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· 990

Return of Organization Exempt From Income Tax

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

20**12**

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Ā	Fandba	20401-	nderver er ter ver bestelle	2010 -	and ending	`		20
<u>-</u>			endar year, or tax year beginning	, 2012, 8	ard ending	· · · · · ·	D Smalo	, 20 ver identification number
В	Check if a	``	C Name of organization Kauai Energy Institute				D Employ	rer rectique autom nomber
Ш	Address of	change	Doing Business As					27-4346053
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to stre	et address)	Room/suit)	E Telepho	ne number
	Initial retu	m	c/o Scarborough McNeese et al. 5 Centerpointe Driv	re	Suit	e 240		
П	Terminate	id İ	City, town or post office, state, and ZIP code					
$\overline{\Box}$	Amended		Lake Oswego, OR 97035				G Gross n	ecelpts \$ 5,509
Ξ						M(a) is this		for affiliates? Yes No
ш	Applicatio	n pending	7,000177,000179			1	•	ncluded? Yes No
			C/o Scarborough McNeese et al. 5 Centerpointe Dr.					a list (see instructions)
<u>!</u>	Tax-exem		✓ 501(c)(3)	4947(a)(1) or	<u> 527</u>	┥		
<u>J</u>	Website:			T				n number >
<u>K</u> _			✓ Corporation Trust Association Other ➤	LYes	ar of formation	n. 2010	M State	of legal domicile.
P	art I	Summ						
	1 1	Bnefly de	escribe the organization's mission or most signific	ant activitles:	Kaua. E	nerav Instil	ute (KEI)	is a scientific research
•	4	and educ	ation organization whose mission is the study of wea	ak energies to	determine	how such	weak end	rgies can be observed.
ĕ	1		measured and quantified, with the goal of improving					
Ē	1 1							
Activities & Governance	2 6	Check th	is box ▶ ☐ if the organization discontinued its op-	erations or dis	sposed of	more than	125% of	its net assets.
යි	1		of voting members of the governing body (Part VI,				3	1
ಿ	1		of independent voting members of the governing	•			4	
ş	1		nber of individuals employed in calendar year 201				5	3
₹	B .		· ·	2 (Fait 4, 11116	: Zaj .		6	<u> </u>
ĄĊ			nber of volunteers (estimate if necessary)					3
			elated business revenue from Part VIII, column (C				7a	<u> </u>
	b 1	Net unre	ated business taxable Income from Form 990-T, I	ine 34	 		7b	0
						Prior Y	ear	Current Year
e e	8 (Contribu	tions and grants (Part VIII, line 1h),		· · _		5.485.690	0
venue	9 F	⊃rogram	service revenue (Part VIII, line 2g)		· · L		0	ο
ڏ _ڪ	10 I	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	[_		8.563	5.509
==	11 (Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d	c, and 11e) .			0	0
\exists	12	Fotal reve	enue-add lines 8 through 11 (must equal Part VIII,	column (A), lir	ne 12)		.494.253	5.509
_	13 (Grants a	nd similar amounts paid (Part IX, column (A), lines	1–3)			. 0	0
72.)	14	Benefits	paid to or for members (Part IX, column (A), line 4))	🗀		0	0
	1		other compensation, employee benefits (Part IX, colu		5-10)			
Expenses	1		onal fundraising fees (Part IX, column (A), line 11e)				0	- 0
S &	1		draising expenses (Part IX, column (D), line 25)	,		Maria Tari		The state of the s
<u>ک</u> و	1		penses (Part IX, column (A), lines 11a-11d, 11f-24	.e)			41-97 - 138E- 1	A STATE OF THE STATE OF THE STATE OF
j	,	-	enses. Add lines 13-17 (must equal Part IX, colun	F 3 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 -	···	u	
2			less expenses. Subtract line 18 from line 122		/ ·		0	40,874
<u> </u>		TEVELIDE	less expenses. Subtract into 10 from the 22 - 12 - 1	(0)	B	ginning of Cu	1.494.253	(35.365) End of Year
et Assets or nd Balances	00	F-4-1	ata (Bart V. Irra 10)			- Burning or Or	in real	
38	20		ets (Part X, line 16)	S612 . : 2.	[· · ⊢		.494.253	5.227.227
到	21 T			6.9	<u> </u>		. 0	287
			ts or fund balances. Subtract line 21 from line 20.		-		.494.253	5.226,940
	art II		ture Block CODE	**	5 1			·-··
Un	der penalti	es of perju	ry, I declare that I have examined this return; including ໌ ລົດັດດັກັລັ ete Declaration of preparer (other than officer) is based on all in	anying schedules	and statem	ents, and to t	he best of r	my knowledge and belief, it is
	e, conect,	and compi	ete Declaration of preparer (other trial officer) is based or all in	TOTTI ATTOM OF WITH	n preparer r	as any know	eoge.	
٠.	i i	$ \leq $	Janes				<u>14 Au</u>	2/13
Sig		Sign	ature of officer			Da	te	
He	re	77	Tenahan Sec/Tras.					
_			or print name and title					
Pa	id	Print/Ty	pe preparer's name Preparer's signature	<u> </u>	Date	1. 1.	Check	PTIN
	eparer	Patrick	D. Bryson		<u> </u>	ון צין	self-emp	
	e Only		ame Scarborough, McNeese, O'Brien, & Kilkenn	y, P.C.		Firm	n's EIN ▶	93-0670564
_			ddress ► 5 Centerpointe Drive, Suite 240, Lake Oswe	go, OR 97035			ne no	503-601-3698
Ma	the IRS	discuss	s this return with the preparer shown above? (see	instructions)				· · Yes No
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions.		Cat No	11282Y		Form 990 (2012)

