | cumulated reciation | ' | d) Book | value |
| | Land | - ` ` | 13110) | 54313 | (Janon) | асрі | Jointon | | | |
| | Land | I | | | | | | | | |
| | Buildings Leasehold improvements | | | | | | | + | | |
| | | | | 1 | ,202,300. | | 1,000,401. | _ | 2 | 01,899. |
| | Equipment Other | | | | , , | | _, , | + | | |
| _ | . Add lines 1a through 1e. (Column (d) must e | | V column | (D) line 11 | <u> </u> | | • | 1 | 2 | 01,899. |
| · Otal | | iyuai ruiiii 330, PdN / | A. COIUITIN | וווו <i>ונים</i> ן, וווופ | <i>/</i> ∪. <i>,</i> / ······ | | | edule F | | 990) 2021 |

| Schedule D (Form 990) 2021 OREGON RESEARCH 1 | INSTITUTE | 93 | -0495655 | Page 3 |
|--|------------------------------|--|--------------------|--------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | I1b. 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 va | lue |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) INVESTMENT IN OR-BIS | 227,687. | END-OF-YEAR MARKET VALUE | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 227,687. | | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market va | lue |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | | | | |
| 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 1 | 11d See Form 990 Part X line 15 | | |
| | Description | | (b) Book valu | ue |
| (1) BENEFICIAL INTEREST IN ASSETS HELD BY | | | | 6,500. |
| (2) SUBLESSEE SECURITY DEPOSITS | | | | 0,083. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | : 15.) | > | 610 | 6,583. |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, line 25. | | |
| 1. (a) Description of liability | | | (b) Book valu | ue |
| (1) Federal income taxes | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 ... X

Schedule D (Form 990) 2021

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Sche | dule D (Form 990) 2021 OREGON RESEARCH INSTITU | TE | 93-0495655 | Page 4 |
|------------------|--|---|-------------------------|------------|
| Par | t XI Reconciliation of Revenue per Audited Fir | nancial Statements With Revenue per | Return. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial s | statements | 1 | 7,357,824. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line | e 12: | | _ |
| а | Net unrealized gains (losses) on investments | 2a 53,5° | 76. | |
| b | Donated services and use of facilities | | | |
| С | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | 53,576. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,304,248. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on li | | | |
| 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 | | | 0. |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990. | Part I, line 12.) | | 7,304,248. |
| Pai | T XII Reconciliation of Expenses per Audited F | inancial Statements With Expenses pe | er Return. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements _ | | 1 | 7,275,343. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line | 1 1 | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | | | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 7,275,343. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on lin | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | | | | 0. |
| 5 D 21 | Total expenses. Add lines 3 and 4c. (This must equal Form 99 TXIII Supplemental Information. | 0, Part I, line 18.) | 5 | 7,275,343. |
| | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III | | ne 4; Part X, line 2; P | art XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa | rt to provide any additional information. | | |
| | | | | |
| חמגם | LV ITME 2. | | | |
| PART | X, LINE 2: | | | |
| שנות | INSTITUTE FOLLOWS THE PROVISIONS OF FASB ACCOU | NTING STANDARDS | | |
| 11115 | THE THE TOUBLE TO COULT TO THE TWO IS TO THE | NTING STANDANDS | | |
| CODI | FICATION (ASC) 740-10, INCOME TAXES, RELATING | TO ACCOUNTING FOR | | |
| CODI | FICATION (ASC, 740 10, INCOME TAKES, REDATING | TO ACCOUNTING FOR | | |
| UNCE | RTAIN TAX POSITIONS AND THERE IS NO FINANCIAL | STATEMENT IMPACT TO THE | | |
| ONCE | MININ IIM TOUTTOND IND THEM TO NO TIMMCTILE | BINIMENT IMPRET TO THE | | |
| TNST | TITUTE. THE INSTITUTE RECOGNIZES THE TAX BENEFI | T FROM UNCERTAIN TAX | | |
| | itote, ind inditiote adoptated ind im beauti | I Indi diominin im | | |
| POST | TIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT | THE TAX POSITIONS WILL | | |
| | | IIII IIII IODIIIOND WILL | | |
| BE S | SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES | BASED ON THE TECHNICAL | | |
| | <u> </u> | , 5.1.2.2 | | |
| MERI | TS OF THE POSITION. THE TAX BENEFIT IS MEASURE | D BASED ON THE LARGEST | | |
| | | | | |
| BENE | FIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF | BEING REALIZED UPON | | |
| | | 2-110 11-11-12 0101 | | |
| ULTI | MATE SETTLEMENT. THE INSTITUTE RECOGNIZES INTE | REST AND PENALTIES | | |
| | | | | |
| RELA | TED TO INCOME TAX MATTERS IN SUPPORT EXPENSES. | THE INSTITUTE HAD NO | | |
| | | : | | |
| UNCE | RTAIN TAX POSITIONS AT DECEMBER 31, 2021. | | | |
| | · · - · - · · | | | |

