

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2005 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **OREGON RESEARCH INSTITUTE**
 Number and street (or P.O. box if mail is not delivered to street address): **1715 FRANKLIN BLVD**
 City or town, state or country, and ZIP + 4: **EUGENE, OR 97403-1983**

D Employer identification number: **93-0495655**

E Telephone number: **541.484.2123**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **WWW.ORI.ORG**

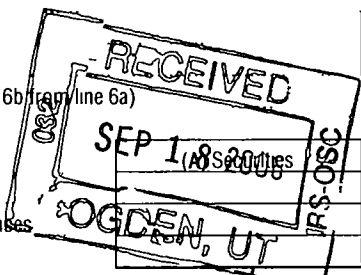
J Organization type (check only one): 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **17,561,476.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: **N/A**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances	
Revenue	1	Contributions, gifts, grants, and similar amounts received:	
	a	Direct public support	1a 11,504.
	b	Indirect public support	1b
	c	Government contributions (grants)	1c 17,496,613.
	d	Total (add lines 1a through 1c) (cash \$ 17,508,117. noncash \$)	1d 17,508,117.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4 6,960.
	5	Dividends and interest from securities	5
	6	a Gross rents	6a
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7	
8	a Gross amount from sales of assets other than inventory	8a (B) Other 381.	
	b Less: cost or other basis and sales expenses	8b	
	c Gain or (loss) (attach schedule)	8c 381.	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 381.	
Expenses		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	STMT 1
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a
	b	Less: direct expenses other than fundraising expenses	9b
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c
	10	a Gross sales of inventory, less returns and allowances	10a
		b Less: cost of goods sold	10b
		c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
	11	Other revenue (from Part VII, line 103)	11 46,018.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 17,561,476.
	13	Program services (from line 44, column (B))	13 12,064,852.
14	Management and general (from line 44, column (C))	14 5,535,341.	
15	Fundraising (from line 44, column (D))	15 31,809.	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17 17,632,002.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 <70,526.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 1,062,056.
	20	Other changes in net assets or fund balances (attach explanation)	20 SEE STATEMENT 2 <124,352.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 867,178.



EXPENSES GAINED SEP 28 2005

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 1,931,523.	1,818,595.	112,928.	0.
26 Other salaries and wages	26 6,355,274.	4,515,001.	1,840,273.	
27 Pension plan contributions	27 791,932.	605,917.	186,015.	
28 Other employee benefits	28 2,069,291.	1,583,242.	486,049.	
29 Payroll taxes	29			
30 Professional fundraising fees	30 31,809.			31,809.
31 Accounting fees	31 20,000.		20,000.	
32 Legal fees	32 17,230.		17,230.	
33 Supplies	33 226,816.	174,863.	51,953.	
34 Telephone	34			
35 Postage and shipping	35 66,476.	55,820.	10,656.	
36 Occupancy	36 1,552,446.	31,604.	1,520,842.	
37 Equipment rental and maintenance	37 386,610.	48,729.	337,881.	
38 Printing and publications	38			
39 Travel	39 301,024.	156,177.	144,847.	
40 Conferences, conventions, and meetings	40 60,947.	31,620.	29,327.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 237,488.		237,488.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 3,583,136.	3,043,284.	539,852.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 17,632,002.	12,064,852.	5,535,341.	31,809.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? RESEARCH IN THE BEHAVIORAL SCIENCES	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a CESSATION & TREATMENT: ORI IS A LEADER ON UNDERSTANDING & PREVENTING USE AND ABUSE OF SUBSTANCES, INCLUDING TOBACCO, ALCOHOL, & ILLEGAL DRUGS. RESEARCH IN THIS AREA FOCUSES ON DEVELOPING & TESTING TREATMENT PROGRAMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,038,235.
b CHILDREN & YOUTH: ORI RESEARCH IN THIS AREA FOCUSES ON THE ROLE FAMILIES, SCHOOLS, PEERS, NEIGHBORHOODS & COMMUNITIES PLAY IN PROMOTING POSITIVE DEVELOPMENT, AS WELL AS THE EFFECTIVENESS OF PROGRAMS IN REDUCING PROBLEM BEHAVIORS	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	4,736,555.
c CHRONIC ILLNESS: THE MISSION OF ORI RESEARCHERS STUDYING THIS AREA IS TO HELP PEOPLE PREVENT AND MANAGE CHRONIC & SEVERE ILLNESS BY CHANGING THEIR HEALTH BEHAVIOR, PARTICULARLY AMONG THOSE WHO ARE MEDICALLY UNDERSERVED & AT HIGH RISK.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	721,517.
d DEPRESSION: ORI RESEARCH IN THIS AREA FOCUSES ON CAUSES, TREATMENT, & PREVENTION OF DEPRESSION. ORI SCIENTISTS ARE FOCUSED ON HOW ADOLESCENT DEPRESSION AFFECTS OTHER ASPECTS OF LIFE, LIKE PARENTING, HEALTH HABITS, SUICIDAL BEHAVIOR ETC.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	978,756.
e Other program services (attach schedule) SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,589,789.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,064,852.

