D Employer identification number

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

Department of the Treasury Internal Revenue Service

 $_{\text{Form}}990$

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

В	Check if a	pplicable	Please	C Name of organization				D	Employer i	dentification number
_	Address change use IRS label or Number and street (or P. O. box of mail or not delivered to street address). Beam/guto			9	93-04956	555				
Γ	Name cha	nge	label or print or		O box if mail is not delivered	to street addr	ess) Room/	suite E 1	Telephone	number
	nıtıal retu		type. See Specific	1715 FRANKLIN BLVD				((541) 484	-2123
	- Inal retur		Instruc- tions.	City or town, state or cou EUGENE, OR 974031983			•	_		ethod Cash 🔽 Accrual
	Amended		tions.	LOGENE, OK 974031303	,			l [Other (sp	pecify) 🕨
		•								
1 /	Application	n pending		E04()(D) : ::	1.40.47()(4)		H and	I are not a	onlicable to	section 527 organizations
					and 4947(a)(1) nonexemp Schedule A (Form 990 or 9		H(a)	Is this a gr	oup return f	or affiliates? Yes No of affiliates •
G	Web sit	e:► WW	/W ORI OR	G			1		ates include	
J	Organiza	ation type	e (check only	one) 🕨 🔽 🔁 501(c) (3)	◄ (insert no)	1) or 527				See instructions)
	Check he	re ⊫ ⊏ıf	the omanizat	tion is not a 509(a)(3) supp	orting organization and its gro	ss receints are			•	n filed by an organization
	normally i	not more	than 25,000		if the organization chooses to				a group rul	<u> </u>
	be sure to	ille a con	nplete return							Number 🕨
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to l	ine 12 🕨 20,217,235		M	Check 🟲 attach Sch	In the org B (Form 99	ganization is not required to 90, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Chang	jes in Net Assets oi	Fund Ba	lances	(See th	e instru	uctions.)
	1	Contrib	utions, gift:	s, grants, and sımılar a	mounts received					
	а	Contrib	utions to d	onor advised funds .		1a				
	Ь	Directi	public supp	ort (not included on lin	e 1a)	1b		23,88	86	
	c	Indirec	t public sup	pport (not included on l	ne 1a)	1c				
	d	Govern	ment contr	ıbutıons (grants) (not ıı	ncluded on line 1a)	1d	2	0,175,66	50	
	e	Total (a	add lines 1a	a through 1d) (cash \$ 2	0,199,546 noncash \$;)		1e	20,199,546
	2	Progran	n service re	evenue including gover	nment fees and contracts	(from Part	VII, line	93) .	2	
	3	Membe	rship dues	and assessments .					3	
	4	Interes	t on saving	s and temporary cash	nvestments				4	5,229
	5	Divider	nds and inte	erest from securities .					5	
	6a	Gross	ents			6a				
	ь	Less r	ental expen	ises		6b				
	С	Net rental income or (loss) subtract line 6b from line 6a			6с					
当	7	Otheri	nvestment	ıncome (describe 🟲)				•	7	
Rever	8a	Gross	amount fron	n sales of assets	(A) Securities		(B) O	ther		
œ		other th	nan invento	ry		8a				
	b	Less cos	st or other bas	sis and sales expenses		8b				
	С	Gain or	(loss) (atta	ach schedule)		8c				
	d	Netgai	n or (loss)	Combine line 8c, colun	nns (A) and (B)				8d	
	9	Special	l events and	d activities (attach sch	edule) If any amount is	from gamin g	g, check h	ere ► 🦳		
	а				of					
		contrib	utions repo	rted on line 1b)		9a			_	
	b		•	ises other than fundrais		9b			_	
	С				Subtract line 9b from line	1 1			9с	
	10a			, ,	dallowances	10a			_	
	Ь					10b			-	
	C	-			ch schedule) Subtract line 10b				10c	12.460
	11				7 04 0- 10				11	12,460
_	13				, 7, 8d, 9c, 10c, and 11 B))				12	20,217,235
Ą					olumn (C))					14,419,739
Expenses	14 15				· · · · · · ·				14 15	5,895,941
ν K O	16								16	011
_	17				ımn (A)				17	20,316,491
	18				ine 17 from line 12				18	-99,256
Net Assets	19		• •	·	of year (from line 73, co				19	805,602
sé i	20				nces (attach explanation				20	0
ž	21		-		ir Combine lines 18, 19,	•			21	706,346
_	<u> </u>		I D							7 3 3 7 4

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. (See the instructions.)

