Form <b>99</b>	0-T	E	xempt Org	ENDED TO NOVI	sine	ss Income 1	Γax Retur	n	OM8 No 1545-0047		
		(and proxy tax under section 6033(e))  For calendar year 2019 or other tax year beginning									
<b>i</b> .	1 F	or caler	2019								
Department o Internal Rever	of the Treasury nue Service										
	neck box if idress changed	If Name of organization ( Check box if name changed and see instructions.)									
B Exempt	empt under section 501(c 3 ) Print OREGON RESEARCH INSTITUTE  Number, street, and room or suite no. If a P.O. box, see instructions  E University (Section 1)										
X 501(										_	
408(	(e) 220(e) 1	ype _	,								
408A		[	8129	2930							
	Book value of all assets F Group exemption number (See instructions )										
at end of y	at end of year  2,019,329. G Check organization type   X 501(c) corporation 501(c) trust 401(a) trust Other trust										
H Enter the	H Enter the number of the organization's unrelated trades or businesses.										
	•		NG LOT REVENUE				e, complete Parts I-				
				vious sentence, complete Pa	rts I an						
	, then complete Par			,,		, ,				•	
I During th	he tax year, was the	corpo	ration a subsidiary in	an affiliated group or a parer	nt-subsi	diary controlled group?	<b>•</b>	Y	es X No	_	
If "Yes," e	enter the name and	identif	ying number of the pa	rent corporation							
				RECTOR OF FINANCE		Telep	hone number 🕨	541-48	14-2123	_	
Part I	Unrelated 1	rade	e or Business I	ncome		(A) Income	(B) Expens	es	(C) Net		
1 a Gross	s receipts or sales		6,88	3.						1	
b Less	returns and allowan	ices		c Balance	1c	6,883.				_	
2 Cost	of goods sold (Sche	edule A	<b> l</b> ine 7)		2						
3 Gross	s profit. Subtract lin	e 2 fro	m line 1c		3	. 6,883,			6,883	<u>.</u>	
4 a Capita	al gain net income (	attach	Schedule D)		4a					_	
b Net ga	aın (loss) (Form 47	97, Par	rt II, line 17) (attach F	orm 4797)	4b		ļ		ļ	_	
c Capita	al loss deduction fo	r trusts	S		4c					_	
5 Incom	Income (loss) from a partnership or an S corporation (attach statement) 5									_	
6 Renti	ıncome (Schedule (	C)			6					_	
7 Unrela	ated debt-financed	income	e (Schedule E)		7		-			_	
	•			ed organization (Schedule F)	8					_	
				) organization (Schedule G)			1			_	
•	ited exempt activity		•		10		+		-	_	
	rtising income (Sch		· -		11		<del> </del>			_	
U	income (See instru		•		12	6 002	1	1	6 992	_	
3 Total	I. Combine lines 3 t	through	n 12 : Takon Elsowb	ere (See instructions fo	13	6,883.			6,883	÷	
rartii				with the unrelated busin							
14 Com	pensation of officer	rs, dire	ctors, and trustees (S	chedule K)		<del></del>		14			
15 Salaı	ries and wages							15	1,393	<u>.</u>	
16 Repa	airs and maintenand	ce						16		_	
17 Bad	debts							17		_	
18 Inter	rest (attach schedul	e) (see	e instructions)					18		_	
	es and licenses							19	551	·	
	reciation (attach For		•			20		<b></b>			
21 Less	depreciation claim	ed on S	Schedule A and elsew	here on return		1 [21a]	<u>-</u>	21b		_	
•	letion			RECEIVE	)	}		22		_	
	tributions to deferre		pensation plans	INCOLIVE	ري –	3		23	<del> </del>	_	
-	loyee benefit progra		ا ا	חכחב או ביים ו	، الأ	5		24		_	
	ess exempt expense	•	. 10	NOV 1 7, 2020	,  0	<u> </u>		25		_	
	ess readership costs		1			E CER CENTERE	NM 1	26	2.662	_	
	er deductions (attacl			OGDEN, U	T	SEE STATEME	111 1	27	2,660	-	
	I deductions. Add		-			1 from line 40		28	4,604		
				ting loss deduction. Subtrac				29	2,279	÷	
	-	ung los	ss arising in tax years	beginning on or after Janua	ry 1, 20	10				ı	
	instructions)	ble :==	ome Cubtrast line 00	from line 20				30	2,279	<u> </u>	
			come Subtract line 30					<u>  31</u>   <b>Z</b> _	Form <b>990-T</b> (2019	_	
923/01 01-27	/-20 LMA FOIP	aperw	OIR REGUCTION ACT NO	tice, see instructions.					(201)	J)	

Part	111	Total Unrelated Business Taxable Income				
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see i	instruction	is)	32	2,279.
