Form 990-EZ

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.

2003

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Α | For | the 2003 calendar year, or tax year beginning $4/01$, 2003, and ending $3/31$ | | , | 2004 |
|-----------------------------|------------|--|--------------------|----------|---------------------------|
| <u>B</u> | Chec | |) Empl | oyer ic | lentification number |
| | | ess change Please use IRS Linus Pauling Institute of Science | 94 | -22 | 04428 |
| \vdash | | | Telep | hone r | number |
| | | return type. 571 Weniger Hall - OSU see Specific Corvallis, OR 97331 | (54 | 41) | 737-5080 |
| Ħ | | inded return Instruc- | Grou | n Fv | emption |
| | | cation pending | Num | ber | <u> </u> |
| | | • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting mother (specific | | L | Cash X Accrual |
| | 147. F | H Check ► X | | org | anization is not |
| | | | ttach S 30-PF). | ched | ule B (Form 990, |
| | Che | 112 activity by Collection only 112 301(c) (3) (11301(110.)) [4047(a)(1) 01] 327 | | | Loren with the IDC |
| | but i | f the organization received a Form 990 Package in the mail, it should file a return without financial data. plete return. | | | |
| L | Add | lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 and of Form 990-EZ | | - s | 4 EQQ |
| Pa | | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instruction | | Ą | 4,598. |
| () SH | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 3,197. |
| | 2 | Program service revenue including government fees and contracts | | 2 | 3,137. |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | _ | 4 | 161. |
| | 5 a | a Gross amount from sale of assets other than inventory 5a | | | |
| | ŀ | Less cost or other basis and sales expenses 5b | | ľ | |
| R E V | C | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | **** | 5c | |
| ¥. | 4 | Special events and activities (attach schedule). If any amount is from gaming , check here | | | |
| NÇ |))) ()) | a Gross revenue (not including \$of contributions | | | |
| E | 7 (| reported on line 1) 6a | | | |
| ļ | | b Less, direct expenses other than fundraising expenses 6b | | _ | |
| | | Ret income or (loss) from special events and activities (line 6a less line 6b) Gross sales of inventory, less returns ar d allowances | | 6c | |
| | | Less. cost of goods sold RECEIVED 7b | | | |
| Ī | | Gross profit or (loss) from sales of inventory (line 7a less line 7a) | | 7с | |
| | | | | 8 | 1,240. |
| | Щ | Other revenue (describe See Statement 1 Total revenue (add lines 1, 2, 3, 4, 5c, 5c) c, Add 5, 1, 5, 2004 | | 9 | 4,598. |
| | 20 | Grants and similar amounts paid (attach schedule) | 1 | 0 | |
| | Ą | Benefits paid to or for members | 1 | _ | |
| Σ | D e | Salaries, other compensation, and employee penetrs EN, UT | 1 | 2 | |
| E | N B | Professional fees and other payments to independent contractors | 1 | 3 | 3,878. |
| SI | 14 | Occupancy, rent, utilities, and maintenance | 1 | 4 | |
| E S | 15 | Printing, publications, postage, and shipping | | 5 | |
| | 16 | Other expenses (describe See Statement 2) | <u>1</u> | | 7,854. |
| | 17 | Total expenses (add lines 10 through 16) | | _ | 11,732. -7,134. |
| Α | 18 | Excess or (deficit) for the year (line 9 less line 17) | 1 | 8 | -7,134. |
| A NS E E T T | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return) | ar 1 | a | 57,634. |
| 누튀 | 20 | Other changes in net assets or fund balances (attach explanation) | 2 | | 37,031. |
| S | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) | ▶ 2 | _ | 50,500. |
| Pai | rt II | Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 ins | | | |
| | | (See instructions) (A) Beginning of | | | (B) End of year |
| 22 | Ca | ish, savings, and investments . 57,6 | | 22 | 50,500. |
| 23 | | nd and buildings | | 23 | |
| 24 | | her assets (describe >) | | 24 | |
| 25 | | tal assets 57, 6 | | 25 | 50,500. |
| 26 27 | | tal liabilities (describe >) tassets or fund balances (line 27 of column (B) must agree with line 21) 57,6 | | 26 27 | 0. 50,500. |
| | | | JJ4. | <u> </u> | |
| DH/ | ~ FO | or Paperwork Reduction Act Notice, see the separate instructions. TEEA0803L 12/23/03 | | | Form 990-EZ (2003) |