orm 99	00 (2012)	Page 2
Part	· · · · · · · · · · · · · · · · · · ·	
1	Check if Schedule O contains a response to any question in this Part III	
'	Kauai Energy Institute (KEI) is a scientific research and education organization whose mission is the study of weak energies to	
	determine how such weak energies can be observed, recorded, measured and quantified with the goal of improving health condi	
	and life vitality for plants, animals, and humans.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?] No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
	If "Yes," describe these changes on Schedule O.	1110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
7.0	KEI continues to seek real property for purchase and repovation as a research facility, and research shall commence at such time facility is ready for use.	e.as
		••••
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	
	P O and then arrived a	

Part I	V Checklist of Required Schedules			· ugo u
			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	✓_	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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	11b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	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	11c		1
d	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	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.11		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		√
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. 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. Parts III and IV.	15		√
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 (see instructions)	16		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		√
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
	1 100 to line 200, and the organization attach a copy of its addited financial statements to this return?	ZUD		

Part	V Checklist of Required Schedules (continued)			
04	Dulbhara was a Mara was a transit than OF 000 of a carte and all		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		<u>√</u>
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		1
24a	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, 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		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		V
25a	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		√
b	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	051		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	25b		✓_
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		1
_	Schedule L, Part IV	28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If</i> "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2012)

Part				
	Check if Schedule O contains a response to any question in this Part V	<u>-:-</u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		165	NO
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2 a	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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	igsquare	✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	\vdash	₩
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		1
ь	If "Yes," enter the name of the foreign country: ▶	-Ta		
	See instructions for 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	igsquare	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱ ا		,
7	gifts were not tax deductible?	6b		✓
'а	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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
•	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
''	Section 501(c)(12) organizations. Enter: Gross income from 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100			
C 1 <i>1</i> a	Did the organization receive any payments for indoor tanning services during the tax year?	145		L
14a b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	 	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	truct	ions.
Section	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		<u>. V</u>
<u>Gecti</u>	on A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		✓
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9 oue Co	ode.)	1
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13 14		√
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		✓
b	with a taxable entity during the year?	16a 16b		√
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	n 501(c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Patrick D. Bryson, 5 Centerpointe Drive, Suite 240, Lake Oswego, OR 97035	of the	;	

 $\alpha \alpha \alpha$	(2012)	

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Dana	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of "key employee."
- 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 neither the organization no	r any re <u>la</u> te	d orga	anız	atıo	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
					C)					
(A)	(B)	١		Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	95	5	Q	Ž	卓王	7	from the	related organizations	other
	related	불물	St#.	Officer	эу ө	무용	Former	organization	(W-2/1099-MISC)	compensation from the
	organizations	100 Mar	ĝ	7	물	st c	۳ ا	(W-2/1099-MISC)		organization
	below dotted line)	1 2	<u>a</u> t		Key employee] H				and related organizations
	iii ie,	Individual trustee or director	Institutional trustee		•	ĕng				Organizations
			8			Highest compensated employee				
(1) Robert Reading. President/Director.	2									
(2) Rod Easterly, Director	2		_				-	0	0	
					_		L	0	0	
(3) John Lenahan, Secretary/Treasurer/Director.	2									
(4)	 					 	-	0	<u>_</u>	
	 	}								
(5)										
(6)							<u> </u>			
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(8)			\vdash		 					
										_
(9)										
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(10)	 		ļ				ļ			
(11)										
(12)	 									
	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>			ļ	
(13)		1								
(14)										
	T	l	l				(1	1	l .