31 Accounting fees 31 26,000 25,297 703 32 Legal fees 32 1,689 1,643 46 33 Supplies 33 279,602 46,482 233,120 34 Telephone 34 124,888 20,762 104,126 35 Postage and shipping 35 92,245 15,335 76,910 36 Occupancy 36 1,382,364 229,810 1,152,554 37 Equipment rental and maintenance 37 464,394 121,942 342,452 38 Printing and publications 38 64,597 10,731 53,816 39 Travel 39 376,487 211,115 165,372 40 Operaciation, depletion, etc (attach schedule) 40 92,270 51,740 40,530 41 1 2 4 4 4 42 Depreciation, depletion, etc (attach schedule) 42 345,580 345,580 43 Other expenses not covered above (itemize) 43a 43a 43a 43a 46 43a 43a 43a 43a 43a 43a 47 43a 43a 43a 43a 43a<		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
This amount includes foreign grants, check here	22a	,					
22b		(cash \$noncash \$)	225				
Ceash \$noncash \$ 22b	226	·	ZZa				
23 Specific assistance to individuals (attach schedule) 24	22D	•					
24		If this amount includes foreign grants, check here	22b				
Compensation of current officers, directors, key employees et Listed in Part V-A (attach schedule) 25a 1,184,233 970,236 213,997	23	Specific assistance to individuals (attach schedule)	23				
te Listed in Part V-A (attach schedule) Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958 (f)(1) and persons described in section 4958 (c)(3)(8) (attach schedule) Salariss and wages of employees not included on lines 25a, b and c Pension plan contributions not included on lines 25a, b and c Pension plan con	24	Benefits paid to or for members (attach schedule)	24				
te listed in Part V-B (attach schedule) Compensation and other distributions not included above to disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(B) (attach schedule) Salanzes and wages of employees not included on lines 25a, b and c 10 lines 25a, b and c 11 Payroll taxes 12 Payroll taxes 12 Payroll taxes 13 Payroll taxes 14 Payroll taxes 15 Payroll taxes 16 Payroll taxes 17 Payroll taxes 18 Payroll taxes 19 Payroll taxes 19 Payroll taxes 10 Payroll taxes 10 Payroll taxes 10 Payroll taxes 11 Payroll taxes 12 Legal fees 13 Payroll taxes 14 Telephone 15 Postage and shipping 16 Occupancy 16 Payroll taxes 17 Payroll taxes 18 Payroll taxes 18 Payroll taxes 19 Payroll taxes 19 Payroll taxes 10 Payroll taxes 11 Payroll taxes 12 Payroll taxes 13 Payroll taxes 14 Payroll taxes 15 Postage and shipping 16 Occupancy 17 Payroll 18 Payroll 19 P	25a		25a	1,184,233	970,236	213,997	
disqualified persons (as defined under section 4958 (P(1)) and persons described in section 4958 (P(3)(8) (attach schadule) 25c	b		25b	1,367,617	1,179,228	188,389	
on lines 25a, b and c Pension plane contributions not included on lines 25a, b and c Pension plane contributions not included on lines 25a - 27	C	disqualified persons (as defined under section $4958(f)(1)$) and	25c				
Inines 2 5 a, b and c 27 651,339 472,849 178,490	26		26	6,822,138	4,966,453	1,855,685	
25a - 27 28 1,816,818 1,339,257 477,561 29 Payroll taxes 29 30 Professional fundraising fees 30 811 81 31 Accounting fees 31 26,000 25,297 703 32 Legal fees 32 1,689 1,643 33 Supplies 32 1,689 1,643	27	lines 25a, b and c	27	651,339	472,849	178,490	
30 811 81 81 81 81 81 81	28		\vdash	1,816,818	1,339,257	477,561	
31 Accounting fees 31 26,000 25,297 703 32 Legal fees 32 1,689 1,643 46 33 Supplies 33 279,602 46,482 233,120 34 Telephone 34 124,888 20,762 104,126 35 Postage and shipping 35 92,245 15,335 76,910 36 Occupancy 36 1,382,364 229,810 1,152,554 37 Equipment rental and maintenance 37 464,394 121,942 342,452 38 Printing and publications 38 64,597 10,731 53,816 39 Travel 39 376,487 211,115 165,372 40 Operaciation, depletion, etc (attach schedule) 40 92,270 51,740 40,530 41 1 2 4 4 4 42 Depreciation, depletion, etc (attach schedule) 42 345,580 345,580 43 Other expenses not covered above (itemize) 43a 43a 43a 43a 46 43a 43a 43a 43a 43a 43a 47 43a 43a 43a 43a 43a<	29	Payroll taxes	29				
Second	30						811
Supplies 33 279,602 46,482 233,120 34 124,888 20,762 104,126 35 Postage and shipping 35 92,245 15,335 76,910 36 Occupancy 36 1,382,364 229,810 1,152,554 37 Equipment rental and maintenance 37 464,394 121,942 342,452 38 Printing and publications 38 64,547 10,731 53,816 39 Travel 39 376,487 211,115 165,372 40 Conferences, conventions, and meetings 40 92,270 51,740 40,530 41 Interest 41 42 Depreciation, depletion, etc (attach schedule)			\vdash	26,000	25,297	703	
34 Telephone 34 124,888 20,762 104,126 35 Postage and shipping 35 92,245 15,335 76,910 36 Occupancy 36 1,382,364 229,810 1,152,554 37 Equipment rental and maintenance 37 464,394 121,942 342,452 38 Printing and publications 38 64,547 10,731 53,816 39 376,487 211,115 165,372 40 Conferences, conventions, and meetings 40 92,270 51,740 40,530 41 Interest 41 41 41 41 42 Depreciation, depletion, etc (attach schedule) 42 345,580 345,580 345,580 43 Other expenses not covered above (itemize) 43 43 44 44 45 436 436 43 44 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
35 92,245 15,335 76,910 36 1,382,364 229,810 1,152,554 37 464,394 121,942 342,452 38 64,547 10,731 53,816 39 376,487 211,115 165,372 39 376,487 211,115 165,372 39 376,487 211,115 165,372 39 376,487 211,115 165,372 39 376,487 211,115 165,372 39 376,487 211,115 165,372 39 376,487 211,115 365,372 39 376,487 39 376,487 39 376,487 39 376,487 39 376,487 39 376,487 39 376,487 39 37 440,372 39 376,487 39 37 440,372 39 376,487 39 37 440,372 39 37 440,372 39 37 440,372 39 37 440,372 39 37 440,372 39 37 440,372 39 37 440,372 39 37 440,372 39 37				,		,	
36 Occupancy 36 1,382,364 229,810 1,152,554 37 Equipment rental and maintenance 37 464,394 121,942 342,452 38 Printing and publications 38 64,547 10,731 53,816 39 376,487 211,115 165,372 40 Conferences, conventions, and meetings 40 92,270 51,740 40,530 41 Interest 41 42 345,580 345,580 42 Depreciation, depletion, etc (attach schedule) 42 345,580 345,580 43 Other expenses not covered above (itemize) 43a 43a 43a 45 Eee Additional Data Table 43a 43a 43a 46 43a 43a 43a 43a 47 43a 43a 43a 43a 48 43a 43a 43a 43a 49 43a 43a 43a 43a 40 43a 43a 43a 43a 40							
37 464,394 121,942 342,452 38 Printing and publications 38 64,547 10,731 53,816 39 Travel 10,731 105,372 40 92,270 51,740 40,530 41 1 1 42 345,580 345,580 43 Other expenses not covered above (itemize) 42 345,580 345,580 43 43b 43b 43b 43b 43b 44 43c 43c 43c 43c 45 43c 43c 43c 43c 46 43c 43c 43c 43c 47 43c 43c 43c 43c 43c 48 43c 43c <t< td=""><td></td><td></td><td></td><td>,</td><td>· · · · · · · · · · · · · · · · · · ·</td><td>,</td><td></td></t<>				,	· · · · · · · · · · · · · · · · · · ·	,	
38 Printing and publications					•		
39 Travel <				,	· · · · · · · · · · · · · · · · · · ·	,	
40 92,270 51,740 40,530 41 Interest			-	,		,	
41 Interest 41 42 345,580 345,580 43 Other expenses not covered above (itemize) 43a			\vdash		-		
42 Depreciation, depletion, etc (attach schedule) 42 345,580 345,580 43 Other expenses not covered above (itemize) 43a 43a b See Additional Data Table 43b 43b c 43c 43c 43d d 43d 43d 43d e 43f 43f 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals 42 345,580 345,580				92,270	51,740	40,530	
43 Other expenses not covered above (itemize) a See Additional Data Table 43a b 43b c 43c d 43d e 43e f 9 43f Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals				245 500		245 500	
a See Additional Data Table 43a b 43b c 43c d 43d e 43d f 43e g 43f 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals			42	345,580		345,580	
b		·	432				
c 43c d 43d e 43e f 43f g 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals		See Additional Bata Fable					
d 43d e 43e f 43f g 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals							
f 43f 43g 43g 43g 43g 444 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals							
g 43g Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	e	-	43e				
Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals			_				
Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	g		43g				
10 IIIICS 13—13)	_	(Organizations completing columns (B)-(D), carry these totals	44	20 316 491	14 419 739	5 895 9 <i>4</i> 1	811
Joint Costs. Check ► Tif you are following SOP 98-2	Joint 4		-+	20,310,491	14,419,739	3,093,941	011