| _ | | i | | | | | |
|-------------|---|---|---|------------------------------|--------------|------|----|
| - | | | | | | | |
| ai | t V Other Information (Note the a | ttachment requirement in the | : instructions) | See Statem | ent 5 | Yes | No |
| 33 | Did the organization engage in any activity of each activity | y not previously reported to t | he IRS? If 'Yes,' attach | a detailed description | | | Х |
| 34 | Were any changes made to the organizing or governing | g documents but not reported to the | IRS? If 'Yes,' attach a conform | ed copy of the changes | | | X |
| | If the organization had income from business activitie statement explaining your reason for not reporting the | s, such as those reported on lines 2, | | | attach a | | |
| - 8 | a Did the organization have unrelated business gross in | come of \$1,000 or more or 6033(e) r | otice, reporting, and proxy tax | requirements? | | | X |
| - 1 | b if 'Yes,' has it filed a tax return on Form 9 | 90-T for this year? | | | | N/ | Ά |
| 36 | Was there a liquidation, dissolution, termination, or s | substantial contraction during the yea | ar? (If 'Yes,' attach a statemen | t.). | | | X |
| 37 a | a Enter amount of political expenditures, dir | ect or indirect, as described | in the instructions | ► 37 a | 0. | | |
| - 1 | b Did the organization file Form 1120-POL f | or this year? | | | |]] | Х |
| 38 | a Did the organization borrow from, or make made in a prior year and still unpaid at the | | | mployee or were any | such loans | | X |
| ı | b If 'Yes,' attach the schedule specified in the line 38 in | " | • | 38b | N/A | | |
| | 501(c)(7) organizations Enter a Initiation | | | 39a | N/A | | |
| | b Gross receipts, included on line 9, for pub | • | | 39 b | N/A | - 3 | |
| | · · · | | tion distance the second | | 14/11 | 1 1 | |
| 40 | a <i>501(c)(3) organizations.</i> Enter. Amount of section 4911 ►0 . | tax imposed on the organiza _, section 4912 ► | 0., section | | 0. | | |
| I | b 501(c)(3) and (4) organizations. Did the organization benefit transaction from a prior year? If 'Yes,' attach. | engage in any section 4958 excess b an explanation | enefit transaction during the y | ear or did it become aware o | of an excess | | Х |
| | c Amount of tax imposed on organization managers or | disqualified persons during the year | under 4912, 4955, and 4958 | • | - | | 0. |
| | d Enter. Amount of tax on line 40c, above, i | reimbursed by the organizati | on | • | • | | 0. |
| 41 | List the states with which a copy of this return is filed | d► CA | | | | | |
| | The books are in care of ► Stephen Laws | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Telephone no. ► (| 541) 737 | -508 | 0 |
| | Located at ► 571 Weniger Hall - | |)R | | 7331 | | |
| 43 | Section 4947(a)(1) nonexempt charitable | · · · · · · · · · · · · · · · · · · · | eu of Form 1041 - Che | | ► N/A | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

ding accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge stephen L

N/A

SCHEDULE A (Form 990 or 990-EZ)

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.)

2003

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

| Name of the organization Linus Pauling Instit | | Employer identification number | | | | |
|---|---|--|--|--|--|--|
| & Medicine | 94-2204428 | | | | | |
| Compensation of the Five High (See Instructions. List each one. If there | nest Paid Employees Othe are none, enter 'None.') | r Than Officers | , Directors, and | l Trustees | | |
| (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 | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | | | |
| Compensation of the Five High (See instructions List each one (whether | nest Paid Independent Cor er individuals or firms). If there are | ntractors for Pro e none, enter 'None | ofessional Serv | rices | | |
| (a) Name and address of each independent contra | actor paid more than \$50,000 | (b) Type | of service | (c) Compensation | | |
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total number of others receiving over | | | | | | |

