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**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)

OMB No 1545 0047

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.

Α	For t	he 2012 calen	dar year, or tax year beginning, 2012, and endin	ıg		,		
В	Check	ıf applıcable	<u> </u>		D Employ	er Identificat	tion Number	
	∏ A	ddress change	OAK CREST INSTITUTE OF SCIENCE	95-	468096	1		
	$\square_{N}$	ame change	2275 E FOOTHILL BLVD.		E Telepho	one number		
	$\prod_{i}$	itial return	PASADENA, CA 91107	626	626 817-0883			
	H	erminated		1 020	017 0			
	$\vdash$	mended return			G Gross re	Š	1,179,337.	
	Н		F Name and address of principal officer DR MARC BAIJM	H(a) Is thu	s a group retur			
	□A	pplication pending	DIC. MINC DION					
			Same As C Above	If 'No	ll affiliates incl ,' attach a list	(see instruct	ions) Yes No	
<u> </u>	Tax	exempt status	X 501(c)(3) 501(c) ( ) ( (Insert no ) 4947(a)(1) or 527	1				
<u>J</u>	We	bsite: ► ww	w.oak-crest.org	H(c) Group	exemption nu	ımber P		
K		n of organization	Corporation Trust Association Other ► L Year of Format	tion	M s	State of legal	domicile	
Pa	rt I	Summar	у					
	1	Briefly descri	be the organization's mission or most significant activities. SCIENTIF	IC RE	SEARCH	PROJEC	TS FOR	
Ф			ENTAL IMPROVEMENTS.PROJECTS RELATED TO AIR POI					
Governance		INCLUDIN	G THE DEVELOPEMENT OF PROTOTYPE					
Ë		INSTRUME						
8	2	Check this bo		ore than	25% of its	net assets	s.	
	3		oting members of the governing body (Part VI, line 1a)			3	3	
တ္	4		dependent voting members of the governing body (Part VI, line 1b)			4	0	
₽	5		of individuals employed in calendar year 2012 (Part V, line 2a)			5	0	
Activities &	6		of volunteers (estimate if necessary)			6	0	
₹			ed business revenue from Part VIII, column (C), line 12			7 a	0.	
	b	Net unrelated	business taxable income from Form 990-T, line 34			7 b	0.	
JUN % 6 2013					Prior Year		Current Year	
⋜ҩ	8		and grants (Part VIII, line 1h)		<u>1,197,9</u>		<u>858,611.</u>	
ಚಾಕ್ಷ	9	•	vice revenue (Part VIII, line 2g)		369,0		320,726.	
ēv.	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	100,1			
2"	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			300.	1 170 227	
⊋	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	1,668,4	165.	<u>1,</u> 179,337.	
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	-				
SCALZED Expenses	14	-	to or for members (Part IX, column (A), line 4)	ļ	<del> ====</del>			
, 1200 €	15	Salaries, other	er compensation, employee benefits (Part IX, column (A), lines 5-10)		539,5	67.	516,334.	
多se	16 a	Professional	fundraising fees (Part IX, column (A), line 11e) RECEIVED	٦				
₹ē	Ь	Total fundrais	sing expenses (Part IX, column (D), line 25)					
	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11(24e)	<u>کا</u>	689,6	94	712,831.	
90	18		ses (Part IX, column (A), lines 11a-11d, 111(24e) es Add lines 13-17 (must equal Part IX, commn (A), A) ne 258 2013	Ş├── <b>─</b>	1,229,2		1,229,165.	
	19		s expenses. Subtract line 18 from line 12	Ø├──	439,2		-49,828.	
8 80	13	TREVENUE 1633					End of Year	
a š	20	Total assets	(Part X, line 16)	beginn	ing of Curren 881, 6		821,273.	
P P	21		s (Part X, line 26)	-	162,0		151,516.	
Net Assets Fund Balan								
			fund balances Subtract line 21 from line 20		719,5	85.	669,757.	
	<u>rt II</u>	Signatur						
Unde	r penali	ues of perjury, I decl	lare that I/have examined this return, including accompanying schedules and statements, and to the best or (other than officer) is based on all information of which preparer has any knowledge	of my knowl	edge and belief	, it is true, cor	rect, and	
		I.	V. I		2/12/	<del>/</del>	<del> </del>	
		Signatu	re of officer		3//4/ Date	<i>7</i> 3		
Sig	jn			_	oate · · · · · · · · · · · · · · · · · · ·			
He	re		MARC BAUM	CEO	_			
			print name and title			VI., PTI		
			preparer's name Preparer's Strikture Date	1	Check	≌"		
Pa			RD L. GARRETT CPA RICHARD (X GARRETT CPA //3/	//3	self employ	ed P0	1339902	
	epar				_			
Us	e Or	ıly	Richard L Garrett CPA		Firm's EIN	<b>▶</b> 95-3	496043	
					Phone no	562422	29696	
May	/ the	IRS (	6105 California Avenue				X Yes No	
	A Fo		Long Beach, CA 90805	EA0113L 1	2/18/12	<del>-</del>	Form <b>990</b> (2012)	
•			•			17	7 🗭	

