Form 990-E

Department of the Treasury Internal Revenue Service

2

Short Form 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)

► For organizations with gross receipts less than \$100,000 and total assets less

than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements 2002

Open to Public

Inspection

OMB No 1545 1150

4/01 3/31 For the 2002 calendar year, or tax year beginning , 2002, and ending 2003 B D Employer identification number Check if applicable Please Address change Linus Pauling Institute of Science 94-2204428 use IRS label or Name change & Medicine Telephone number print or Inital return 571 Weniger Hall - OSU (541) 737-5080 Final return Corvallis, OR 97331 Specific Instruc Amended return Application pending F Enter 4 digit (GEN) ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Accounting method Cash Accrual Other (specify) ► If the organization is not Check ► Web site ► N/A required to attach Schedule B (Form 990, 990 EZ, or 990 PF) Organization type (check only one) -|X| 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 Check | If the organization is gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990 EZ ► S 37,983 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 31,062 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts Membership dues and assessments 3 655 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) 5с 6 Special events and activities (attach schedule) a Gross revenue (not including \$ of contributions reported on line 1) 6a b Less direct expenses other than fundraising expenses 6ь c Net income or (loss) from special events and activities (line 6a less line 6b) 6с 7a Gross sales of inventory, less returns and allowances 7 a 7b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 8 Other revenue (describe ► See Statement 1 8 6,266 37,983. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 See Statement 2 10 Grants and similar amounts paid (attach schedule) 10 2,780 Benefits paid to or for members 11 EXPENSE Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors REC (I) 13 13 5,644 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 8,353. Other expenses (describe - See Statement 3 16 16 17 Total expenses (add lines 10 through 16) 17 <u>16,</u>777 21,206 Excess or (deficit) for the year (line 9 less line 17) 18 19 Net assets or fund balances at beginning of year (from line 27, oblume (A)) (must agree with end of year figure reported on prior year's return) 19 43,111 20 See Statement 4 20 -6,683 Other changes in net assets or fund balances (attach explanation) 57,634 21 21 Net assets or fund balances at end of year (combine lines 18 through 20) Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990 EZ (B) End of year (See Instructions) (A) Beginning of year 57,634 43,111 22 22 Cash, savings, and investments 23 Land and buildings 23 24 Other assets (describe ▶ 24 25 Total assets 43.111 25 57,634 26 Total liabilities (describe 0 26 Ō. Net assets or fund balances (line 27 of column (B) must agree with line 21) 43,111 27 57,634.

Form	1 990 EZ (200 <mark>2) Linus Pauling I</mark>	94	-22	04428	Р	age 2		
Par			Expense	es				
prog	is the organization's primary exempt purpose? Secribe what was achieved in carrying out the ribe the services provided, the number of ram title	cise manner, each	and 4947	uired for 501 (4) organizat (a)(1) trusts, thers)	ions a	and		
28	_				-			
			(Grants \$		28a			
29				- 				
			(Grants \$	·	29 a	Ì		
30								
				- 	1			
			(Grants \$		30 a			
31	Other program services (attach schedule		(Grants \$)	31 a			
_32	Total program service expenses (add lin		<u> </u>	•	32			
Par	t IV List of Officers, Directors,	Trustees, and Key Em	ployees (List each one	e even if not com	pensa	ted See Ins	tructio	ns)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contribution: employee benefit pla deferred compensa	ns and	(E) Expense and other a		
 					0			0
<u>see</u>	Statement 6		0.		0		_	<u>0.</u>
Par	t V Other Information (Note the	attachment requirement in the	e instructions)	See Sta	teme	ent 7	Yes	No
	Did the organization engage in any activity					<u> </u>		
34	Were any changes made to the organizing or governi	no documents but not reported to the	PS? If "Yes ' attach a conform	ed conv of the change	ie			X
	If the organization had income from business activit statement explaining your reason for not reporting th	ies, such as those reported on lines 2,	•			attach a		
	Did the organization have unrelated business gross		notice, reporting, and proxy tax	requirements?			X	
	If Yes, has it filed a tax return on Form	-					Х	77
	Was there a liquidation, dissolution, termination, or		•			•	,,,,,,,	X
	Enter amount of political expenditures, d	•	in the instructions	► 37 a		0		v
	Did the organization file Form 1120-POL Did the organization borrow from, or mak made in a prior year and still unpaid at th	ke any loans to, any officer, d	lirector, trustee, or key e	employee or w ere	any s	such loans		X
ь	of Yes, attach the schedule specified in the line 38		-	38ь		N/A		,
	501(c)(7) organizations Enter a Initiation			39 a		N/A		
	Gross receipts, included on line 9, for pu	· ·		39 b		N/A		
	501(c)(3) organizations Enter Amount o		ation during the year und	der				
		, section 4912 ►	0_, section			0_		
	501(c)(3) and (4) organizations Did the organization benefit transaction from a prior year? If Yes, attach			ear or did it become a	ware of	an excess		X
	Amount of tax imposed on organization managers of	· · · · · · · · · · · · · · · · · · ·						_0_
	Enter Amount of tax on line 40c, above,		ion		•		_	0_
	List the states with which a copy of this return is fill. The books are in care of Stephen Law			Telephone no	<u> </u>	41) 737	-508	<u>.</u>
-+-	Located at > 571 Weniger Hall -		DR .	relephone no ZIP + 4			500	
43	Section 4947(a)(1) nonexempt charitable					► N/A		
	and enter the amount of tax exempt inte	=			43	ן "		N/A