<b>33</b> ´	Amoun	paid for disallowed fringes		33		
34 '	^Charita	ble contributions (see instructions for limitation rules)	•	34	0.	
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	sum of lines 32 and 33	35	2,279.	
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	tions)		36	ļ <u> </u>
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	2,279.	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000.	
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37	7,			
Dowl		ne smaller of zero or line 37			39	1,279.
Part		Tax Computation				269.
40	_	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<b>•</b>	40	209.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	<del></del>			
40		ax rate schedule or Schedule D (Form 1041)	41	<del></del>		
42	-	ax. See instructions		_	42	
43		tive minimum tax (trusts only)			43	
44 45		Noncompliant Facility Income. See instructions Add lines 42, 43, and 44 to line 40 or 41, whichever applies			44	269.
Part		Tax and Payments			45	
		tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
		redits (see instructions)	46b			
		I business credit. Attach Form 3800	46c			i .
		or prior year minimum tax (attach Form 8801 or 8827)	46d			
		redits. Add lines 46a through 46d			46e	
47		ct line 46e from line 45			47	269.
48	Other t	Other (attach schedule)	48			
49	Total ta	axes. Check if from Form 4255 Form 8611 Form 8697 Max. Add lines 47 and 48 (see instructions)			49	269.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019	51a			•
b	2019 e	stimated tax payments	51b	1,200.		
c	Tax de	posited with Form 8868	51c			
d	Foreign	organizations: Tax paid or withheld at source (see instructions)	51d			
е	Backup	withholding (see instructions)	51e			
1	Credit 1	or small employer health insurance premiums (attach Form 8941)	511			
9	Other c	redits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total <b>&gt;</b>	51g			
52	•	ayments. Add lines 51a through 51g			52	1,200.
53		ed tax penalty (see instructions). Check if Form 2220 is attached			53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54	
55	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		<b>•</b>	55	931.
56 Part		te amount of line 55 you want: Credited to 2020 estimated tax  Statements Regarding Certain Activities and Other Informatio	931.	Refunded >	56	0.
		<del></del>				Van Na
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature or inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		•		Yes No
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	•			
	here	h	reign cour	iu y		<del>-</del> x
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or tran-	sferor to	a foreign trust?		<u> </u>
•	-	see instructions for other forms the organization may have to file.	31010110,	a foreign tract		
59		ie amount of tax-exempt interest received or accrued during the tax year \$				
		ander penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta				celief, it is true,
Sign	60	errect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	гизалукл	SIGNUE	the ID	S discuss this return with
Here		Christopher Cuthy 11-12-2020 DIRECTOR O	F FINAL	700	•	er shown below (see
		Signature of officer Date Title		ins	tructions	s)? X Yes No
		Print/Type preparer's name Preparer's signature Da	te	Check If	PTI	N
Paid		No. Aldan me		self- employed		
Prep			/09/20		PO	00448102
•	Only	Firm's name ► MOSS ADAMS LLP		Firm's EIN ▶		91-0189318
	-	805 SW BROADWAY STR 1200				
		Firm's address PORTLAND, OR 97205		Phone no. 50	3-24	
923711	01-27-20					Form <b>990-T</b> (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation N/A				har	
1 Inventory at beginning of year	1 1		T	Inventory at end of yea	r		6		
2 Purchases						line 6		,	
3 Cost of labor	3		7	from line 5. Enter here	Part I,	l			
4 a Additional section 263A costs			1	line 2	7				
(attach schedule)	4a		8	Do the rules of section		Yes	No		
b Other costs (attach schedule)  4b property produced or acquired for resale) appl									
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Per	sonal Property L	ease	d With Real Prop	perty		
1. Description of property									
(1)									
(2)									
(3)									
(4)								<b>\</b>	
	2. Rent receive	ed or accrued				04-10-4-4-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a		attach schedule)	
(1)									
(2)									
(3)									
(4)						<u> </u>			
Total	0.	Total			٥.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>		•	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
			2	Gross income from	L	3. Deductions directly conto debt-finan	nnected iced pro	perty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	i
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductio (column 6 x total of column 3(a) and 3(b))	ons omns
(1)				%					
(2)				%					
(3)				%					
(4)	·			%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals				▶		~ (	0.		٥.
