

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUL 07 ZUIU

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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the	e 2009 calendar	year,	or tax year beginning	, 2009, and end	ing		,		
В	Check if	applicable		С			D Employe	r Identifica	tion Number	
	Add	ress change Res	ase use S label	OAK CREST INSTITUTE OF SCI	ENCE		95-4	68096	1	
	\vdash	or	print type.	2275 E FOOTHILL BLVD.			E Telephor	ne number		
	\vdash	-	See	PASADENA, CA 91107			626	817-0	883	
	\vdash	l in:	ecific struc-				-020	017 0	003	
	\mathbf{H}		ons.						070	F 4 F
	Ame	ended return					G Gross re			,545.
	Арр			and address of principal officer DR . $MARC$ B	AUM		his a group return		H '''	X No
		Sa	me 1	As C Above		1	all affiliates inclu No, attach a list (tions) Yes	∐ No
<u> </u>	Tax-e	exempt status	K 501	(c) (3) (insert no) 4947((a)(1) or 527		,		,	
J	Webs	site: ► www.	oak-	crest.org	.	H(c) Gro	up exemption nur	nber ►		
ĸ	Form o	of organization	Corpora	ation Trust Association Other	L Year of Form	nation	M St	ate of legal	domicile	
Pa	rt I	Summary					· · · · · · · · · · · · · · · · · · ·			
			he or	ganization's mission or most significant act	ivities SCIENTI	FTC RI	ESEARCH E	ROJEC	TS FOR	
_				IMPROVEMENTS PROJECTS RELA						
ဦ	. –			DEVELOPEMENT_OF_PROTOTYPE_	* 	,TATTA	# 1m5 1m	TOTOTOT	. TOTA TOT	
Activities & Governance		INSTRUMENT								
ĕ	1	Check this box		if the organization discontinued its operation	ons or disposed of r	nore that				
ဗိ				bers of the governing body (Part VI, line 1		nore trial	1 25 % 01 113 6	3		3
∞ಶ		-		it voting members of the governing body (F	•		<u> </u>	4		0
Ę	1			yees (Part V, line 2a)		 -	ľ	5		Ö
ξ				eers (estimate if necessary)	ECEIVED	l	ŀ	6		0
¥				ousiness revenue from Part VIII, dolumn (C		ادا	Ī	7a		0.
	1	~		taxable income from Form 990-T, Line 34		Ø		7 b		0.
				198	MAY I 8 5010	S-OSC	Prior Year		Current Ye	
	8 (Contributions and	d aran	its (Part VIII, line 1h)		<u> el</u>	511,88	20		, 188.
<u>r</u> e					ODEAL LIT	~ ~	149,8			,509.
Revenue		-		art VIII, column (A), lines 3, 4, and 7d)	GDEN, UT		41,7			848.
æ				II, column (A), lines 5, 6d, 8c, 9c, 10c, and	1110)		45,0			040.
				nes 8 through 11 (must equal Part VIII, col		-	748,5		979	,545.
				ounts paid (Part IX, column (A), lines 1-3)	ullil (A), lifte 12)	 	275,4		<u> </u>	, 343.
	I					-	213,4	/2.		
	I			members (Part IX, column (A), line 4)		075 4	F 3.0	<u> </u>		
စ္	15 8	Salaries, other co	ompei	nsation, employee benefits (Part IX, colum	n (A), lines 5-10)	ļ	275,4	/2.	539,	<u>,642.</u>
Expenses	16a F	Professional fund	draisir	ig fees (Part IX, column (A), line 11e)		ļ	•			
χĎ	ьт	Total fundraising	expe	nses (Part IX, column (D), line 25) >		ļ				
úì	17 (X, column (A), lines 11a-11d, 11f-24f)			282,0	50.	408.	,313.
				nes 13-17 (must equal Part IX, column (A)	line 25)	<u> </u>	832,99			, 955.
		•		s Subtract line 18 from line 12	, 1110 23)		-84,4			,590.
- 8	_	teveriue less ex	Je1136	3 Subtract line 10 from line 12						
Net Assets or Fund Balancos				16		Be	ginning of Ye		End of Ye	
Bak	20 T	Total assets (Par		· ·		<u> </u>	282,05			<u>, 396.</u>
i d	21 T	Total liabilities (F	'art X	, line 26)			5,3		· · · · · ·	<u>,132.</u>
				ances Subtract line 21 from line 20			276,6	74.	308,	<u>,264.</u>
Pa	rt II	Signature	Blog	:k						
		Under penalties of p	erjury,	l declare that l have examined this return, including acco Declaration of preparer (other than officer) is based on a	mpanying schedules and s	atements,	and to the best of	my knowled	dge and belief, if	t is
		true, correct, and co	omplete	Declaration of preparer (other than officer) is based on a	all information of which pre	parer nas a	ny knowledge	<i>!</i>		
Sig	n	►	M	lu U			5/14/	2010)	
He	re	Signature of off	icer		_		Date			
		► Mcı	(M. Boum Yresident/	EO		r			
		Type of print na	ame and							
_					Date		Check if	Prepar	er's identifying r	number
Pa	id				5/13/	<i>,</i>	self- employed	(see iii	istructions)	
Pre		Preparer's signature	RIC	HARD L. GARRETT CPA/CFO	-//3/	つ	Cirpioyea	$- _{N/A}$		
pa	rer's			ton & Garrett				[14/ 17		
Ųs		voure if ealf.						/ 7\		
On	ly	addrage and		5 W Manchester Ave. Ste 617	·		EIN ► N/		22 0606	
		ZIP + 4		ya Del Rey, CA 90293			Phone no		22-9696	
_				with the preparer shown above? (see instru				<u> </u>		No
BA	A Forf	Privacy Act and	Papei	work Reduction Act Notice, see the separ	ate instructions.		TEEA0113L	12/29/09	Form 990	J (2009)