| Sche | dule A | (Form 990 or 990 | -EZ) 2003 | Linus | Pauling | g In | stit | <u>ute</u> | of | Scie | nce | | 94-220 | 14428 | <u> </u> | Page : |
|------|------------------|--|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------|-----------------------|---------------------|------------------|--------------------|--------------------------------|------------------------|---|---------------------------|------------------|--------|
| Par | t III | Statements | About Activ | ities (Se | ee instructio | ons.) | | | | | | | | | Yes | No |
| 1 | to infi | g the year, has the uence public opini | on on a legislati | ve matte | r or referen | idum? | nal, sta If 'Yes | ate, or ,' ente | r the | total e | lation, in expenses | cluding a s paid | any attempt | t | | |
| | | urred in connection | - | - | | \$ | | | N/ | <u>'A</u> . | | | | | | ,, |
| | - | equal amounts on | • | | | • | | | | | | | | 1 | | X |
| | organ | nizations that made nizations checking ' ing activities. | e an election und Yes,' must com | der section plete Pai | on 501(h) b rt VI-B AND | y filing attacl | Form h a sta | 5768 r temen | nust t givi | compleing a d | ete Part etailed d | VI-A Ot lescriptio | her n of the | | | |
| 2 | substa taxabl | g the year, has the antial contributors, le organization with iciary? <i>(If the ansv</i> | trustees, direct which anv suc | ors, offic h person | ers, creator is affiliated | rs, k e y d as ar | emplo office | yees, r. dire | or m ctor. | ember trustee | s of thei e. maiori | r families tv owner | s, or with a | ny pal | | |
| а | Sale, | exchange, or leas | ing of property? | | | | | | | | | | | 2 | <u> </u> | X |
| Ŀ | Lendii | ng of money or oth | er extension of | credit? | | | | | | | | | | 21 | <u>-</u> | Х |
| c | Furnis | shing of goods, ser | vices, or facilitie | es? | | | | | | | | | | 20 | - | Х |
| d | l Paym | ent of compensation | on (or payment | or reimbi | ursement of | f expei | nses if | more | than | \$1,000 | 0)? | | | 20 | 4 | Х |
| e | Trans | fer of any part of it | s income or ass | sets? | | | | | | | | | | 20 | 2 | Х |
| 3a | Do yo explar | u make grants for nation of how you | scholarships, fe determine that r | llowships ecipients | s, student lo qualify to r | oans, e receive | etc? (If e paym | 'Yes,' ents.) | atta | ch an | | | | 3 | 3 | X |
| b | Do yo | u have a section 4 | 03(b) annuity pl | an for yo | ur employe | es? | | | | | | | | 31 |) | X |
| 4 | Did yo | ou maintain any se e use or distribution | parate account n of funds? | for partic | ipating don | ors wh | nere do | nors h | iave i | the rigi | ht to pro | vide adv | ice | 4 | | Х |
| Par | t IV | Reason for | Non-Private | Found | ation Sta | tus (| See ins | structio | ns.) | | | | | _ | | |
| The | organiz | ation is not a priva | ate foundation b | ecause it | t is. (Please | e checl | k only (| ONE a | pplica | able bo | ox.) | | | | | |
| 5 | ДА | church, convention | n of churches, c | r associa | ation of chu | ırches. | Section | n 170 | (b)(1) |)(A)(ı). | | | | | | |
| 6 | ∐ A | school. Section 17 | ⁷ 0(b)(1)(A)(ıı). (/ | Also com | plete Part \ | √.) | | | | | | | | | | |
| 7 | L A | hospital or a coop | erative hospital | service (| organization | n. Sect | tion 170 | D(b)(1) | (A)(ıı | п). | | | | | | |
| 8 | ∐ A | Federal, state, or | local governme | nt or gov | ernmental ι | unit. S | ection | 170(b) | (1)(A | ۱)(v). | | | | | | |
| 9 | _ | medical research nd state ► | organization op | erated in | conjunctior | n with | a hosp | ıtal. Se | ectioi | n 170(t . – – – | b)(1)(A)(- | iii). Entei | r the hospi | tal's name <i></i> _ | , city, | |
| 10 | L A | n organization ope Also complete the \$ | rated for the be Support Schedu | nefit of a I le in Par | college or t IV-A.) | univer | sity ow | ned o | r ope | erated t | by a gov | ernment | al unit. Sed | ction 170(b |)(1)(A) | (IV). |
| 11 a | X A | n organization that ection 170(b)(1)(A) | normally receiv (vi) (Also comp | es a sub dete the | stantıal par Support Sc | t of its hedul | suppo e in Pa | rt fron rt IV-A | n a g (.) | overnn | nental ur | nıt or froi | m the gene | eral public. | | |
| 11 b | • [] A | community trust. | Section 170(b)(1 |)(A)(vı). | (Also comp | olete th | e Supp | oort So | ched | ule in F | Part IV-A | ١.) | | | | |
| 12 | fro fro | n organization that om activities relate om gross investme rganization after Ju | d to its charitab ent income and i | le, etc, fi unrelatec | unctions — I business t | subject taxable | t to ce | rtain e ie (les: | xcep | tions, a | and (2) r 11 tax) fr | o more | than 33-1/3 ness e s aco | ₿% of its si | upport | pts |
| 13 | de | n organization that escribed i <mark>n. (1)</mark> line ection 509(a)(3).) | is not controlle s 5 through 12 | d by any above, o | disqualified r (2) section | d perso n 501(d | ons (otl c)(4), (5 | hertha 5), or (| an foi 6), if | undation they n | on mana neet the | gers) and test of s | d supports ection 509(| organızatı (a)(2). (Se | ons e | |
| | _ | | Provide t | ne follow | ing informa | tion at | out the | supp | ortec | dorgar | nizations | . (See in | structions.) |) | | |
| | _ | | | (a) Nai | me(s) of su | pporte | d orga | nızatıo | n(s) | | | | | | ine nui m abo | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | _ | | | | | | | | | | | | | L | | |
| 14 |] [A | n organization org | anized and oper | ated to t | est for publ | ic safe | ety. Se | ction 5 | 09(a) |)(4). (S | See instri | uctions.) | | | | |