	(2012) OAK CREST INS		95-4680961 Page	2
Par		Service Accomplishments		_
		s a response to any question in this Part III		
1	Briefly describe the organization's r	mission.		_
	SCIENTIFIC RESEARCH PR	ROJECTS FOR ENVIRONMENTAL IMPROVEMEN'	TS.PROJECTS RELATED TO AIR	
	POLUTION AND MEASUREME	ENTS INCLUDING THE DEVELOPEMENT OF	PROTOTYPE	-
	INSTRUMENTS			_
				-
2	Did the organization undertake any	significant program services during the year which were	not listed on the prior	_
_	Form 990 or 990-EZ?	3 ,	Yes X No	
	If 'Yes,' describe these new service	s on Schedule O		
3	•	ing, or make significant changes in how it conducts, any	program services? Yes X No	
•	If 'Yes,' describe these changes on		program services: Tes A no	
А	· · · · · · · · · · · · · · · · · · ·		togram converse as measured by evaponess	
~	Section 501(c)(3) and 501(c)(4) org	n service accomplishments for each of its three largest pr panizations and section 4947(a)(1) trusts are required to r	eport the amount of grants and allocations t	0
	others, the total expenses, and revenue	enue, if any, for each program service reported	,	
4 a	(Code ) (Expenses \$	742,351. including grants of \$	) (Revenue \$	)
	SCIENTIFIC RESEARCH PE	ROJECTS FOR ENVIRONMENTAL IMPROVEMEN	TS.	,
		R POLLUTION AND MEASUREMENTS INCLUD		- –
	PROTOTYPE INSTRUMENTS			- –
	AND MEASUREMENT.			
				- –
				- –
				- —
				- —
				- –
			<del>_</del>	- –
	<u> </u>			_
4 b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del></del>	_
				-
				- –
				- –
				- —
				- –
				_
4 0	(Code) (Expenses \$	including grants of \$	) (Revenue \$	.)
				- –
				_
				_
			<b></b>	-
				- –
			<b></b>	- –
			<b></b>	
				- <b>-</b>
4	Other program services. (Describe	in Schedule ()		
70	(Expenses \$		evenue \$ )	
10	Total program service expenses	···· · · · · · · · · · · · · · · · · ·	)	_
76		742,351.		

Form 990 (2012) OAK CREST INSTITUTE OF SCIENCE Part W Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	Х
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		Х
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		Х
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 98-1971f 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets ₹ 'Yes,' complete Schedule D, Part III	8	. <u>.</u>	Х
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		Х
0	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		Х
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.			
á	Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>3f 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŧ	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		Х
(	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	11 c		Х
C	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	11 d	_	Х
•	e Did the organization report an amount for other liabilities in Part X, line 257f 'Yes,' complete Schedule D, Part X	11 e	Х	
f	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) און ליצור אין ליצור אין	11 f	_	Х
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		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year?f 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	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	-	X
t	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	14b		х
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, Parts II and IV	15		Х
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, Parts III and IV	16		Х
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 (see instructions)	17		Х
8	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a3f 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ŀ	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) OAK CREST INSTITUTE OF SCIENCE
Partity 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 17 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		Х
<b>24</b> 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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ď	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		
<b>25</b> 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
ŀ	ols 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-EZ3f 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 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		Х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28Ь		X
	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		Λ
	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		Х
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 $^{2}$ If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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		
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 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	990 (	2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 Ь c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 n 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? - C Note. If the sum of lines 1a and 2a is greater than 250, you may be required tæ-file (see instructions) 1 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 Ь 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)? 4 a b If 'Yes,' enter the name of the foreign country 1466 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 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 7 a Х services provided to the payor 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 82827 Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization and 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. **3** 13 a Did the organization make any taxable distributions under section 4966? 9 a b Did the organization make a 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 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations Enter. a Gross income from members or shareholders. 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non- exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041? 12 a 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. a 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 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