t

g accompanying schedules and statements, and to the best of my knowledge and belief, it is ed on all information of which preparer has any knowledge 8-8-03, Stephen Lawson, CEO

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 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.

OMB No 1545-0047

2002

Name of the organization Linus Pauling Insti	Employer identification number				
<u> </u>			94-2204428		
Part Compensation of the Five Hig	hest Paid Employees Othe	r Than Officers	, Directors, and	Trustees	
(See instructions List each one If ther	, 	_	· · · · · · · · · · · · · · · · · · ·		
(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 and deferred compensation	(e) Expense account and other allowances	
<u>None</u>					
Total number of other employees paid over \$50,000	0				
Part II Compensation of the Five Hig (See instructions List each one (wheth	hest Paid Independent Co	ntractors for Pr	ofessional Sen	rices	
(a) Name and address of each independent cont	ractor paid more than \$50,000	(b) Type	of service	(c) Compensation	
None					
	-				
			-		
Total number of others receiving over \$50,000 for professional services					

Sche	edule A	(Form 990 or 990 EZ) 2002 Linus Pauling Institute of Science 94-22044.	<u> 28</u>	F	age 2
Par	t III 🕆	Statements About Activities (See instructions)		Yes	No
1	to influ	the year, has the organization attempted to influence national, state, or local legislation, including any attempt uence public opinion on a legislative matter or referendum? If Yes, enter the total expenses paid			
		urred in connection with the lobbying activities \$\bigs\\$ \text{N/A} \text{Part VI A, or line i of Part VI B}	,		v
	-	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other			X
	organii	zations that made an election under section 50 (try by himly form 5765 must complete Part VI A Corlei zations checking 'Yes, must complete Part VI B AND attach a statement giving a detailed description of the ng activities			,
2	substa taxable	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any initial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any e organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal ciary? (If the answer to any question is Yes,' attach a detailed statement explaining the transactions)			
а	Sale, e	exchange, or leasing of property?	2a		Х
b	Lendin	ng of money or other extension of credit?	2ь	_	Х
c	: Furnisi	hing of goods, services, or facilities?	2c		Х
c	l Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Transf	er of any part of its income or assets?	2e		Х
		he organization make grants for scholarships, fellowships, student loans, etc? (See Note below) I have a section 403(b) annuity plan for your employees?	3		X
Note	Attach	a statement to explain how the organization determines that individuals or organizations receiving	7		- 11
		ans from it in furtherance of its charitable programs 'qualify' to receive payments	_t		
	t IV	Reason for Non-Private Foundation Status (See instructions)			
	_	ation is not a private foundation because it is (Please check only ONE applicable box)			
5	\vdash	church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	$\overline{}$	school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	\vdash	hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	₩	Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	an	medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's id state.		. _	
10	(A	organization operated for the benefit of a college or university owned or operated by a governmental unit. Section iso complete the Support Schedule in Part IV A.)		(1)(A)	(IV)
11 a	X An Se	n organization that normally receives a substantial part of its support from a governmental unit or from the general jection 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A.)	public		
116)	community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV A)			
12	fro fro	n organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and mactivities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its subject to certain exceptions, and (2) no more than 33-1/3% of its grown gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire ganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV.A.)	f its sur	poort	ots
13	An de se	n organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2 ction 509(a)(3))	anızatıo ?) (See	ns	
		Provide the following information about the supported organizations (See instructions)			
		(a) Name(s) of supported organization(s)	(b) Lir	ne nur n abov	
			11 01	1 450	••
	_				
	_				
					_
14	Ar	organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