Form 990 (2005)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	555,273.	45	535,284.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable	677,279.	49	934,409.	
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	32,239.	53	25,670.	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b	55c			
56 Investments - other	SEE STATEMENT 5	124,353.	56	0.	
57 a Land, buildings, and equipment basis	57a 1,302,977.				
b Less accumulated depreciation	57b 486,682.	849,425.	57c	816,295.	
58 Other assets (describe ▶ NONREFUNDABLE DEPOSITS)			58	40,000.	
59 Total assets (must equal line 74) Add lines 45 through 58		2,238,569.	59	2,351,658.	
Liabilities	60 Accounts payable and accrued expenses	968,681.	60	1,417,540.	
	61 Grants payable		61		
	62 Deferred revenue	28,914.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 6	178,918.	64b	66,940.
	65 Other liabilities (describe ▶)			65	
66 Total liabilities. Add lines 60 through 65)		1,176,513.	66	1,484,480.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,062,056.	67	867,178.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,062,056.	73	867,178.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,238,569.	74	2,351,658.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total revenue is 17561476.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2). Total expenses are 17632002.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. First row contains 'SEE ATTACHMENT' and values 0.00, 805,486, 145974, 0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 15
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75c X
Note. Related organizations include section 509(a)(3) supporting organizations.
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE ATTACHMENT, 0., 827,031., 153032., 0.

Part VI Other Information (See the instructions) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 77 X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 78b
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0.
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a

b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b N/A

84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A

If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

c Dues, assessments, and similar amounts from members 85c N/A

d Section 162(e) lobbying and political expenditures 85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A

86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A

b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88

89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.

b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

90 a List the states with which a copy of this return is filed OR

b Number of employees employed in the pay period that includes March 12, 2005 90b 284

91 a The books are in care of LEILA SNOW, FISCAL MANAGER Telephone no. 541.484.2123
 Located at 1715 FRANKLIN BLVD, EUGENE, OR ZIP + 4 97403

b 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)? 91b

If "Yes," enter the name of the foreign country N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,960.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	381.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a TRAINING INCOME					3,545.
b ROYALTY INCOME			15	745.	
c OTHER INCOME			01	41,728.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	49,814.	3,545.
105 Total (add line 104, columns (B), (D), and (E))					53,359.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	ALL OF OREGON RESEARCH INSTITUTE'S ACTIVITY IS BEHAVIORAL RESEARCH. RESULTS ARE PUBLISHED IN PROFESSIONAL JOURNALS, PRESENTATIONS AT PROFESSIONAL CONFERENCES, AND REPORTS TO GOVERNING AGENCIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, to...
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a...
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer: *Cynthia R. Quinn* Date: 9/11

Paid Preparer's Use Only

Preparer's signature: *Tracy S Padua*

Firm's name (or yours if self-employed), address, and ZIP + 4: MOSS ADAMS LLP, 975 OAK STREET, SUITE 50, EUGENE, OREGON 97401