Form 990 (2009) OAK CREST INSTITUTE OF SCIENCE	95-4	68096	51		Page 2
Part'III Statement of Program Service Accomplishments					
1 Briefly describe the organization's mission SCIENTIFIC RESEARCH PROJECTS FOR ENVIRONMENTAL IMPROVEMENTS PROJECT POLUTION AND MEASUREMENTS INCLUDING THE DEVELOPMENT OF PROTOTYPE INSTRUMENTS		ATED	<u>TO</u>	AIR	
2 Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior		Yes	X	No
If 'Yes,' describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?		Yes	X	No
 If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported 	by expens allocation	ses Sens to oti	ction 5 hers, t	i01(c) he tot	(3) al
4a (Code (Co	EVELOF	EMEN	T_OF		
4b (Code) (Expenses \$ including grants of \$) (Fig. 2)	Revenue	\$)
4c (Code) (Expenses \$ including grants of \$) (R	Revenue	\$)
4d Other program services (Describe in Schedule O.)				,	
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ► 569, 169.				<i></i>	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			1
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	! 		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		_X
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
l	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_ X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		_X
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
			000 /	0000

BAA

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance	•		ago .
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		~
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		- -	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<u> </u>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a		Х
b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country	. 1		ı
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	\longrightarrow	<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		_
7 Organizations that may receive deductible contributions under section 170(c).	.]		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	\Box		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11 Section 501(c)(12) organizations. Enter:	İ		
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	tion 7th Governing Body and Management		Yes	No
1 a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		$\frac{x}{x}$
7	since the prior Form 990 was filed?	-		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8Ь		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code)			
	-		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		_X
t	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	}	X
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 $$			
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]
а	The organization's CEO, Executive Director, or top management official	15a	[<u>X</u>
Ŀ	Other officers of key employees of the organization	15b		<u>X</u>
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			1
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt			
C -		16b	1	
	tion C. Disclosures			
	List the states with which a copy of this Form 990 is required to be filed None			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available check all that apply.	aılable	for p	ublic
	Own website			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polic statements available to the public			ncıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the orga DR MARC BAUM 2275 E FOOTHILL BLVD, CA PASADENA CA 91107 626 817-0883	nızatıd 	on 	. _ _