If "Yes," enter (i) the aggregate amount of these joint costs \$______, (ii) the amount allocated to Program services \$____

, and (iv) the amount allocated to Fundraising \$

(iii) the amount allocated to Management and general \$

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.

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 (4) organizat		at is the organization's primary exempt purpos	e? ⊫ -ı	Pacarch in the habayiaral sciences	Program Service
Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	All c	organizations must describe their exempt purpose achieve flications issued, etc. Discuss achievements that are not m	ments neasura	in a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for
Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	а	See Additional Data Table			
Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐					
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Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	b				
Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐					
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d Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	C				
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► □	d			·	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► □					
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e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► □					
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ┌		(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	e	, ,)	If this amount includes foreign grants, check here 🕨 🦵	
	f	Total of Program Service Expenses (should eq	ual lın	e 44, column (B), Program services)	14,419,739

Pa	rt IV	Balance Sheets (See the instru	ctions.)			raye T
Not		Where required, attached schedules and amo		(A)		(B)
		column should be for end-of-year amounts or	·	Beginning of year		End of year
	45	Cash—non-interest-bearing	ŀ	789,811	45	476,057
	46	Savings and temporary cash investments			46	
	47-	A consiste was a constitution	47-			
	47a b	Accounts receivable Less allowance for doubtful accounts	47a 47b		47c	
	"	Less allowance for doubtful accounts	470		4/0	
	48a	Pledges receivable	48a			
	ь	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		1,178,738	49	1,190,280
	50a	Receivables from current and former office		F0-		
	ь	key employees (attach schedule) Receivables from other disqualified person	ŀ		50a	
	"	4958(c)(3)(B) (attach schedule)	•		50b	
	51a	Other notes and loans receivable (attach				
		schedule)	51a			
ssets	b	Less allowance for doubtful accounts	51b		51c	
Ą.	52	Inventories for sale or use	ŀ	32,454	52	20.724
	53 54a	Prepaid expenses and deferred charges Investments—publicly-traded securities		32,454	53	20,724
		Investments—publicly-traded securities Investments—other securities (attach sch	' ' ' H		54a 54b	
	55a		edule) F Cost Thiv		34D	
	334	Investments—land, buildings, and equipment basis	55a			
	ь	Less accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a 1,774,577			
	b	Less accumulated depreciation (attach schedule)	57b 1,018,208	958,529	57c	756,369
	58	Other assets, including program-related in	vestments			
		(describe ►)		58	
	59	Total assets (must equal line 74) Add line	s 45 through 58	2,959,532	59	2,443,430
	60	Accounts payable and accrued expenses		1,853,930	60	1,457,762
	61	Grants payable			61	
	62	Deferred revenue	ŀ		62	
en L	63	Loans from officers, directors, trustees, an				
	64-	schedule)	ŀ		63	
! ;	64a b	Tax-exempt bond liabilities (attach sched) Mortgages and other notes payable (attach	· '	300,000	64a 64b	279,322
	65	Other liablilities (describe		555,555	0.12	
)			65	
	66	Total liabilities Add lines 60 through 65		2,153,930	66	1,737,084
	Orga	anizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	► and complete lines			
Š	67	Unrestricted		805,602	67	706,346
Balances	68	Temporarily restricted			68	
B	69	Permanently restricted		69		
Fund	Orga	anizations that do not follow SFAS 117, chec				
	70	complete lines 70 through 74		70		
ŏ	70 71	Capital stock, trust principal, or current fur Paid-in or capital surplus, or land, building		70 71		
ssets	72	Retained earnings, endowment, accumulate	` ` ` .		72	
et As	73	Total net assets or fund balances Add line	' 			1
Z		through 72 (Column (A) must equal line 19	and column (B) must equal		_	
		Ine 21)		805,602 2,959,532		706,346