Part	VII Section A. Officers, Directors, Trus	ees, Key E	mploy	/ees	s, aı	nd H	lighe	st C	ompensated E	mployees (continue	ed)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition	than o	one.	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportab	L		nated	
		hours per week (list any					or/trus		compensation from	compensation related	1 from		unt of her	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the	organizatio			ensation	1
		related organizations	rec à	T <u>t</u>	ĕ	em	oy ies	ner	organization (W-2/1099-MISC)	(W-2/1099-N	IISC)		n the	
		below dotted	or all	onal		ᄝ	မြိမ္မ		(1000)			-	elated	
		line)	uste	ğ		8	 		i			organi	zations	
			ď	itee			sate				ŀ			
		-				_	<u> </u>	_						
(15)		ļ												
(4.5)					_	<u> </u>		<u> </u>	ļ					
(16)		ļ 							İ					
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(4.0)					_	<u> </u>		-						
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124/					ŀ			ŀ						
(25)								-						
120/		 	•											
	Sub-total	1			<u> </u>		<u> </u>	_	_					
C	Total from continuation sheets to Part			•	•	•	•		0		0			0
d	Total (add lines 1b and 1c)	-		•	•	•	•		0		0		-	0
-2	Total number of individuals (including but							- V 144		oro than ¢1:		of		0
_	reportable compensation from the organ		וו טו	1036	1151	leu i	above	3) VV	no received in	ore man pr	00,000	OI .		
	reportable delitiportation from the engage	Lation U	<u> </u>										Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee.	kev e	emp	olovee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the							n a	nd other come	ensation from	om the	\vdash		
	organization and related organizations												. 1	
	ındividual	-										4		√
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m any	un/	related organiz	ation or inc	lividual			
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	acto	ors that receive	ed more tha	n \$100	.000 of		
	compensation from the organization. Rep	-		-									n's ta	x
	year.													
	(A)					•			(B)			(C)		
	Name and business add	Iress							Description of s	ervices	C	Compens	ation	
n/a														
											_			
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot l	lımıt	ed to	th	ose listed ab	ove) who	_			,
	received more than \$100,000 of compen	sation from	the o	rgar	nıza	tıon	<u> </u>				·* :	· . •/*c		Λ*- μ <u>.</u>
													_	

Part	VIII	Check if Schedule O contains a response to any ques	etion in this Part V	/III		
		enter in consequence of contains a response to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b 0	1			
S, C	С	Fundraising events 1c 0]			
Gift	d	Related organizations 1d	1			
iï,	e	Government grants (contributions) 1e 0]			
tior er S	f	All other contributions, gifts, grants,]			
햧		and similar amounts not included above 1f]			
d of	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f ▶	0			
Program Service Revenue		Business Code				
eve	2a				<u> </u>	
ě.	b					
ξ	С					
Se	d					
E	e		ļļ.			
<u>rog</u>	f	All other program service revenue .				
	3	Total. Add lines 2a–2f	o			
	٦	and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds	5.509	0	0	0
	5	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
	"	Royalties	- 0	0	0	Q
	6a	Gross rents	1	Ì		
	b	Less rental expenses	i i			
	c	Rental income or (loss)	1			
	ď	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other	 	0	0	0
		assets other than inventory	1			
	b	Less: cost or other basis and sales expenses .				
	_	Gain or (loss)	ł į			
	C d					
	"	Net gain or (loss)	0	0		0
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other Rev	b	See Part IV, line 18 a Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶	0		0	n
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b	1	ļ		
	С	Net income or (loss) from gaming activities ▶	0	0	0	^
	10a	Gross sales of inventory, less returns and allowances a	.		-	
	ь	Less: cost of goods sold b	1			
		Net income or (loss) from sales of inventory	0		0	
	Ī	Miscellaneous Revenue Business Code	 			
	11a			-		
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions ▶	5.509		0	
				<u> </u>		Form 990 (2012)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con