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 31,602. 100,000. 131,602. 16 Membership fees received 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 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 organ-1,528. 14,519. 655 2,064 10,272 ızatıon after June 30, 1975 Net income from unrelated business activities not included in line 18 6,266 3,675 9,941. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 2.838 374,789. 377,627. 533,689 Total of lines 15 through 22 38,523. 105,739. 4,366. 385,061 38,523. 105,739. 4,366. 385,061. 533,689. Line 23 minus line 17 1,057. 3,851 385. Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 10,674. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your 120,928. return Enter the total of all these excess amounts 26 b 26 c 533,689. c Total support for section 509(a)(1) test. Enter line 24, column (e). d Add. Amounts from column (e) for lines. 26d 523,015. 10,674. 26 e e Public support (line 26c minus line 26d total) 2.00 % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f Organizations described on line 12: N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of 27 Organizations described on line 12: such amounts for each year. ____ (2001) ____ (2000) ____ (1999) ____ b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. ____ (2001) ___ c Add. Amounts from column (e) for lines 20 27 c 27 d d Add. Line 27a total and line 27b total e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

| | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/A | | |
|----|---|-------|-----|----|
| | | -1/11 | 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 | | |
| 32 | If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following. | | | |
| | a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| | d Copies of all material used by the organization or on its behalf to solicit contributions? | 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. | | | |
| ; | a Students' rights or privileges? | 33a | | |
| ı | b Admissions policies? | 33b | | |
| | c Employment of faculty or administrative staff? | 33 c | | |
| | d Scholarships or other financial assistance? | 33 d | | |
| • | e Educational policies? | 33 e | | |
| | f Use of facilities? | 33f | | |
| | g Athletic programs? | 33 g | | |
| - | h 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? | 34a | | |
| | b 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 | | |

Schedule A (Form 990 or 990-EZ) 2003 Linus Pauling Institute of Science 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 Check ► a If you checked 'a' and 'limited control' provisions apply. if the organization belongs to an affiliated group. Check ► b (a) (b) Limits on Lobbying Expenditures Affiliatèd group 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 37 Total lobbying expenditures to influence a legislative body (direct lobbying). 37 38 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures. 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -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 (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2003 2002 2001 2000 Total beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) 46 47 Total lobbying expenditures **4**8 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 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 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.