Part	TV-A Reconciliation of Revenue the instructions.)	ue per Audited Finar	ncial Sta	itements V	Vith Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other suppor	t per audited financial sta	tements			а	20,231,926
b	A mounts included on line a but not on	Part I, line 12					
1	Net unrealized gains on investments		Ь1				
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					-	
	Add lines b1 through b4		b4	<u> </u>	14,691	Ь	14,691
с	Subtract line b from line a					c	20,217,235
d	Amounts included on Part I, line 12, b		• •				20,217,233
1	Investment expenses not included on		I	I			
-	6b	raiti, iiile	d1				
2	Other (specify)						
			d2				
	Add lines d1 and d2					d	14,691
e	Total revenue (Part I, line 12) Add lind					_e	20,217,235
Part	IV-B Reconciliation of Expens		ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audited	financial statements .				а	20,316,491
b	A mounts included on line a but not on	Part I, line 17					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Pa	rt I, lıne	b2				
3	Losses reported on Part I, line					-	
_	20		Ь3			-	
4	Other (specify)		b 4				
	Add lines b1 through b4			·		ь	
с	Subtract line b from line a					с	20,316,491
d	Amounts included on Part I, line 17, b						
1	Investment expenses not included on		1				
_	6b	. 4.02,	d1				
2	Other (specify)					1	
			_ <u>d2</u>			1 .	
	Add lines d1 and d2					d	
е	Total expenses (Part I, line 17) Add li					e	20,316,491
Pari	Current Officers, Directo director, trustee, or key em instructions.)	rs, Trustees, and Ke					
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Cor (If not pai	mpensation id, enter -0)	(D) Contribi employee bendeferred com plans	efit plans & pensation	(E) Expense account and other allowances
See A	dditional Data Table						

	t V-A Current Officers, Director	s Trustees and Key	v Fmnlovees (cont	nued)		Yes	No Page 6
	Enter the total number of officers, directo			-		165	140
Ju				r basiness at board			
h	Are any officers, directors, trustees, or ke			hest compensated			
	employees listed in Schedule A, Part I, or			•			
	contractors listed in Schedule A, Part II-						
		•			7Eh		N.o.
_	relationships? If "Yes," attach a statemer				750		No
С	Do any officers, directors, trustees, or ke						
	employees listed in Schedule A, Part I, or			•			
	contractors listed in Schedule A, Part II-						l
	tax exempt or taxable, that are related to organization"	the organization? See the	instructions for the de	finition of "related -	75c		No
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written conf				75d	Yes	
	t V-B Former Officers, Director) Other
	Benefits (If any former offi (described below) during the benefits in the appropriate c	cer, director, trustee, e e year, list that person	or key employee red below and enter the	eived compensation amount of compens	or oth	ner bei	nefits
	(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans			
ee A	Additional Data Table						
	t VI Other Information (See the	instructions)					l
	Other Information (See the Did the organization make a change in its activities	<u>·</u>	utios? If "Vos " attach a			Yes	No
76	•	_	•				
	detailed statement of each change				\vdash		No
77	Were any changes made in the organizing		but not reported to the	IRS?	77		No
	If "Yes," attach a conformed copy of the o						
	Did the organization have unrelated business gross						No
	If "Yes," has it filed a tax return on Form				78b		<u> </u>
79	Was there a liquidation, dissolution, termination, or a statement	r substantial contraction during t	ne year ir "Yes," attach		79		No
30a	Is the organization related (other than by associate	on with a statewide or nationwi	de organization) through cor	nmon membership,	75c 75d Yes ensation or other because of the reliable of the r		
	governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	inization?		80a		No
b	If "Yes," enter the name of the organization	on 🕨					
		and check whether it	, i i	nexempt			
	Enter direct or indirect political expenditu		<u> </u>				
b	Did the organization file Form 1120-POL fo	orthis year?			81b		No

	550 (2007)			raye 🖊
Par	t VI Other Information (continued)		Yes	No
32a	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		No
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)			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line $85f^{\circ}$	85g		
	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		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	001		N -
20-	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	88b		No
ээа	section 4911 • 0 , section 4912 • 0 , section 4955 • 0			
b	501(c)(3) and 501(c)(4) orgs. 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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons	890		100
	during the year under sections 4912, 4955, and 4958			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
-	transaction?			
		89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?	60		NI -
nn-	List the states with which a copy of this return is filed . OD	89g		No
	List the states with which a copy of this return is filed OR Number of employees employed in the pay period that includes March 12, 2007 (See 90b			256
	Instructions)			256
91a	The books are in care of ▶ Leila Snow Fiscal Manager Telephone no ▶ (541)	484-2	123	
	1715 Franklin Blvd Located at ▶ 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		Yes	N o
	account)?	91b		No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