Form 990 (2012) OAK CREST INSTITUTE OF SCIENCE 95-4680961 Page 6 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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. b Enter the number of voting members included in line 1a, above, who are independent 1 b 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 X 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? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X  $\overline{X}$ 6 Did the organization have members or stockholders? 6 7 a 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? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b  $\overline{X}$ 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 Q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? X 10 a b 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy If 'Yes,' describe in Schedule O how this is done 120 X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 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? a The organization's CEO, Executive Director, or top management official Х 15 a X b Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a 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 Х b If 'Yes,' did the organization follow 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 status with respect to such arrangements? 16b Section C. Disclosure

17	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	f applicable), 990, and 990-T (501(c)(3)s only) available for public
	inspection. Indicate how you make these available. Check all that apply	

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

the public during the tax year See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

Check if Schedule O contains a response to any question in this Part VII

#### 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 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Officer this box in Heither the Organization		l		((						<del></del>
(A) Name and Title	(B) Average hours per	offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other
	hours per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	(W 2/1099-MISC)	compensation from the organization and related organizations
	0							0.	0.	0.
(2) WENDY CANO	0							<u> </u>		
SECRETARY	0							0.	0.	0.
(3) RICHARD GARRETT CFO	0							0.	0.	0.
(4) NONE	0					Х		0.	0.	0.
(5)								<u> </u>	<u> </u>	
(6)										
<u></u>										
(8)			·					-		
<u>(9)</u>										
(10)										
(11)										
(12)										<del> </del>
(13)										
(14)										

Part VII   Section A. Utilicers, Directors, Truste	es, ne	y Ei	npı			and	<u> </u>	ignest Comper	isated Employee	es (co	nt)	
<b>(A)</b> Name and title	Average hours per week (list any	box offic	unle er ar	heck ss pe nd a c	more more erson direct	than our trust	an ee)	(D)  Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations	amo coi	(F) Estimated ount of of impensati	her on
	hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099 MISC)	(W 2/1099 MISC)	or a	from the ganization nd relate ganizatio	on :d
<u>(15)</u>												
(16)												
(17)					ļ							
<u>(18)</u>									<del> </del>			
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total	l .				l		<b>-</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	ı A					:	<b>^</b>	0.	0.			0.
2 Total number of individuals (including but not limite from the organization )	ed to the	ose I	stec	d ab	ove)	who	re			able co	mpens	
									,,,,		Yes	No
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such	or trust	tee, i al	кеу	emp	loye	e, or	hig	ghest compensate	d employee	3		Х
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportabl than \$1	e co 50,0	mpe 2021:	nsa f 'Ye	tion es' d	and compl	oth lete	er compensation Schedule J for	from			
such individual  5 Did any person listed on line 1a receive or accrue	compen	satio	n fre	om a	any	unrel	late	d organization or	ındıvıdual	4	<u> </u>	X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complet	e Sc	neal	uie .	J TOI	sucr	т ре	erson	<del></del>	5	<u> </u>	<u> </u>
Complete this table for your five highest compensation from the organization. Report compensation.	ited inde	epen for	dent	cor	ntrac nda	ctors r yea	tha r er	t received more the	nan \$100,000 of n the organization's	s tax y	ear	
(A) Name and business addre	ss							(B) Description (	of services	Compe	C) ensatio	n
NONE ,							_				_	
	•											
•							-					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t lımı	ted	to th	hose	liste	ed a	above) who receive	ed more than			
DAA	U					-					000	