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n (A)	(B)				c)		<u></u>	(D)	(E)	(F)	
Name and Title	Average	Posi	ition ((checl	k all i	that app	ly)	I .			
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
DR. MARC BAUM											
CEO	0	<u> </u>	<u> </u>		<u> </u>			93,358.	0.	0.	
WENDY_CANOSECRETARY	- 0							4,582.	0.	0.	
RICHARD GARRETT CFO	0							0.	0.	0.	
NONE	0					Х		0.	0.	0.	
	<u> </u>										
	_										
					_						
									! ·		
									· · · · · · · · · · · · · · · · · · ·		
	-										

Part VII Section A. Officers, Directors, Trus		\ey	En			es,	an			ploye		int.)
(A) Name and Title	(B) Average	Posi	tion ((c) check all that apply)			(D) Reportable	(E) Reportable		(F) Estimate	а
	hours per week			Officer	т —	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	C	nount of of oompensate from the organization and relater ganization of oompensation of the organization organization of the organization of the organization organizat	other tion e on ed
										ļ <u>.</u>		
											_	
1 b Total ·							>	97,940.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	d to thos	se lis	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in repor	table co	mpens	ation
						•					Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	L	-		-				. ,	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable nan \$15	con 0,00	npei 0? <i>l</i>	nsat If 'Y	ion es' d	and com	oth <i>plet</i>	er compensation f e Schedule J for s	rom such	4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atıor <i>for</i>	n fro	m a h pe	ny i	unre	late	d organization for	services	5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensation compensation from the organization	ed inder	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of			
Name and business address	5							(B) Description o	f Services	Comp	(C) ensatio	n
NONE ,	-											
2 Total number of independent contractors (including \$100,000 in compensation from the organization.		lımıt	ed t	o th	ose	liste	ed a	bove) who receive	ed more than			

Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a Federated campaigns 1a				
FAN	b Membership dues 1b	1			
P G	c Fundraising events. 1c]			
IFI A	d Related organizations 1 d				
S,G	e Government grants (contributions) 1e 913,895.				
NON R SI	f All other contributions gifts grants and				
뎚	f All other contributions, gifts, grants, and similar amounts not included above 1 f 8, 293.				
N D	g Noncash contribns included in Ins 1a-1f \$	1			
PROGRAM SERVICE REVENUE ONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	922,188.			
IUE	Business Code				
VEN	2a RESEARCH PROJ. & TECH ADV	47,505.			47,505.
ERE	b MISC	9,004.			9,004.
Zi	c				
SER	d				
Σ	e				
8	f All other program service revenue				
<u>«</u>	g Total. Add lines 2a-2f	56,509.			
	3 Investment income (including dividends, interest and	0.40	0.40		
	other similar amounts)	848.	848.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal			· · · · · · · · · · · · · · · · · · ·	
	6a Gross Rents	-			
		{			
	b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				
		1			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				•
- 1					
빌	8a Gross income from fundraising events (not including. \$				
	of contributions reported on line 1c).				
2	See Part IV, line 18				
OTHER REVENU	b Less direct expenses b				
o	c Net income or (loss) from fundraising events		***		
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less. direct expenses		[
	c Net income or (loss) from gaming activities				
	· · · · · · · · · · · · · · · · · · ·				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
ĺ	11a				
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	979,545.	848.	0.	56,509.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	ete column (A) but are			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	97,940.	53,867.	44,073.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	364,400.	237,231.	127,169.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,511.		2,511.	
9	Other employee benefits	36,224.		36,224.	
10	Payroll taxes	38,567.	24,297.	14,270.	
11		30,307.	63,631.	17,210.	
	` · · · · · · · · · · · · · ·			-	
	a Management	4 560		4 560	
	Legal	4,560.		4,560. 1,700.	
	Accounting	1,700.		1,700.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
•	Other				
12	Advertising and promotion				
13	Office expenses	3,846.		3,846.	
14	Information technology			_	
15	Royalties				
16	Occupancy	35,684.	28,081.	7,603.	
	Travel	1,506.	603.	903.	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,122.	493.	2,629.	
20	Interest	371.		371.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,261.	40,438.	2,823.	
23	Insurance	6,170.		6,170.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				
ā	RESEARCH PROJECTS	80,184.	80,184.		
	CONTRACT LABOR	75,513.	53,348.	22,165.	
	: LABORATORY SUPPLIES	39,941.	27,958.	11,983.	
	CONSULTANTS	27,881.	2,800.	25,081.	
	UTILITIES	20,371.	14,736.	5,635.	
	All other expenses	64,203.	5,133.	59,070.	· · · · · · · · · · · · · · · · · ·
	Total functional expenses. Add lines 1 through 24f	947,955.	569,169.	378,786.	0.
	Joint costs. Check here ► If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Form **990** (2009)