	990 (2007)								Page 8
Par	t VI Other Information (contin	nued)						Yes	No
c	At any time during the calendar year, o	did the organization	on maintain a	n office outside	of the United	States?	91c		No
	If "Yes," enter the name of the foreign	country ►							
92	Section 4947(a)(1) nonexempt charitable		990 ın lıeu o	Form 1041— C	heck here .	 			- □
	and enter the amount of tax-exempt in	_				1 1			·
ar	VIII Analysis of Income-Pro								
	: Enter gross amounts unless otherwise		Unrelated	business income		section 512, 513, or 51	.4	(E)	
			(A) Business	(B)	(C) Exclusion	(D)	6	Relate exempt fu	
			code	Amount	code	Amount		incor	ле
93	Program service revenue								
ē	a								
Ŀ									
c									
c	d								
•	 e								
f	Medicare/Medicaid payments								
c	Fees and contracts from government	agencies							
94	Membership dues and assessments	- ·					+		
95	Interest on savings and temporary cash inves				14	5,229	9		
96	Dividends and interest from securitie	s							
97	Net rental income or (loss) from real	estate							
a	a debt-financed property								
Ŀ	non debt-financed property								
98	Net rental income or (loss) from personal pro	perty							
99	Other investment income	`.`.							
100	Gain or (loss) from sales of assets other than	inventory							
101	Net income or (loss) from special eve	ents							
102	Gross profit or (loss) from sales of inv	ventory							
103	Other revenue a Training Income	i					İ		1,865
ŀ	Royalty Income				15	2,220	5		
	Other Income				01	8,369	+-		
Ì	-				01	0,30	_		
							+		
	Cubatal (add aslumana (B) (B) and (I					15,824	+		1,865
	Subtotal (add columns (B), (D), and (I					13,02-	<u> </u>		
	Total (add line 104, columns (B), (D), Line 105 plus line 1e, Part I, should equal		ne 12 Part I			· · · • —			17,689
				ant of Evan	ant Burnes	os (Soo the in	ctrii	ctions	
	TOTAL STATE OF ACTIVITY No. Explain how each activity for which								
7	of the organization's exempt purpo					,,		.,	
103	All of Oregon Research Institute's			h Results are p	ublished in pr	ofessional journal	s, pre	sentat	ons at
	professional conferences, and repo			ISED TO ASSIS					
103	Bb ACTIVITY RELATES TO PRODUC	LIS DEVELOPEL	AND LICEN	ISED TO ASSIS	SI IN BEHAV	TORAL RESEARC	н		
Par	rt IX Information Regarding	Taxable Subs	idiaries a	nd Disregar	ded Entitie	s (See the ins	truc	tions.	
	(A)	(B)		(C)		(D)		(E))
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		Nature of activities	5	Total income		End-of- asse	•
		%							
		%							
		%					+		
P۵	rt X Information Regarding			ith Persona	Renefit C	nntracts (See	the		
гe	instructions.)	Transfers ASS	ocialeu W	itii Fersulla	. Denem C	Jili acts (366			
(a)	Did the organization, during the year, receive a	any funds, directly or	ındırectly, to pa	y premiums on a po	ersonal benefit o	ontract?		Yes	✓ No
	Did the organization, during the year, p						. [– Yes	ר No
	E: If "Yes" to (b), file Form 8870 and F			.,		- '			

Part	XI Information Regarding Tran a controlling organization as def		ed Entities Complete o	nly if the org	anizati	on is
106	Did the reporting organization make any the Code? if "Yes," complete the schedu		efined in section 512(b)(13	3) of	Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	A mount o	D) of transf	er
а						
b						
с						
	Totals					
					Yes	No
107	Did the reporting organization receive an the Code? if "Yes," complete the schedu		as defined in section 512(b	o)(13) of	103	140
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	A mount o	D) of transf	er
a						
b						
с						
	Totals					
					Yes	No.
108	Did the organization have a binding writt royalties and annuities described in ques	- ·	2006 covering the interest	s, rents,	res	No
	Under penalties of perjury, I declare that I had and belief, it is true, correct, and complete I					
leas		- Committee of property (cont. chair chiss)	I	, , , , , , , , , , , , , , , , , ,	,	-90
ign	Signature of officer					
lere	Leıla Snow FISCAL MANAGER					
	Type or print name and title					
aid	Preparer's signature	Date				
Prepai Use O		SUITE 500				
	FLIGHTE OF 974					

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

DLN: 93490226011058

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

(d) Contributions to employee (e) Expense (a) Name and address of each employee (b) Title and average hours account and other (c) Compensation benefit plans & deferred paid more than \$50,000 per week devoted to position allowances compensation **HYMAN HOPS** Research Scientist 117,167 41,008 0 1715 Franklın Blvd 40 00 Eugene, OR 97403 HOLLY B WALDRON Research Scientist 108,307 37,907 0 1715 Franklın Blvd 40 00 Eugene, OR 97403 JUDY A ANDREWS Research Scientist 1715 Franklın Blvd 103,911 36,369 Λ 40 00 Eugene, OR 97403 **FUZHONG LI** Research Scientist 101,679 35,587 1715 Franklın Blvd 40 00 Eugene, OR 97403 PAUL ROHDE Research Scientist 1715 Franklın Blvd 98,241 34,384 0 40 00 Eugene, OR 97403 Total number of other employees paid over 58 \$50,000