Secuc	Check if Schedule O contains a respon			is must complete co	olumn (A).
Do no	ot include amounts reported on lines 6b, 7b,			(C)	· · · · · · <u>· · </u>
8b, 9t	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
2		0			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				· <u>-</u>
	trustees, and key employees	o	o	n	
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	
7	Other salaries and wages		0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		0		
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):		0		
а	Management	ام		0	_
b	Legal	10.557	2181	8.376	
С	Accounting	0	0	0	
d	Lobbying	0	0		
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	19.739	0	19.739	
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	0	0	0	. 0
13	Office expenses	0		0	0
14	Information technology	0	0	0	0
15	Royalties		0		0
16	Occupancy	0	0	0	0
17	Travel	1.609	1.609	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	. 0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	i	!		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	· ·				<u> </u>
a b	Property appraisal, survey & inspections KEI statutory representation (HI)	8.352	8.352	0	0
c	Foreign tax withheld	365 218	0	<u>365</u> 218	0
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	40.874	12.142	28.732	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet	<u> </u>		
		Check if Schedule O contains a response to any question in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3.824.000	1	1.105
	2	Savings and temporary cash investments	0	_	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	. 0	4	0
	5	Loans and other receivables from current and former officers, director			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L	on nd ary		
ě	7	Notes and loans receivable, net	u	<u> </u>	0
Assets	7 8	Inventories for sale or use	0		0
	9	Prepaid expenses and deferred charges	0		0
	10a	Land, buildings, and equipment: cost or	0	9	
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1.670.253		5 222 422
	12	Investments—other securities. See Part IV, line 11	1.670.253	12	5.226.122
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		. 0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5.227.227
	17	Accounts payable and accrued expenses	0.7.7.6.0		287
	18	Grants payable	0	4.0	0
	19	Deferred revenue		40	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, director trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	nd	00	
<u>ia</u>	23	Secured mortgages and notes payable to unrelated third parties	<u></u>		0
_	24	Unsecured notes and loans payable to unrelated third parties			<u> </u>
	25	Other liabilities (including federal income tax, payables to related this parties, and other liabilities not included on lines 17-24). Complete Part of Schedule D	I		0
	26	Total liabilities. Add lines 17 through 25	0		0
	20		and 0	26	287
ces		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ a complete lines 30 through 34.	and		
ţ	30	Capital stock or trust principal, or current funds	5.494.253	30	5.227.227
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
ţ	32	Retained earnings, endowment, accumulated income, or other funds .	0		0
Š	33	Total net assets or fund balances			5.227.227
	34	Total liabilities and net assets/fund balances	5.494.253	34	5.226.940
					Form 990 (2012)

Form 9	90 (2012)		Page 12
Par	XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u> 🗀
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,509
2	Total expenses (must equal Part IX, column (A), line 25)	2	40.874
3	Revenue less expenses. Subtract line 2 from line 1	3	(35.365)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,494,253
5	Net unrealized gains (losses) on investments	5	(231.661)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	5.227.227
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<u> </u>
1	Accounting method used to prepare the Form 990: Cash Accrual Other fithe organization changed its method of accounting from a prior year or checked "Other," exchedule O.	plain	in Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on	a
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the second selection of the selec		
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	kplain	ın
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in

3b

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

		y Institute	or Dublic Cha	it. Chat (All and				Ab:	4) 0:		46053		
Par				rity Status (All orga ition because it is: (Fo						nstructio	ons.		
1110				•		_		•	•	,			
2		 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 											
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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	✓ Ar	n organizatio	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or fron	n the ge	neral p	oublic
8	□ A	community:	trust described ii	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	re su	ceipts from ipport from	activities related gross investme	receives: (1) more that to its exempt funct ant income and unre fter June 30, 1975. Se	ions-su lated bu	bject to o	certain e xable ind	ceptions	s, and (2) ss sectio	no more	e than 30	31/3%	of its
	☐ Ar	n organization	on organized an one or more pub	operated exclusively of operated exclusively colicly supported organ describes the type of	ely for th	ne benefi describe	t of, to p d in sect	perform on 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
е	☐ By		indation manage	II c Type II that the organization ers and other than one	ıs not co	ntrolled c	directly or	ındırectl		or more	dısqualıfı	ed pe	rsons
f	or	ganızatıon, d	check this box	written determination							e III sur 	portir	ng
9		nce August llowing pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the)			
	(i)			ndirectly controls, eithody of the supported of								Yes	No
			-	on described ın (i) abo							11g(ii		
h	•	•	•	a person described in on about the support							11g(ıiı		
(i)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amoui	nt of mo	onetary
				(,	Yes	No	Yes	No	Yes	No	1		
(A)		_											_
(B)	_	-		-									
(C)													
(D)			-									•	
(E)													
Total	<u> </u>										-		

Part	Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
4	Total. Add lines 1 through 3			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)					i	
6	Public support. Subtract line 5 from line 4.	حري المراجع وينظمو	: 	· · · · · · · · · · · · · · · · · · ·			
	ion B. Total Support		·				<u></u>
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4			0	. 0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0		
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			0	0	0	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop her	re				ear as a section	n 501(c)(3)
	on C. Computation of Public Suppor				 		
14 15 16a	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch 331/3% support test—2012. If the organization qual box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 check the box	on line 13, and	 d line 14 is 33¹/		
b	331/3% support test—2011. If the organ check this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta	nces" test, che st. The organiza	ck this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci	rcumstances" tances" test. Ti	test, check th	is box and sto	and line
18	Private foundation. If the organization di				, or 17b, checl	k this box and s	see