	ndar year (or fiscal year	(a) 2001	(b) 2000	(c) 1999	(d) 1998		(e) Total
_	nning in) Gifts, grants, and contributions	2001	2000	1999	1998		Total
	received (Do not include unusual grants See line 28)	100,000					100,000
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						
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	2,064.	1,528	10,272	8,3	330	22,194.
19	Net income from unrelated business activities not included in line 18	3,675					3,675
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	3,013					
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 See. Stmt. 8		2,838	374,789	136,4	140	514,067
23	Total of lines 15 through 22	105,739.	4,366	385,061	144,	770	639,936
24	Line 23 minus line 17	105,739	4,366	385,061	144,	770	639,936
25	Enter 1% of line 23	1,057	44	3,851	1,4	148	}
26	3		er 2% of amount in c		•	26 a	12,799
t	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 1998 through 2001 exceed	uted by each person (other ed the amount shown in li	er than a governmental un ne 26a Do not file this li	it or publicly ist with your	26 b	87,201 <u>.</u>
c	: Total support for section 509(a)(1) test Enter line 24, c			>	26 c	639,936
C	l Add Amounts from column (e) fo		22,194.		675		
		22	514,067	26ь 87,	201	26 d	627,137
	Public support (line 26c minus lin	•	d but line 26a (denom	······································		26 e 26 f	12,799. 2.00 %
	Public support percentage (line 2 Organizations described on line		a by line 26c (denon	iinator)).		201	2.00 %
	For amounts included in lines 15, name of, and total amounts recei such amounts for each year	16, and 17 that were ved in each year from	, each 'disqualified p	erson ' Do not file th	nis list with your i	return	Enter the sum of
	(2001)	(2000)	(1999) _		 (1998)		
	For any amount included in line 1 show the name of, and amount ro \$5,000 (Include in the list organi computing the difference between (the excess amounts) for each ye	eceived for each year, zations described in tr n the amount received ear	that was more than les 5 through 11, as and the larger amou	the larger of (1) the well as individuals) unt described in (1) o	amount on line 2 Do not file this li or (2), enter the si	5 for th st with im of th	e year or (2) your return After nese differences
	(2001) Add Amounts from column (e) for 17 Add Line 27a total	(2000)	(1999) _		_ (1998)	. 	- -
(Add Amounts from column (e) fo	or lines 15 _		16			
	17	20		21		27 c	
(i Add_Line 2/a total ⇒ Public support (line 27c total min	an 27d total)	d line 2/b total			276	
	Fotal support for section 509(a)(2		om line 23 column	(e) ► 27f		2/6	
	Public support percentage (line 2					27 a	<u> </u>
	n Investment income percentage (I	-	•		r)) <u></u>	27 h	- 8
	Unusual Grants For an organiza	tion described in line	0, 11, or 12 that rec	eived any unusual g	rants during 1998	throug	h 2001, prepare a
	list for your records to show, for a nature of the grant Do not file th	each year, the name c u s list with your return	i the contributor, the Do not include thes	e date and amount o se grants in line 15	r the grant, and a	priet d	escription of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	,		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?	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)			
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	,	
ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	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			
Z	Students rights or privileges?	33a		
ŀ	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
C	Scholarships or other financial assistance?	33d		
€	e Educational policies?	33e		
f	Use of facilities?	33f		
ģ	g Athletic programs?	33g		
ŀ	n Other extracurricular activities?	33h		•
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		,	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		_
ŀ	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	,	

Schedule A (Form 990 or 990 EZ) 2002

Linus Pauling Institute of Science Schedule A (Form 990 or 990 EZ) 2002 94-2204428 Page 5 Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768) N/A If you checked 'a and limited control provisions apply Check ► if the organization belongs to an affiliated group Check ► b (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed totals for ALL electing (The term 'expenditures' means amounts paid or incurred) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying). 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures. 39 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the 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 20 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36 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) Lobbying Expenditures Dunng 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2002 2001 2000 1999 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures 48 Grassroots non taxable 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 instructions) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of a Votunteers 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