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual 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 INSTITUT RESEARCH CONSULTANT 1800 HARRISON ST 16TH FL 1,366,959 OAKLAND, CA 94512 WATARI RESEARCH ASSOCIATION 301-877 EAST HASTINGS ST RESEARCH CONSULTANT 329,965 VANCOUVER V6A3Y1 BC UNIVERSITY OF OREGON RESEARCH CONSULTANT 299,222 PO BOX 3237 EUGENE, OR 97403 INDIAN CHILD AND FAMILY SERVICES RESEARCH CONSULTANT 270,297 29377 RANCHO CALIFORNIA RD STE 200 TEMECULA, CA 92591 MULTNOMAH COUNTY HEALTH DEPARTMENT RESEARCH CONSULTANT 242,351 421 SW O A K PORTLAND, OR 97204 Total number of others receiving over \$50,000 for professional services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other centractors recovers over		·

\$50,000 for other services

age	2
-----	---

Par	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, include 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 🛰 500 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	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			
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.)			
а	Sale, exchange, or leasing property?	2a		Νo
ь	Lending of money or other extension of credit?	2b		Νo
c	Furnishing of goods, services, or facilities?	2c		Νo
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
За	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a	İ	No
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
ь	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4с		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)			
Icert	ify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	ox)			
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)				
6	Γ	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)						
7	Γ	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)							
8	Г	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)				
9	Γ	A medical research organization oper	ated in conjunction with	a hospital Section	170(b)(1)(A)(II	ı) Enter the hos	spital's name, city,		
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp	-		ated by a govern	mental unit			
11a	∀	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•	-	overnmental unit	or from the gen	eral public		
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Sched	lule ın Part IV-A)			
12	Γ	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , functior ome and unrelated busii	ns—subject to certa ness taxable incom	ain exceptions, a ne (less section	and (2) no more 511 tax) from bu	than 331/3% of usinesses		
13	Γ	An organization that is not controlled requirements of section 509(a)(3) C		•	_	•	e meets the		
		Type I Type II Type	e III - Functionally Inte	grated Γ T	ype III - Other				
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	: instructions.)			
1	lame((a) (s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the anization's	(e) Amount of support?		
				IRC section)	Yes	No			
Tota						<u> </u>			

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	2003	(e) Total
15	Gifts, grants, and contributions received (Do not	18,500,499	17,250,987	16,054,641	1	.6,370,202	68,176,329
16	include unusual grants See line 28) Membership fees received						0
17	Gross receipts from admissions, merchandise						
1/	sold or services performed, or furnishing of	7.400	4 200	02.402		475.005	270 607
	facilities in any activity that is related to the	7,190	4,290	93,192		175,025	279,697
	organization's charitable, etc , purpose						
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	8,948	6,960	3,971		4,151	24,030
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						0
20	Tax revenues levied for the organization's benefit						
	and either paid to it or expended on its						0
	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						0
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include	17,568	41,728				59,296
	ga o. (1000) o o are o. oapital about	18,534,205	17 202 065	16 151 904		6 540 270	60 520 252
23	Total of lines 15 through 22	18,527,015	17,303,965 17,299,675	16,151,804 16,058,612		.6,549,378 .6,374,353	68,539,352 68,259,655
24	Line 23 minus line 17 Enter 1% of line 23	185,342	17,299,073			165,494	08,239,033
25 26	Organizations described on lines 10 or 11: a Er	·	· · · · · · · · · · · · · · · · · · ·	,	26a	103,494	1,365,193
					20a		1,303,193
t	Prepare a list for your records to show the name of						
	than a governmental unit or publicly supported org	•	-	-			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts				26b		0
	Total support for section 509(a)(1) test Enter line		_		26c		68,259,655
c	Add Amounts from column (e) for lines 18 _	24,030	19	0	ļ	ļ	
	22 _			0	26d		83,326
	Public support (line 26c minus line 26d total)			•	26e		68,176,329
f	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	<u> </u>	26f		9987 79 %
27	Organizations described on line 12: a For amou	ınts ıncluded ın lır	nes 15, 16, and 1	7 that were received	ed from	a "dısqua	alıfıed person,"
	prepare a list for your records to show the name of	, and total amount	s received in eac	h year from, each	"dısqua	lified pers	son "
	Do not file this list with your return. Enter the sun	n of such amounts	for each year				
	(2006) (2005)		(2004)		(2003)		
Ŀ	For any amount included in line 17 that was receiv	ed from each pers	on (other than "d	ısqualıfıed persor	s"), prej	are a list	for your
	records to show the name of, and amount received	for each year, tha	t was more than t	the larger of (1) tl	ne amou	nt on line	25 for the year
	or (2) \$5,000 (Include in the list organizations de	scribed in lines 5	through 11b, as	well as individual	s) Do no	t file this	s list with your
	return. A fter computing the difference between the	amount received	and the larger an	nount described in	1 (1) or (2) , enter	the sum of
	these differences (the excess amounts) for each y	ear					
	(2006) (2005)		(2004)		(2003)		
					-		
	Add Amounts from column (e) for lines 15		16				
	17 20				•	27c	
	Add Line 27a total	and line 27b tot	 al		•	27d	
	Public support (line 27c total minus line 27d total))			•	27e	
	Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f	-		
_	Public support percentage (line 27e (numerator) d				27~	1 	
				danaminat ==\\	27g	l I	
	Investment income percentage (line 18, column (e				27h	22 46	- L 2005
28	Unusual Grants: For an organization described in li		•	=	-	_	

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

29	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
C	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
ā	Students' rights or privileges?	33a		
Ŀ	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33с		
c	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f	1	
ç	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h	1	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ı	Has the organization's right to such aid ever been revoked or suspended?	34b		
•	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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	ı	l .