Schedule A (Form 990 or 990-EZ) 2003 Linus Pauling Institute of Science 94-2204428 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| | Exempt Organizati | Ons (See in | nstructions) | | | | |
|-----------------|--|--------------------------------|--|---|-----------------------|---------|---------------|
| | | | | g with any other organization described in ig to political organizations? | section | | |
| | , , | rganızatıon t | o a noncharitable exempt organization | | | Yes | No |
| (i) C: | | | | ¹ | 51 a (i) | | <u>X</u> |
| ` ' | ther assets | | | | a (ii) | | |
| | transactions | ate with a no | oncharitable exempt organization | | b (ii) | | Х |
| • • • | ares or exchanges or ass urchases of assets from a | | • • | - - | b (i) b (ii) | | $\frac{x}{X}$ |
| • • | ental of facilities, equipm | | ' ' | <u> </u> | b (iii) | | X |
| , , | eimbursement arrangeme | • | 433013 | <u> </u> | b (iv) | | X |
| • • | oans or loan guarantees | SING. | | <u> </u> | b (v) | | <u>X</u> |
| , , | • | r membersh | ip or fundraising solicitations | | b (vi) | | X |
| c Sharır | ng of facilities, equipment | t, mailing list | ts, other assets, or paid employees | | С | | X |
| d if the the go | answer to any of the abo oods, other assets, or ser | ive is 'Yes,' i vices given | complete the following schedule. Coluby the reporting organization of the open of the good in column (d) the value of the good | ımn (b) should always show the fair mark rganization received less than fair marke ods, other assets, or services received. | et value t value i | of n | |
| (a) Line no | (b) Amount involved | | (c) noncharitable exempt organization | (d) Description of transfers, transactions, and sha | | | s |
| N/A | · · · | | | | | | |
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| 52a Is the | organization directly or ii | ndirectly affi | liated with, or related to, one or more her than section 501(c)(3)) or in section | tax-exempt organizations | Ye | s X | No |
| | s,' complete the following | | | | ш. | | |
| | (a) Name of organization | | (b) Type of organization | (c) Description of relationsl | | | |
| | Name of organization | | Type of organization | Description of relations | np | | |
| N/A | | | | | | | |
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| 2003 | Federal Statements Linus Pauling Institute of Science & Medicine | | Page 1 |
|--|--|-----------------------|---|
| Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Refund of legal retainer | | \$ Total <u>\$</u> | 1,240. 1,240. |
| Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses | | | |
| Bank charges Income taxes (UBTI) Investment fees Miscellaneous Travel | | Total \$ | 105. 1,300. 150. 20. 6,279. 7,854. |

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

The organization is in the final stages 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 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Title and Average Hours <u>Per Week Devoted</u> | Compen- sation | | Contri- bution to EBP & DC | → |
|--|---|-------------------|----|----------------------------------|----------|
| Linus Pauling, Jr. 571 Weniger Hall, OSU Corvallis, OR 97331 | Chairman O | \$ | 0. | \$ 0. | \$ 0. |
| Martin Carnoy 571 Weniger Hall, OSU Corvallis, OR 97331 | Trustee 0 | | 0. | 0. | 0. |
| Barbara Kosacz 571 Weniger Hall, OSU Corvallis, OR 97331 | Trustee 0 | | 0. | 0. | 0. |
| Stephen Lawson 571 Weniger Hall, OSU Corvallis, OR 97331 | CEO 3 | | 0. | 0. | 0. |
| | Total | \$ | 0. | \$ 0. | \$ 0. |

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Linus Pauling Institute of Science & Medicine

94-2204428

Statement 5 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 6 Schedule A, Part IV-A, Line 22 Other Income

| Description | | <u>(a)</u> | 2002 | _(b) | 2001 | <u>(c</u> | 2000 | (d) 1999 | (| e) Total |
|---|------|------------|----------|------|----------|-----------|----------|----------------------|----|-------------------|
| Insurance settlement Forfeited rent deposit | | \$ | 0. 0. | \$ | 0. 0. | \$ | 0. 0. | \$ 374,789. 0. | \$ | 37 4 ,789. |
| Royalties and other | | | 0. | | 0. | | 2,838. | 0. | | 2,838. |
| To | otal | \$ | 0. | \$ | 0. | \$ | 2,838. | \$ 374,789. | \$ | 377,627. |