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **OREGON RESEARCH INSTITUTE** Employer identification number **93 0495655**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LEWIS GOLDBERG 1715 FRANKLIN BLVD, EUGENE, OR 97403	RESEARCH SCIENTIST 40.00	134,148.	13,756.	
HYMAN HOPS 1715 FRANKLIN BLVD, EUGENE, OR 97403	RESEARCH SCIENTIST 40.00	118,753.	13,787.	
ANTHONY BIGLAN 1715 FRANKLIN BLVD, EUGENE, OR 97403	RESEARCH SCIENTIST 40.00	117,124.	12,474.	
DEAN INMAN 1715 FRANKLIN BLVD, EUGENE, OR 97403	RESEARCH SCIENTIST 40.00	110,773.	11,189.	
PETER LEWINSOHN 1715 FRANKLIN BLVD, EUGENE, OR 97403	RESEARCH SCIENTIST 40.00	110,611.	12,962.	
Total number of other employees paid over \$50,000 ▶	37			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL, OAKLAND, CA	RESEARCH CONSULTING	441,093.
INDIAN CHILD & FAMILY SERVICES 29377 RANCHO CALIFORNIA RD, #200, TEMECULA, CA	RESEARCH CONSULTING	253,335.
MULTNOMAH COUNTY HEALTH DEPT 421 SW OAK, PORTLAND, OR	RESEARCH CONSULTING	210,701.
ALBUQUERQUE PUBLIC SCHOOLS 601 FOURTH ST, ALBUQUERQUE, NM	RESEARCH CONSULTING	196,412.
THE UNIVERSITY OF MISSISSIPPI 2500 NORTH STATE STREET, JACKSON, MI	RESEARCH CONSULTING	193,450.
Total number of others receiving over \$50,000 for professional services ▶	6	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MOP AROUND THE CLOCK P.O. BOX 2132, EUGENE, OR 97403	JANITORIAL SERVICES	75,800.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>500.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I		
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16054641.	16370202.	17623006.	18,991.	50,066,840.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	93,192.	175,025.	236,964.	15027668.	15,532,849.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,971.	4,151.	8,824.	23,791.	40,737.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	16151804.	16549378.	17868794.	15070450.	65,640,426.
24 Line 23 minus line 17	16058612.	16374353.	17631830.	42,782.	50,107,577.
25 Enter 1% of line 23	161,518.	165,494.	178,688.	150,705.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24

26a	1,002,152.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	50,107,577.
d Add: Amounts from column (e) for lines: 18 <u>40,737.</u> 19 _____ 22 _____ 26b _____	40,737.
e Public support (line 26c minus line 26d total)	50,066,840.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	99.9187%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table - <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
X		500.
	X	
	X	
		500.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Fixed Asset

Oregon Research Institute

EIN 93-0495655
 Support for 990
 Page 4 line 57c

Group Totals: FA Subclass Code

No.	Description Serial No.	Purchase Date	Life	Acquisition Cost 12/31/04	Addition In Period	Disposal In Period	Acquisition Cost 12/31/05	Depreciation 12/31/04	Depreciation in Period	Disposal Depreciation in Period	Depreciation 12/31/05	Book Value 12/31/05
ABLDNG												
FA1017	Electric Circuit PC Hospital NA 5/5/95	12/31/99	11.08	715.00	0.00	0.00	715.00	-820.92	-65.00	0.00	-685.92	29.08
FA1018	3 Ton A/C PC Hospital NA 7/28/95	12/31/99	12.92	5,460.00	0.00	0.00	5,460.00	-3,973.32	-415.00	0.00	-4,388.32	1,071.68
FA1222	Partition Room Divider Panels None	03/15/01	5.00	8,350.00	0.00	0.00	8,350.00	-6,397.00	-1,628.00	0.00	-8,025.00	325.00
FA1224	Reception Desk, Adjustable None	11/08/01	5.00	5,850.00	0.00	0.00	5,650.00	-3,660.00	-1,102.00	0.00	-4,762.00	888.00
Group Total: ABLDNG				20,175.00	0.00	0.00	20,175.00	-14,851.24	-3,210.00	0.00	-17,861.24	2,313.76
ACOMP												
FA1242	Spectra 2K Tape Library 908761G5-2-W1	05/19/04	5.00	15,755.00	0.00	0.00	15,755.00	-2,104.00	-3,084.00	0.00	-5,168.00	10,587.00
Group Total: ACOMP				15,755.00	0.00	0.00	15,755.00	-2,104.00	-3,084.00	0.00	-5,168.00	10,587.00
ALEASE												
FA1023	Fire Detection Devices - South NA 5/1/95	12/31/99	11.08	2,047.50	0.00	0.00	2,047.50	-1,784.09	-181.00	0.00	-1,965.09	82.41
FA1024	Bike Rack Cover - Courtyard NA 11/21/95	12/31/99	10.58	5,645.00	0.00	0.00	5,645.00	-4,860.70	-519.00	0.00	-5,379.70	265.30
FA1025	Ductwork and Parker Damper NA 7/1/98	12/31/99	11.00	1,863.00	0.00	0.00	1,863.00	-1,094.73	-164.00	0.00	-1,258.73	604.27
FA1027	Electrical Work on Remodel NA 7/1/98	12/31/99	11.00	2,504.14	0.00	0.00	2,504.14	-1,481.29	-222.00	0.00	-1,703.29	800.85
FA1028	North Wing Remodel NA 10/15/99	12/31/99	11.00	7,783.71	0.00	0.00	7,783.71	-3,659.75	-689.00	0.00	-4,348.75	3,434.96