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

(To be completed ONLY by an eligible organization that filed Form 576	To be completed ONLY b	y an eligibl	e organization	that filed	Form 5768
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he	ck 🟲 a 🦵 ıf the organization belong	s to an affiliated group Check 🟲 🕨 🦵 if you	uchecked	"a" and "limited con	trol" provisions apply
		bbying Expenditures " means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add line	es 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 t	he amount from the following 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	41		
	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 (ente	r 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter	·0- ıf lıne 42 ıs more than lıne 36	43		
44	Subtract line 41 from line 38 Enter	-0- ıf lıne 41 ıs more than lıne 38	44		
				_	_
	Caution: If there is an amount on either	er 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)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

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.)

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

	Yes	No	A mount
		Νo	
	Yes		50
		Νo	
		Νo	
			50
٠.	0.0		

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

	fers from the reporting	g organization to a no	ncharitable exempt organization	of		Yes	No
(i)	Cash				51a(i)		Νo
(ii)	O ther assets				a(ii)		Νo
b Other	transactions						
(i)	Sales or exchanges o	of assets with a noncl	narıtable exempt organızatıon		b(i)		Νo
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		Νo
(iii)	Rental of facilities, ed	quipment, or other as	sets		b(iii)		Νo
	Reimbursement arrar	=			b(iv)		Νo
	Loans or loan guaran				b(v)		Νo
		•	r fundraısıng solıcıtatıons		b(vi)		Νo
			er assets, or paid employees		С		Νo
goods transa	s, other assets, or serv action or sharing arran	rices given by the rep	lete the following schedule Colu porting organization If the organ imn (d) the value of the goods, of	zation received less than fair m	arket valu		
(a) ine no	(b) A mount involved	Name of nonch	(c) arıtable exempt organızatıon	Description of transfers, tran	sactions	, and	sharı
	Amount myorveu	Nume of nonem	arreadic exempt organization	arrangeme	ents		
				+			
Is the	e organization directly	or indirectly affiliated	with, or related to, one or more	tax-exempt organizations			
descr	ribed in section 501(c)) of the Code (other th	nan section 501(c)(3)) or in sect	ion 527?	·	Yes	~
If"Ye	s," complete the follow	wing schedule					
	(a)		(b)	(c)			
	Name of organiza	ation	Type of organization	Description of rela	ationship		
				1			

Additional Data

Software ID: Software Version:

EIN: 93-0495655

Name: OREGON RESEARCH INSTITUTE

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

				-	
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
CONSULTANT & CONTRACTUAL EXPENSES	43a	310,830	302,431	8,399	
PARTICIPANT FEES & OTHER INVENTIVES	43b	527,515	510,039	17,476	
c subcontractors	43c	3,718,579	3,618,097	100,482	
d EMPLOYEE TRAINING & TUITION	43d	119,947	67,260	52,687	
e JANITORIAL	43e	118,617	19,719	98,898	
f FINANCING & INVESTMENT COST	43f	28,023		28,023	
g PROFESSIONAL SERVICES	43g	27,020	26,046	974	
h SOFTWARE	43h	210,578	55,294	155,284	
i LAB SERVICE & ANALYSIS	43i	66,404	64,610	1,794	
j INTERNET SERVICES	43j	39,665	38,593	1,072	
k ADVERTISING & MEDIA COSTS	43k	37,040	36,039	1,001	
I VIDEO PRODUCTION SERVICES	431	10,062	9,790	272	
m COPY SERVICES	43m	9,189	8,941	248	

Form 990, Part III - Program Service Accomplishments:

num (c)(organizations must describe their exempt purpose acliber of clients served, publications issued, etc. Discuss 3) and (4) organizations and 4947(a)(1) nonexempt allocations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
a	Cessation & Treatment ORI is a leader on understa including tobacco, alcohol, & illegal drugs Research programs to help people cease or reduce their subs	2,974,549	
	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	
b		s on the role families, schools, peers, neighborhoods & nt of children, adolescents, and young adults, as well as cing problem behaviors and improving child and	6,142,269
	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	
С		cudying this area is to help people prevent and manage behavior, particularly among those who are medically	1,856,835
	(Grants and allocations \$) If	this amount includes foreign grants, check here 🟲 🦵	
d		has provided new avenues for disseminating researchers in this field have adapted several proven gement, and parent training for use and testing over the	1,116,792
	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	
	Depression		
е	(Grants and allocations \$) If	this amount includes foreign grants, check here 🟲 🦵	758,642
	Physical Activity		
f	(Grants and allocations \$) If	this amount includes foreign grants, check here ► □	829,149
	Virtual Reality	tins amount includes loreign grants, check here P	
g			223,639
	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	
	Personality Traits		
h	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	502,227
	Methodology	<u>`</u>	
i	(Grants and allocations \$) If	this amount includes foreign grants, check here 🕨 🦵	15,637