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Kauai Energy Institute	27-4346053					
Part VI, Line 11b. KEI's Directors review the draft 990 after it is presented by KEI's outside preparer. A	ny corrections are provided by KEI's					
Directors to the preparer. The final return is reviewed by KEI's Directors prior to filing.						
<u></u>						
Part VI, Line 12c. KEI's Directors and Officers are subject to a conflict of interest policy requiring decis	ion-making on any transaction that					
would affect any of those individual's material financial interest(s) or would significantly affect their pe	rsonal interests to be effected only by					
action of the entire Board, after the Board has been given prior notice of the individual(s) and the conf	lict(s), and with only Directors who are					
independent of the party with the actual or perceived conflict participating. Question as to whether an	individual has a conflict falling within					
the policy is decided by the Board, not including in its deliberations or vote the party or parties whose	potential conflict is at issue.					
<u> </u>						
Part V1, Line 19. KEI's governing documents, conflict of interest policy, and financial statements are a	vailable to the public via a request					
made in writing to the address listed in Part VI, Line 20.						
······································						
······						

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, or re filing for an Additional (Not Automatic) 3-M o	onth Exten	sion, complete onl	y Part II (on page 2 o	f this	form).		
	omplete Part II unless you have already been g				_			
a corpora 8868 to r Return fo	ic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an addition request an extension of time to file any of the form or Transfers Associated With Certain Persona hs). For more details on the electronic filing of the	al (not auto forms listed I Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which me	ension of time. You c with the exception o ust be sent to the I	an ele f For RS in	ectronically file Form m 8870, Information n paper format (see		
	Automatic 3-Month Extension of Time					<u> </u>		
A corpor	ation required to file Form 990-T and reque	sting an a	utomatic 6-month	extension-check th	s bo	x and complete		
	y							
	corporations (including 1120-C filers), partnersh ome tax returns.	ips, REMIC	Cs, and trusts must i	use Form 7004 to req	uest	an extension of time		
to me met	one lax returns.			Enter filorie identifici				
	Name of exempt organization or other filer, see in	structions		Employer identification		nber, see instructions ber (EIN) or		
Type or print	Kauai Energy Institute							
•	Number, street, and room or suite no. If a P.O. bo	ox, see instri	uctions.	Social security number	43460 (SSN			
File by the due date for	c/o Scarborough McNeese et al. 5 Centerpointe	e Drive. Suit	te 240		•	•		
filing your return. See	City, town or post office, state, and ZIP code. For			s.				
instructions	Lake Oswego, OR 97035							
Enter the	Return code for the return that this application i	s for (file a	separate application	n for each return) .		0 1		
Applicat	tion	Return	Application			Return		
Is For		Code	Is For			Code		
	0 or Form 990-EZ	01		n 990-T (corporation)				
Form 99		02	Form 1041-A					
-	20 (individual)	03	Form 4720			09		
Form 99		04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	05 06	Form 6069	Form 8870				
1 01111 00	o i (li dat other triali above)		1 01111 0070	· <u>.</u>		12		
	oks are in the care of John J. Lenahan					-		
• If the or	ne No. ►	F	the United States of	(503)432-1321		▶□		
• If this is	for a Group Return, enter the organization's fou	r digit Gro	up Exemption Numb	per (GEN)		▶□ . If this is		
	nole group, check this box	_			▶ [
	the names and EINs of all members the extensi					_		
1	equest an automatic 3-month (6 months for a co	rporation r	required to file Form	990-T) extension of to	me			
	tilAugust 15, 2013_, to file the exer	npt organiz	zation return for the	organization named a	bove	. The extension is		
	the organization's return for:							
•	☑ calendar year 20 <u>12</u> or							
•	► tax year beginning , 20 , and ending , 20							
	he tax year entered in line 1 is for less than 12 n	nonths. che	eck reason: Initia	ıl return		, 20		
_	Change in accounting period	,						
	his application is for Form 990-BL, 990-PF, 990)-T, 4720, d	or 6069, enter the te	entative tax, less any				
_	nrefundable credits. See instructions.				3a	\$ 0		
	this application is for Form 990-PF, 990-T, 4							
	timated tax payments made. Include any prior y				3b	\$ 0		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.								
	you are going to make an electronic fund withdrawal			3-FO and Form 8879-F	3c	Dayment instructions		
	,		5555, 556 (6)111 046	and - only our 3-E	J 101	payment molluctions.		