Fixed Asset

Oregon Research Institute

EIN 93-0495655
 Support for 990
 Page 4 line 57c

No.	Description Serial No.	Purchase Date	Life	Acquisition Cost 12/31/04	Addition in Period	Disposal In Period	Acquisition Cost 12/31/05	Depreciation 12/31/04	Depreciation In Period	Disposal Depreciation In Period	Depreciation 12/31/05	Book Value 12/31/05
FA1229	Security Card System Millrace None	04/03/02	5.00	14,821.00	0.00	0.00	14,821.00	-8,079.00	-2,840.00	0.00	-10,919.00	3,702.00
FA1232	Franklin Skylight/relights none	10/29/02	5.00	8,878.61	0.00	0.00	8,878.61	-3,909.00	-1,732.00	0.00	-5,641.00	3,237.61
Group Total: ALEASE				43,342.96	0.00	0.00	43,342.96	-24,868.56	-8,347.00	0.00	-31,215.56	12,127.40
AOFFICE												
FA1016	PBX - Eug Riverfront NA	06/21/00	5.00	15,573.00	0.00	-15,573.00	0.00	-14,103.00	-1,470.00	15,573.00	0.00	0.00
FA1219	Mailing Machine - Pinyne Bowes None	12/14/00	5.00	27,001.00	0.00	-27,001.00	0.00	-22,920.00	-4,081.00	27,001.00	0.00	0.00
FA1246	PBX Franklin Upgrade	06/08/05	3.00	0.00	11,284.00	0.00	11,284.00	0.00	-1,461.00	0.00	-1,461.00	9,803.00
Group Total: AOFFICE				42,574.00	11,284.00	-42,574.00	11,284.00	-37,923.00	-7,012.00	42,574.00	-1,461.00	9,803.00
ASFTWR												
FA1020	Software: EGrant Management NA	06/15/00	5.00	15,990.00	0.00	-15,990.00	0.00	-14,755.23	-1,234.77	15,990.00	0.00	0.00
FA1230	HRIS Software - RAMCO none	07/31/02	5.00	425,668.15	3,192.00	0.00	428,860.15	-113,428.00	-83,277.00	0.00	-196,705.00	232,155.15
FA1248	Navision/Serenic Upgrade	09/07/05	5.00	0.00	39,942.40	0.00	39,942.40	0.00	0.00	0.00	0.00	39,942.40
FA1249	TeleForm Upgrade	10/12/05	3.00	0.00	42,788.33	0.00	42,788.33	0.00	-3,168.00	0.00	-3,168.00	39,600.33
Group Total: ASFTWR				441,658.15	85,902.73	-15,990.00	511,570.88	-128,183.23	-87,679.77	15,990.00	-199,873.00	311,697.88
AVIDEO												
FA1239	VideoBank System #1 Model-25 MPEG-1	02/04/04	5.00	11,602.50	0.00	0.00	11,602.50	-1,544.00	-2,254.00	0.00	-3,798.00	7,804.50
FA1240	VideoBank System #2 Model-25 MPEG-1	02/04/04	5.00	11,602.50	0.00	0.00	11,602.50	-1,544.00	-2,254.00	0.00	-3,798.00	7,804.50