Schedule A	\ (Form 990 or 990 EZ) 20	002 Lin	us Paulino	y Institute	of	Science	94-220	14428	Р	age 6
Part VII	Information Regard Exempt Organizati	dı <mark>ng Tran</mark> ons (See ய	sfers To and	Transaction	s and	d Relationshij	os With Nonch	antable		- -
51 Did th	ne reporting organization Code (other than section	directly or in	directly engage	in any of the followin section 527 in	owing	with any other or	ganization describe	ed in section	n 501(d	:)
	ifers from the reporting or		-		_		iizatioris		Yes	No
(ı)C		,				-		51a (ı)	,,,,	X
(II)O	ther assets							a (II)		X
b Other	transactions									
(ı) S	ales or exchanges of ass	ets with a no	oncharitable exe	empt organization	1			b (i)		<u>X</u>
(ii)Purchases of assets from a noncharitable exempt organization b (ii)										Х
(III) Rental of facilities, equipment, or other assets b (III)										Х
• •	eimbursement arrangem	ents						b (iv)		X
• -	oans or loan guarantees							b (v)	-	X
	erformance of services on ng of facilities, equipmen			-				b (vi)		X
						nn (b) should alw	avs show the fair n	c narket value	e of	Λ.
the go any tr	answer to any of the abo oods, other assets, or ser ansaction or sharing arra	vices given ingement, st	by the reporting now in column (organization if d) the value of th	the org	anization receiveds, other assets,	ed less than fair ma or services receive	arket value i	n	
(a) Line no	(b) Amount involved	•	(c)	xempt organizati			(d) insfers, transactions, an			s
N/A										
	<u></u> .									
								_		
		ļ					<u></u>			
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							•			
descri	organization directly or i ibed in section 501(c) of t s,' complete the following	he Code (ot	liated with, or re her than section	elated to, one or n 501(c)(3)) or in	more t section	ax exempt organi n 527?	izations	► ☐ Ye	s X	No
	(a) Name of organization		Туре о	(b) f organization		D	(c) escription of relation	onship		
N/A										
			 -							
			<u>-</u>		-+					
_	-					_	-			
					-+					
					-+	·		<u> </u>		
							<u> </u>		-	
							-	_		

2002	Federal Statements Linus Pauling Institute of Science & Medicine	Page 1
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Income from K-1s Sec 1231 loss (K-1s)	\$ Total \$	6,299 -33. 6,266
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paic	i	
Payments to Affiliates Name Address Purpose of payment Amount	OSU Foundation 517 Snell Hall Corvallis, OR 97331 Transfer land (see Stmt 5) Total Payments to Affiliates Total Grants and Similar Amounts Paid	
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses Bank charges Investment fees Maintenance Miscellaneous Office expense Property and other taxes Travel	\$ Total \$	58 150 675 37 321. 827 6,285 8,353
Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or I Income from K-1s not on boo Interest income from K-1s Sec 1231 losses from K-1s	oks not on books	-6,299 -417 33 -6,683.

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Federal Statements

Linus Pauling Institute of Science & Medicine

Page 2

94-2204428

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The organization is currently in the process of winding up and dissolving. The organization's assets are being systematically transferred to the OSU Foundation, an Oregon non-profit public benefit corporation. Assets transferred to the OSU Foundation will be used to support the Linus Pauling Institute at OSU

Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hour <u>Per Week Devot</u>			Contri- bution to EBP & DC	Expense Account/ Other
Linus Pauling, Jr. 571 Weniger Hall, OSU Corvallis, OR 97331	Chairman As needed	\$	0.	\$ 0	\$ 0.
Martın Carnoy 571 Weniger Hall, OSU Corvallis, OR 97331	Trustee As needed		0	0	0
Barbara Kosacz 571 Weniger Hall, OSU Corvallis, OR 97331	Trustee As needed		0	0	0
Stephen Lawson 571 Weniger Hall, OSU Corvallis, OR 97331	CEO As needed		0	0	0.
	То	tal \$	0	\$ 0	\$ 0

Statement 7 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No

Statement 8 Schedule A, Part IV-A, Line 22 Other Income

Description		<u>(a)</u>	2001	(b	2000	_	(c) 1999	_	(d) 1998	(e) Total
Insurance settlement Forfeited rent deposit Royalties and other	Total	\$	0 0 0	\$	0 0 2,838 2,838	\$	374,789. 0. 0. 374,789.	\$	133,684 2,756. 0 136,440.	\$ <u>\$</u>	508,473. 2,756 2,838 514,067