Part VIII	Statement of Revenue
1 all vill	Julement of Nevenue

	Check if Schedule O contains a response to any que	stion in this Part VIII			
		(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	1 a Federated campaigns. 1 a				
GR4	b Membership dues 1 b				
TS,	c Fundraising events 1 c				
SE	d Related organizations 1 d	i			
SIN SIN	e Government grants (contributions) 1 e 856, 211				
든표	000,211	<del>-</del>			
PROGRAM SERVICE REVENU⊨ CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 2, 400				
Ş.₹	g Noncash contributions included in lns 1a-1f \$				
—백.	h Total. Add lines 1a-1f	<u>*</u> 858,611.			
Ē	Business Code				ļ
ē	2a RESEARCH PROJ. & TECH ADV	135,069.			135,069.
SE	b USAGE FEES	95,600.			95,600.
-	c SUB_CONTRACTING	81,732.			81,732.
S	d MISC	8,325.			8,325.
RA	e				
စ္က	f All other program service revenue				
<u>=</u>	g Total. Add lines 2a-2f	320,726.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	<b>P</b>			
	5 Royalties (i) Real (ii) Personal				
	6a Gross rents	-			ļ
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	<b>•</b>			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	-			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	<b>&gt;</b>		<u>.</u>	
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
8	See Part IV, line 18	1			
동	b Less. direct expenses b			-	
	c Net income or (loss) from fundraising events	<b>•</b>			
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less. direct expenses b	7			ļ
	c Net income or (loss) from gaming activities	<b>-</b>			
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>				
Ĺ	c Net income or (loss) from sales of inventory	<b>•</b>			
ļ	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS INCOME				
}	b				
ļ	с				
]	d All other revenue				
	e Total. Add lines 11a-11d	<b>P</b>			
	12 Total revenue. See instructions	1,179,337.	0.	0.	320,726.
<del></del> :					720,120.

#### 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)

	Check if Schedule O contains a r	<del>`</del>			
	not include amounts reported on lines 6b, Bb, 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 United States See Part IV, line 21		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
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				
5	Compensation of current officers, directors, trustees, and key employees	110,100.	77,070.	33,030.	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	328,668.	191,059.	137,609.	<u>-</u>
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	11,495.	131,003.	11,495.	
9	Other employee benefits.	30,527.		30,527.	
10	Payroll taxes	35,544.	21,753.	13,791.	
	Fees for services (non-employees)	33,344.	21,733.	15, 151.	<del></del>
	Management				
	Legal				
	Accounting	10,643.		10,643.	
	Lobbying	10,043.		10,043.	<u></u>
	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses	4,832.	71.	4,761.	
14	Information technology	1,002.		1,701.	
15	Royalties				<del></del>
16	Occupancy	106,734.	66,087.	40,647.	
17	Travel	100,731.	00,007.	10,017.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,248.	58.	3,190.	
19	Conferences, conventions, and meetings	13,325.	5,854.	7,471.	
20	Interest	7,421.		7,421.	
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization	78,216.	17,136.	61,080.	, , , , , , , , , , , , , , , , , , ,
23	Insurance	6,358.		6,358.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	RESEARCH PROJECTS	148,056.	148,056.		
	CONTRACT_LABOR	123,102.	110,943.	12,159.	
	LABORATORY SUPPLIES	52,085.	44,756.	7,329.	
	UTILITIES	40,090.	26,771.	13,319.	
	All other expenses	118,721.	32,737.	85,984.	
25	Total functional expenses Add lines 1 through 24e	1,229,165.	742,351.	486,814.	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)				

32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Parl X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments. 544,028 519,791. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 53,925 41,471 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 512,478 b Less accumulated depreciation 10Ь 10 c 264,292 269,587 248,186. 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 14 Intangible assets 15 15 Other assets See Part IV, line 11 14,066 11,825. 16 16 Total assets. Add lines 1 through 15 (must equal line 34). 881,606. 821,273. 17 Accounts payable and accrued expenses 10,647. 17 25,673 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 129,177 97,599. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 22,197 28,244. Total liabilities. Add lines 17 through 25 26 162,021 151,516 Organizations that follow SFAS 117 (ASC 958), check here | X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 719,585 669,757. Temporarily restricted net assets 28 Permanently restricted net assets. 29 P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31