Total dividends-received deductions in	ncluded in column	18	•				<b>&gt;</b>		0.

Form 990-T (2019)

Form 990-T (2019) OREGON RE	SEARCH	INSTITUT	E						93-049	5655	Page_
Schedule F - Interest, A	Annuitie	s, Royal	ties, and l	Rents	From Co	ntrolle	d Organiza	itions	(see ins	tructions	s)
زـ			E	xempt	Controlled Or	ganızatı	ons		,		
1: Name of controlled organization 2				(loss) (see instructions) payments made in			include	t of column 4 t ad in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5	
(1)											
(1)										-+	
(2)		<del></del>							· ·		
(3)		ļ						-			
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income 🗻		nrelated incon see instruction		<b>9</b> . Total	of specified payn made	nents	10. Part of colu- in the controllingross	mn 9 that ing organ s income	ization's	11. Dec with	fuctions directly connected income in column 10
(1)											
(2)			1								
(3)			<del></del>								
(4)	l										
							Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals									0.		0
Schedule G - Investme	nt Incor	ne of a s	Section 50	)1(c)[7	7), (9), or (°	17) Ord	anization				
(see insti				. (-/(-	,,, (-), (	,	,				
	ription of inco	me			2 Amount of	income	3. Deduction directly connectation scheduler	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)		<u> </u>			i						
(3)					<u> </u>						
(4)							-				Enter here and on page
-					Enter here and o Part I, line 9, col	umn (A)					Part I, line 9, column (B)
Totals	_				<u></u>	0.					0
Schedule I - Exploited (see instru		Activity	Income,	Other	Than Adv	ertisin	g Income				<b></b>
	١ .		3. Expens	SAS	4. Net incom		•				7. Excess exempt
1. Description of exploited activity	unrelated incom	Gross business le from business	directly conn with produc of unrelat business inc	nected ction ted	from unrelated business (co minus columi gain, compute through	lumn 2 n 3) If a n cols 5	5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		expenses (column 6 minus column 5, but not more than column 4)
/1)	<del> </del>										+
(1)	<del> </del>										
(2)	ļ				ļ						-
(3)					ļ						
(4)		re and on , Part I,	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 25
Tatala		0.		0.	, .						0
Totals ► Schedule J - Advertisii	a lecer	-	netruetions\		1						<u> </u>
					oolideted	Basis					<del></del>
Part I Income From I	Periodic	ais Rep	orted on a	Con	solidated	Dasis					
1. Name of periodical		2 Gross advertising income		Direct ling costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulal income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>		T.								
(2)					$\dashv$						
			<del></del>		$\dashv$					-	•
(3)					$\dashv$		<del> </del>			$\dashv$	
(4)					+ -		-				
Totals (carry to Part II, line (5))	•		0.	(	o.						0
	_									`	Form 990-T (2019

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Part II Income From Perio	dicals Reporte	ed on a Sepai	rate Basis (For ea	ch periodical list	ted in Pa	rt II, fill ın	
columns 2 through 7 on a			·	·			have
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income			7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	•				İ		
(2)							
(3)							
(4)			_				
Totals from Part I	0.	0.				0.	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	-		-	•	0.
Schedule K - Compensation	n of Officers, D	Directors, and	Trustees (see in	structions)			
1. Name			2. Tide	3. Per time de busi			pensation attributable prelated business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Total Enter here and on page 1 Part II li	ne 14	<del></del>					0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREP FEES		2,660.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27	2,660.