Pa	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			-94.	1	
	2	Savings and temporary cash investments		73,375.	2	115,924	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		51,026.	4	74,287	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	stees, key employees, ichedule L		5		
	6	Receivables from other disqualified persons (as defin	der section 4958(f)(1))				
		and persons described in section 4958(c)(3)(B) Com		6			
ASSETS	7	Notes and loans receivable, net	ļ		7		
	8	Inventories for sale or use				8	
Ś	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·	9	
	10 a	Land, buildings, and equipment: cost or other basis	10a	276,958.		l	
		Complete Part VI of Schedule D	10Ь	155,316.			
	l	Less: accumulated depreciation	152,043.	10 c	121,642		
	11	Investments – publicly-traded securities			11		
	12	Investments – other securities See Part IV, line 11			12		
	13	Investments – program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		5,700.	15	15,543	
	16	Total assets Add lines 1 through 15 (must equal line	34)		282,050.	16	327,396
	17	Accounts payable and accrued expenses		5,376.	17	16,571.	
	18	Grants payable		18			
	19	Deferred revenue			19		
Ĭ	20	Tax-exempt bond liabilities				20	
B	21	Escrow or custodial account liability Complete Part I				21	
Ļ	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons	key employees, Complete Part II			
ı		of Schedule L		-		22	- <u></u>
E S	23	Secured mortgages and notes payable to unrelated the		T T		23	
	24	Unsecured notes and loans payable to unrelated third	partie	s		24	·
	25	Other liabilities Complete Part X of Schedule D		-		25	2,561.
	26	Total liabilities. Add lines 17 through 25	le a l		5,376.	26	19,132.
N E T		Organizations that follow SFAS 117, check here ►	X an	id complete lines		l	
		27 through 29 and lines 33 and 34.		-	000 001		
S	27				276,674.	27	308,264.
Ę S	ı	Temporarily restricted net assets		-		28	
Q R	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check he	re -	and complete			
F 020		lines 30 through 34.			- 		
	30	Capital stock or trust principal, or current funds		30			
Ä	31	Paid-in or capital surplus, or land, building, and equip		F		31	 -
BALAZCES	32	Retained earnings, endowment, accumulated income,	276 674	32	200 064		
Ę	33	Total net assets or fund balances.		}	276,674.	33	308,264.
	34	Total liabilities and net assets/fund balances			282,050.	34	<u>327,396.</u>

BAA

Form'990 (2009) OAK CREST INSTITUTE OF SCIENCE 95-46	80961	Pa	ge 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 \square Cash $ \overline{X} $ Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		_	_
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2ь		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit, 2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both	on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin-Audit Act and OMB Circular A-133?	gle 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audıt 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