Fixed Asset

Oregon Research Institute

EIN 93-0495655
 Support for 990
 Page 4 line 57c

No.	Description Serial No.	Purchase Date	Life	Acquisition Cost 12/31/04	Addition In Period	Disposal In Period	Acquisition Cost 12/31/05	Depreciation 12/31/04	Depreciation In Period	Disposal Depreciation In Period	Depreciation 12/31/05	Book Value 12/31/05
FA1245	VideoBank System #3 - NM	05/10/05	5.00	0.00	54,644.00	0.00	54,644.00	0.00	-1,244.00	0.00	-1,244.00	53,400.00
Group Total: AVIDEO				23,205.00	54,644.00	0.00	77,849.00	-3,088.00	-5,752.00	0.00	-8,840.00	69,009.00
GCOMP												
FA1231	File Server Parent Net	07/31/02	3.00	5,056.00	0.00	-5,056.00	0.00	-4,166.00	-890.00	5,056.00	0.00	0.00
FA1234	2 Dual Xeon Servers	05/30/03	3.00	15,783.00	0.00	0.00	15,783.00	-8,665.00	-5,115.00	0.00	-13,780.00	2,003.00
FA1235	Corda Pop Chart	11/12/03	3.00	6,306.00	0.00	0.00	6,306.00	-2,450.00	-2,043.00	0.00	-4,493.00	1,813.00
FA1236	CTCE50A-4AFW2-GJJLC-TLTG9 Xeon 3.06 GHZ Server System	12/18/03	3.00	5,892.00	0.00	0.00	5,892.00	-2,295.00	-1,908.00	0.00	-4,203.00	1,689.00
FA1237	309486 Microsoft SQL Server 2000	12/18/03	3.00	5,015.00	0.00	0.00	5,015.00	-1,947.00	-1,627.00	0.00	-3,574.00	1,441.00
FA1238	T0501-8-1-0501 Sony VAIO GRT 250/270 Noteboo	12/23/03	3.00	5,153.52	0.00	0.00	5,153.52	-1,859.00	-1,669.00	0.00	-3,528.00	1,625.52
FA1241	Biofeedback Equip - Emotion Gr	05/11/04	5.00	74,074.96	0.00	0.00	74,074.96	-7,776.00	-14,595.00	0.00	-22,371.00	51,703.96
FA1243	Video Coding Workstation	08/11/04	5.00	6,248.00	0.00	0.00	6,248.00	-416.00	-1,213.00	0.00	-1,629.00	4,619.00
FA1247	Digital Editing Machine	07/18/05	3.00	0.00	8,231.00	0.00	8,231.00	0.00	-1,576.40	0.00	-1,576.40	6,654.60
Group Total: GCOMP				123,526.48	8,231.00	-5,056.00	126,703.48	-29,574.00	-30,636.40	5,056.00	-55,154.40	71,549.08
GVIDEO												
FA1233	Digital Asset Mgmt.System Vid. none	05/30/03	5.00	452,000.00	45,000.00	0.00	497,000.00	-73,322.00	-94,470.00	0.00	-167,792.00	329,208.00
Group Total: GVIDEO				452,000.00	45,000.00	0.00	497,000.00	-73,322.00	-94,470.00	0.00	-167,792.00	329,208.00
Total				1,162,238.59	205,041.73	-83,620.00	1,303,860.32	-312,814.03	-238,171.17	63,820.00	-487,365.20	816,295.12
Less: fully depreciated assets:							<u>(683)</u>		<u>683</u>		<u>683</u>	
Cost and accumulated depreciation @ 12/31/05:							\$1,302,977		-\$237,488		-\$486,682	\$816,295

Oregon Research Institute

EIN 93-0495655

2005 Form 990

Part II, line 25 - compensation detail by officer

Part V-A - list of officers, directors, trustees and key employees

Part V-B - list of former officers, directors, trustees and key employees

All current and former board members, directors, trustees and key employees can be reached at 1715 Franklin Blvd, Eugene, Oregon 97403

CURRENT BOARD MEMBERS - Part V-A

Name	Title	Avg hrs	Compensation	Benefits	Exp Acct	TOTAL	Program Service	Management & General	Fundraising
Judy Andrews	Member	40	115,012	18,005	-	133,017	133,017		
Carol Black	Member	40	65,367	12,993	-	78,360	78,360		
Judith S Gordon	Member	37	80,369	14,577	-	94,946	94,946		
Cynthia Gunn	Administrator	40	96,682	16,246	-	112,928		112,928	
Hyman Hops	Member	40	134,761	20,219	-	154,980	154,980		
Jenel Jorgensen	Member	26	24,608	9,117	-	33,725	33,725		
Elizabeth J Mondulick	Member	40	38,088	10,268	-	48,356	48,356		
Paul Rohde	Science Coordinator	40	106,436	17,126	-	123,562	123,562		
Herbert H Severson	Member	29	101,850	16,791	-	118,641	118,641		
Christopher Widdop	Member	40	42,313	10,632	-	52,945	52,945		
Total			805,486	145,974	-	951,460			