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Judy Andrews 1715 Franklın Blvd Eugene, OR 97403	Scientist 40 00	139,824	33,780	0
Judith S Gordon 1715 Franklin Blvd Eugene, OR 97403	Scientist 40 00	105,206	27,778	0
Cynthia Guinn 1715 Franklin Blvd Eugene, OR 97403	Executive Director 40 00	104,374	27,448	0
Barbara Gunn 1715 Franklın Blvd Eugene, OR 97403	Scientist 40 00	84,919	22,751	0
Jenel Jorgensen 1715 Franklın Blvd Eugene,OR 97403	Research Assistant 36 00	34,264	13,069	0
Craig Leve 1715 Franklin Blvd Eugene, OR 97403	Data Analyst 40 00	67,728	19,313	0
Ramona McCoy 1715 Franklın Blvd Eugene, OR 97403	Video Services Coordinator 40 00	63,633	18,542	0
Christopher Widdop 1715 Franklin Blvd Eugene, OR 97403	Research Assistant 37 00	45,891	14,887	0
Anthony Biglan 1715 Franklin Blvd Eugene, OR 97403	Research Scientist 38 00	128,301	32,169	0
Sarah Hampson 1715 Franklın Blvd Eugene,OR 97403	RESEARCH SCIENTIST 35 00	121,041	30,527	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- .)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BETSY MORRISON 1715 Franklın Blvd Eugene,OR 97403	PROJECT MANAGER 20 00	36,884	11,904	0

Form 990, Part V-B - Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits:

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0	(D) Contributions to employee benefit plans and deferred compensation plans	Expense account and other allowances
Carol Black 1715 Franklın Blvd Eugene, OR 97403	0	52,987	16,364	0
Hyman Hops 1715 Franklın Blvd Eugene, OR 97403	0	153,194	35,669	0
Elizabeth J Mondulick 1715 Franklin Blvd Eugene, OR 97403	0	29,717	11,767	0
Paul Rohde 1715 Franklın Blvd Eugene, OR 97403	0	131,689	32,249	0
Herbert H SEverson 1715 Franklın Blvd Eugene, OR 97403	0	100,113	25,859	0
Christy Sherman 1715 Franklin Blvd Eugene, OR 97403	0	31,084	12,108	0
C Bruce Campbell 1715 Franklın Blvd Eugene, OR 97403	0	92,988	23,477	0
Sonya G Gabor 1715 Franklın Blvd Eugene, OR 97403	0	54,673	17,251	0
Dean P Inman 1715 Franklın Blvd Eugene, OR 97403	0	100,610	26,338	0
Edward Lichtenstein 1715 Franklin Blvd Eugene, OR 97403	0	26,343	7,268	0
H Garth McKay 1715 Franklın Blvd Eugene, OR 97403	0	1,073	215	0
Carol Wendler Metzler 1715 Franklın Blvd Eugene, OR 97403	0	55,879	18,031	0
Keith G Smolkowski 1715 Franklin Blvd Eugene, OR 97403	0	71,902	20,195	0
Elizabeth A Tildesley 1715 Franklin Blvd Eugene, OR 97403	0	49,531	16,363	0
Erika H Westling 1715 Franklin Blvd Eugene, OR 97403	0	44,015	14,191	0
Mats V White 1715 Franklin Blvd Eugene, OR 97403	0	74,381	20,093	0

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TY 2007 Depreciation and Depletion Schedule

Name: OREGON RESEARCH INSTITUTE

Asset	Amount	
Facilities Equipment	21,190	
Technology Equipment	207,219	
Grant Equipment	117,171	

TY 2007 General Explanation Attachment

Name: OREGON RESEARCH INSTITUTE

ldentifier	Return Reference	Explanation
Former officers' compensation	Form 990 Part V-B	The former officers consist of researchers who are currently being paid compensation for the research. Their compensation is not based on prior board service.

TY 2007 Land etc. Schedule

Name: OREGON RESEARCH INSTITUTE

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Facilities Equipment	129,601	33,474	96,127
Technology Equipment	1,021,486	554,200	467,286
Grant Equipment	623,490	430,534	192,956

TY 2007 Mortgages and Notes Payable Schedule

Name: OREGON RESEARCH INSTITUTE

EIN: 93-0495655

Total Mortgage Amount: 0

Item No.	1
Lender's Name	pacific Continental Bank
Lender's Title	
Relationship to Insider	bank
Original Amount of Loan	300000
Balance Due	279322
Date of Note	2006-12
Maturity Date	2011-12
Repayment Terms	monthly
Interest Rate	9.2500
Security Provided by Borrower	equipment Accounts Receivable
Purpose of Loan	equipment
Description of Lender Consideration	
Consideration FMV	
<u></u>	

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TY 2007 Other Revenues Included Schedule

Name: OREGON RESEARCH INSTITUTE

Description	Amount
Interest income on beneficial interest held by OCF	2,096
Gain on securities held by OCF	6,229
Donation to Endowment	6,366

TY 2007 Non Electing Public Charities Statement

Name: OREGON RESEARCH INSTITUTE

EIN: 93-0495655

Statement: LOBBYING EXPENSES WERE PAID TO ASSOCIATION OF

INDEPENDENT RESEARCH INSTITUTE (AIRI). AIRI THEN HIRES THE LOBBYIST TO ACT IN THE BENEFIT OF SCIENTISTS. THE ACTIVITY LIMITATIONS FOR SEC. 501(C)(3) ORGANIZATIONS IS INCLUDED

IN THE LOBBYING CONTRACT.

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TY 2007 Other Income Schedule

Name: OREGON RESEARCH INSTITUTE

Description	2006	2005	2004	2003	Total
Other Revenue	17,568	41,728			59,296