OAK			TE OF SCIENCE							68096		
Part	I Reaso	n for Pu	blic Charity Statu	s (All organizations	must o	comple	ete this	part.) See ı	nstruct	ions	
The or	rganızatıon	is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check c	nly one	box.)				
1	A churc	h, conventi	on of churches or ass	ociation of churches des	cribed ir	section	n 170(b)	(1)(A)(i)).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or cooperative hospital service organization described in section 170(bX1XAXiii).											
4												
,	name, city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6												
7	in section	on 1 70(b)(1	(Complete P	•			vernme	ntal uni	t or fron	n the gei	neral public describe	∌d
8	_	-		1 70(b)(1)(A)(vi). (Comple		-						
9	from act	ivities relate ent income	ed to its exempt function	more than 33-1/3 % of its is – subject to certain excess taxable income (less complete Part III)	eptions, a	and (2) r	no more i	than 33-	1/3 % of	its suppo	ort from gross	r
10	An orga	nızatıon or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).			
11	An orga more pu describe	nization or iblicly supp es the type	orted organizations of of supporting organiz	exclusively for the bene described in section 5090 zation and complete lines	fit of, to a)(1) or s 11e th	perform section rough 1	n the fun 509(a)(2 1 h	ictions (2) See	of, or ca section	rry out tl 509(a)(3	he purposes of one Check the box th	or at
,	a ∐ Ty		b Type II		I – Fund	-	_			d	Type III- Other	
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f	If the or check th		received a written del	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization, [
g	Since A	ugust 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	37	
		_	_	, , ,			•			•	 	0
	(i) a p	person who low, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d ın (II) a	and (III)	11 g (i)	_
	(ii) a t	amıly men	nber of a person desc	ribed in (i) above?							11 g (ii)	
	(iii) a	35% contro	olled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)	
h	Provide	the follows	ng information about (he supported organization	ons							
	(i) Name of S Organiz		(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your training ment?		ou notify lization in (i) of ipport?		s the ion in col zed in the 5 ?	(vii) Amount of Support	_
					Yes	No	Yes	No	Yes	No		
											- <u>-</u> -	_
_									l			
												_
												_
-												_
]]					
Total BAA	For Privacy Ac	t and Paperv	vork Reduction Act Notice	see the Instructions for Form	990 or 99	0-EZ			Schedule	A (Forr	n 990 or 990-EZ) 20	 09

Schedule A (Form 990 or 990-EZ) 2009 OAK CREST INSTITUTE OF SCIENCE 95-4680961

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support		·						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						0.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	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.						0.		
4	Total. Add lines 1-through 3	0.	0.	0.	0.	0.	0.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
6	Public support. Subtract line 5 from line 4						0.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning ın) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	0.	0.	0.	0.	0.	0.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	•				•	0.		
11	Total support. Add lines 7 through 10						0.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)	<u> </u>		12	0.		
	First five years. If the Form 990 organization, check this box and	is for the organiza		d, third, fourth,	or fifth tax year as	a section 501(c)	(3) ► X		
Sec	tion C. Computation of Pul	olic Support P	ercentage						
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14	%_		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%_		
16 a	33-1/3 support test $-$ 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the boo	x on line 13, and ganization	the line 14 is 33-	1/3 % or more, ch	neck this box		
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization	, and line 15 is 33	3-1/3% or more, c	heck this box		
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	10%-facts-and-circumstances te or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization.	IV how the ▶		
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a		is box and see in:			

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Form 990 o	or 990-EZ	2009	OAK	CREST	INSTIT	UTE	OF S	CIENCE	95-4680961 Pa	age 4
Part IV	A (Form 990 c	ental In	format	tion. C	omplete	this par	t to p	provide	e the ex	planations required by Part II, line 10;	
	Part II, lin	e 17a d	or 17b;	and F	Part III, I	ıne 12. F	rovic	de any	other a	95-4680961 Part II, line 10; additional information. See instructions.	
					. – – – -						
											-
			- -								
_											
			- -		 -						
					. -						
					. _						
•											
					~			_ .			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer Identification number

OAK CREST INSTITUTE OF SCIENCE 95-4680961 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Nο In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