FORMER BOARD MEMBERS - Part V-B

Name	Loans	Compensation	Benefits	Exp Acct	TOTAL	Program Service	Management & General	Fundraising	
Anthony Biglan	-	119,619	18,906	-	138,525	138,525			
C Bruce Campbell	-	81,485	14,561	-	96,046	96,046			
Sonya G Gabor	-	50,128	11,730	-	61,858	61,858			
Sarah Hampson	-	101,007	16,807	-	117,814	117,814			
Dean P Inman	-	111,892	17,621	-	129,513	129,513			
Edward Lichtenstein	-	26,417	2,642	-	29,059	29,059			
H Garth McKay	-	48,864	11,534	-	60,398	60,398			
Carol Wendler Metzler	-	35,599	6,775	-	42,374	42,374			
Keith G Smolkowski	-	67,375	13,229	-	80,604	80,604			
Elizabeth A Tildesley	-	48,222	11,254	-	59,476	59,476			
Lorraine Torres-Sena	-	51,516	11,584	-	63,100	63,100			
Enka H Westling	-	14,645	2,945	-	17,590	17,590			
Mats V White	-	70,262	13,444	-	83,706	83,706			
Total		-	827,031	153,032	-	980,063			
Total part II, line 25			1,632,517	299,006	-	1,931,523	1,818,595	112,928	-
							94.1534%	5.8466%	0.0000%

All compensation paid to former board members listed above is for services as employees of ORI only. No payments are made to these former board members relating to their former service on the board.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
EQUIPMENT			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	381.	0.	0.	0.
TO FM 990, PART I, LN 8	381.	0.	0.	381.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
BENEFICIAL ASSETS HELD BY OTHERS AT BEGINNING OF 2005	<124,352.>
TOTAL TO FORM 990, PART I, LINE 20	<124,352.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & PROJECT PROMOTION	80,936.	74,292.	6,644.	
CONSULTANT & CONTRACTUAL EXPENSES	678,473.	275,837.	402,636.	
LIBRARY SERVICES	40,329.	8,665.	31,664.	
MISCELLANEOUS	54,110.	6,639.	47,471.	
SUBJECT FEES & SIMILAR INCENTIVES	534,952.	532,607.	2,345.	
BIOCHEM & LAB COSTS	49,800.	49,800.		
SUBCONTRACTORS	2,042,511.	2,042,511.		
EMPLOYEE TRAINING & TUITION	102,025.	52,933.	49,092.	
TOTAL TO FM 990, LN 43	3,583,136.	3,043,284.	539,852.	

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
INTERACTIVE TECHNOLOGY		1,011,753.
PHYSICAL ACTIVITY		524,812.
VIRTUAL REALITY		288,884.
PERSONALITY TRAITS		679,651.
METHODOLOGY		84,689.
TOTAL TO FORM 990, PART III, LINE E		2,589,789.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	COST	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		0.

FORM 990 MORTGAGES PAYABLE STATEMENT 6

DESCRIPTION	BALANCE DUE
PACIFIC CONTINENTAL BANK	66,940.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	66,940.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
INTEREST INCOME ON BENEFICIAL INTEREST HELD BY OCF	1,137.
GAIN ON SECURITIES HELD BY OCF	1,892.
DONATION TO ENDOWMENT	7,843.
TOTAL TO FORM 990, PART IV-A	10,872.

FOOTNOTES

STATEMENT 8

OREGON RESEARCH INSTITUTE IS A PUBLIC CHARITY WHICH RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS. THE ORGANIZATION MEETS THE TEST UNDER IRC SECTION 170(B)(1)(A)(VI) TO NOT BE TREATED AS A PRIVATE FOUNDATION. THE ORGANIZATION HAS INCORRECTLY CHECKED BOX 12 ON SCHEDULE A, PART IV ON PAST RETURNS. BOX 11 IN PART IV HAS BEEN CHECKED ON THE CURRENT YEAR RETURN, THE SUPPORT SCHEDULE ON PART IV-A HAS BEEN RECALCULATED IN ACCORDANCE WITH THIS STATUS, AND THE ORGANIZATION REQUESTS THAT THEIR RECORD IN THE IRS DATABASE BE UPDATED TO REFLECT TYPE 11 STATUS.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization OREGON RESEARCH INSTITUTE	Employer identification number 93-0495655
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1715 FRANKLIN BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EUGENE, OR 97403-1983	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ LEILA SNOW, FISCAL MANAGER
 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 box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2005 or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.