| Schedule D (Form 990) 2021 OREGON RESEARCH INSTITUTE | 93-0495655 | Page 5 |
|--|------------|--------|
| Schedule D (Form 990) 2021 OREGON RESEARCH INSTITUTE Part XIII Supplemental Information (continued) | | |
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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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

OREGON RESEARCH INSTITUTE

Questions Regarding Compensation

Employer identification number 93-0495655

| | | | Yes | No | | |
|------------|---|----|-----|----------|--|--|
| 1 a | 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? | | | | | |
| | | | | | | |
| 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 Written employment contract | | | | | |
| | Independent compensation consultant | | | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | | | |
| | | | | | | |
| 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: | | | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | <u>х</u> | | |
| | b Participate in or receive payment from a supplemental nonqualified retirement plan? | | | | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X | | |
| | 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: | _ | | v | | |
| a | The organization? | 5a | | <u>х</u> | | |
| a | Any related organization? | 5b | | | | |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | | | |
| 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: | 6- | | Х | | |
| a h | The organization? | 6a | | X | | |
| D | Any related organization? If "Yes" on line 6a or 6b, describe in Part III. | 6b | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| ′ | 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 | | | | | |
| 3 | 5 10 10 10 10 10 10 10 10 10 10 10 10 10 | 8 | | Х | | |
| 9 | Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | ٦ | | | | |
| 9 | Regulations section 53.4958-6(c)? | 9 | | | | |
| | HOMBIGUOUS SOCIOU SULTOUS VIOLE | | | | | |

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 | I-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (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) | 192,685. | 0. | 0. | 18,404. | 13,153. | 224,242. | 0. |
| SENIOR RESEARCH SCIENTIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) KEITH SMOLKOWSKI | (i) | 190,541. | 0. | 0. | 17,985. | 12,100. | 220,626. | 0. |
| SENIOR RESEARCH SCIENTIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) EDWARD FEIL | (i) | 144,861. | 0. | 0. | 13,593. | 10,332. | 168,786. | 0. |
| SENIOR RESEARCH SCIENTIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) PAUL ROHDE | (i) | 126,216. | 0. | 0. | 11,969. | 12,398. | 150,583. | 0. |
| BOARD CHAIR, SENIOR SCIENTIST | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
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| Part III Supplemental Information | | | | | |
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| 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. | | | | | |
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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 \$ 552,012. 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) 2021 |

<u>Schedule O (Form 990) 2021</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 2021.

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

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| 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. | |
| | |
| PART XII, LINE 2C: | |
| THE ORGANIZATION DID NOT HAVE A CHANGE IN PROCESS FROM THE PRIOR YEAR | |
| IN THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT | |
| OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANT. | |
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**** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning , 2021, and ending

, 2021, and ending ______ , 20 ____

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CHRIS ARTHUN

93-0495655

EIN or SSN

Name and title of officer or person subject to tax

DIRECTOR OF FINANCE

Part I Type of Return and Return Information

OREGON RESEARCH INSTITUTE

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
|-----------|--------------------------------------|--|--------------------------|
| 2a | Form 990-EZ check here > | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a | Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a | Form 990-PF check here > | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a | Form 8868 check here | b Balance due (Form 8868, line 3c) | 5b |
| 6a | Form 990-T check here > X | b Total tax (Form 990-T, Part III, line 4) | 6b 993. |
| 7a | Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a | Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a | Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a | Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |
| Part | II Declaration and Signat | ure Authorization of Officer or Person Subject to Tax | |
| Jnder p | penalties of perjury, I declare that | I am an officer of the above entity or I am a person subject to tax with res | pect to (name |
| of entity | /) | , (EIN) and that I have | e examined a copy of the |
| 2021 el | ectronic return and accompanying sch | edules and statements, and, to the best of my knowledge and belief, they are tru | ue, correct, and |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PIN: check one box on |
|-----------------------|
|-----------------------|

| X I authorize MOSS ADAMS LLP | | to enter my PIN | 12345 |
|------------------------------|---------------|-----------------|--|
| | ERO firm name | | Enter five numbers, be do not enter all zeros |

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93389448102 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS _{e-file} Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ ___11/08/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)