,						
Sche'dule D (Form 990) 2009 OAK (Part III Organizations Mainta	ining Collections		al Treasures or	95-468 Other Similar Ass		Page 2
Using the organization's acquisit items (check all that apply):						
 a Public exhibition b Scholarly research c Preservation for future generation 	rations	d Loan or ex	change programs			
4 Provide a description of the orga Part XIV	nization's collections				ose in	
5 During the year, did the organiza assets to be sold to raise funds in	ather than to be mai	ntained as part of the	e organization's col	lection?	Yes	No_
Part IV Escrow and Custodia 9, or reported an amo			nızatıon answer	ed 'Yes' to Form 9 ————	990, Part I\ 	√, lıne ————
1a Is the organization an agent, true included on Form 990, Part X?	stee, custodian, or ot	her intermediary for	contributions or oth	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and com	nplete the following ta	able		Amount	
c Beginning balance				1 c		
d Additions during the year				1 d		
 Distributions during the year 				1 e		
f Ending balance				1f	_	
2a Did the organization include an a	mount on Form 990,	Part X, line 21?			Yes	∐ No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co		ation answered				
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a Beginning of year balance	· 					
b Contributions						
 c Net Investment earnings, gains, and losses 						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the year end bal	ance held as:				
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ►	 &					
c Term endowment ► ·	%			•		
3a Are there endowment funds not organization by:	in the possession of	the organization that	are held and admii	nistered for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	organizations listed a	s required on Schedi	ıle R?		3b	
4 Describe in Part XIV the intended	•	•				
Part VI Investments-Land, B				line 10.		···
Description of investment) Cost or other	(c) Accumulated	(d) Book	Value

Part VI Investments-Land, Buildin	gs, and Equipment. See	Form 990, Part X,	line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		28,610.	13,162.	15,448.
d Equipment		246,642.	140,565.	106,077.
e Other		1,706.	1,589.	117.
Total. Add lines 1a through 1e (Column (d) n	nust equal Form 990, Part X, co	olumn (B), line 10(c))	▶	121,642.

BAA

121, 642. Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 OAK CREST INSTITU	TE OF SCIENCE	95-4680961 Page 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		-
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►		
Part VIII Investments-Program Related (See	Form 990, Part X, line	13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market value
<u></u>		
		
 		
 		
		
·		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	
<u> </u>	scription	(b) Book value
		
•		•

Total. (Column (b) must equal Form 990, Part X, col (B), I.	une 15)	<u> </u>
Part X Other Liabilities (See Form 990, Part		
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
401K CONTRIBUTIONS PAYABLE	2,511.	
KEY DEPOSITS	50.	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	2,561.	inancial statements that reports the organization's liability

Schedule D (Form 990) 2009 OAK CREST INSTITUTE OF SCIENCE

95-4680961

for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 OAK CREST INSTITUTE OF SCIENCE	95-	-46809	961	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990	to Financial Statements	N,	/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)				
2 Total expenses (Form 990, Part IX, column (A), line 25).		L		
3 Excess or (deficit) for the year Subtract line 2 from line 1		L		
4 Net unrealized gains (losses) on investments		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{eta}}}$		
5 Donated services and use of facilities		L		
6 Investment expenses		L		
7 Prior period adjustments		L		
8 Other (Describe in Part XIV)				
9 Total adjustments (net) Add lines 4 through 8				
10 Excess or (deficit) for the year per audited financial statements. Combine li	ines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial States	ments With Revenue per Re	turn	N/A	
1 Total revenue, gains, and other support per audited financial statements	Ļ	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains on investments	2a	- 1		
b Donated services and use of facilities	2 b	İ		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d	Į.	2e		
3 Subtract line 2e from line 1		3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b	***	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5		
Part XIII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses per l	Return	N/A	
1 Total expenses and losses per audited financial statements	L	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a Donated services and use of facilities	2a			
b Prior year adjustments	2 b			
c Other losses	2c			
d Other (Describe in Part XIV)	2d			
e Add lines 2a through 2d		2e		
3 Subtract line 2e from line 1		3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	4	•	
b Other (Describe in Part XIV)	4b			
c Add lines 4a and 4b		4c		
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	: 18)	5		
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines information	9, Part III, lines 1a and 4, Part IV, s 2d and 4b Also complete this par	lines 1b t to prov	and 2b, Part //de any addit	V, tional
		· - ·		
		. – – – .		