BAA

33

34

821, 273. Form **990** (2012)

669,757

32

33

34

719,585

881,606

	1990 (2012) OAK CREST INSTITUTE OF SCIENCE	<u>95-4680961</u>		_ Pa	age 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,1	79,3	337.		
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	3 Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>828.</u> 585.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	_				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10							
Pai	t XII Financial Statements and Reporting	, , , , , , , , , , , , , , , , , , , ,		•			
	Check if Schedule O contains a response to any question in this Part XII				П		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
	Were the organization's financial statements audited by an independent accountant?		2ь	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate					
	basis, consolidated basis, or both  X 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit	3 Ь				
BAA			Form	990	(2012)		

#### 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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

OAK CREST INSTITUTE OF SCIENCE 95-4680961 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described insection 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Semection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c | Type III - Functionally integrated d | | Type III - Non-functionally integrated 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions) (iv) Is the organization in column (i) listed in (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (VII) Amount of monetary organization the organization in column (i) of your support? organization in support column (i) organized in the US? your governing document? No Yes No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·	-	<del></del>					
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						0.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization 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 in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(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 from 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 insti	ructions)			12	0.		
13	First five years. If the Form 990 i organization, check this box and	s for the organizat <b>stop here</b>	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	<b>►</b> 🗓		
	tion C. Computation of Pul								
	Public support percentage for 20		• •	e 11, column (f))		14	%		
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14			15	%		
16 a	33-1/3% support test— 2012. If the and stop here. The organization	he organization die qualifies as a publ	d not check the bo icly supported org	ox on line 13, and janization	the line 14 is 33-	1/3% or more, che	eck this box		
b	b 33-1/3% support test— 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances te or more, and if the organization is the organization meets the 'facts'	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and top here. I	Explain in Part IV	0% how		
	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	neets the 'facts-ar I-circumstances' te	nd-circumstances' est The organizat	test, check this b ion qualifies as a	ox and top here. I publicly supported	Explain in Part IV de organization	how the		
18	Private foundation.If the organiz	ation did not checi	k a box on line 13	3, 16a, 16b, 17a, o	r 17b, check this	box and see instru	uctions -		

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						-
	dar year (or fiscal yr beginning in)►	(a) 2008	<b>(b)</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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			:			
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		.,, .,				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	<b>Public support</b> (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	: Add lines 10a and 10b						<del></del>
_	Net income from unrelated business activities not included in line 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)						
14	First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)	<b>▶</b> ∏
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	)12 (line 8, columi	n (f) divided by lir	ne 13, column (f))	•	15	
	Public support percentage from					16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or <b>2012</b> (line 10c,	column (f) divided	d by line 13, colur	mn (f))	17	I.
18	Investment income percentage f	rom <b>2011</b> Schedul	e A, Part III, line	17		18	%
19 a	33-1/3% support tests - 2012. If	the organization of	did not check the	box on line 14, ai	nd line 15 is more	than 33-1/3%,	and line 17
t	is not more than 33-1/3%, check 33-1/3% support tests— 2011. If	the organization of	did not check a bo	ox on line 14 or lii	ne 19a, and line 1	6 is more than :	33-1/3%, and
20	line 18 is not more than 33-1/3%		•	-	• -		<b>—</b>
	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	meck this box and	see instruction	· ·

Schedule A	(Form 990 or	990-EZ) 201	12 OAK (	CREST I	NSTITUT	E OF SCI	LENCE	9	5-468 <u>096</u> ]	L Page 4
Part IV	Supplement Part II, line (See instru	al Informa 17a or 17 ctions).	t <b>ion.</b> Comp 7b; and Pa	olete this art III, line	part to pro e 12. Also	ovide the e complete	explanations this part fo	required by or any addi	Part II, line tional inforr	10; nation.
			<del>-</del> -		<b>-</b>					
	- <del></del>	<del>-</del>		<b></b> _		<del>-</del>		<del>-</del>	<b>-</b>	
		<b></b>		. – – – –				<b>-</b> -		
<b>-</b>										
		- <i></i>								
				. – – – –	<b>-</b>					
				- <b></b> -						
			<b>-</b>							
		_ <b></b>								
			<b>_</b>							
			- <b>-</b>							
			. – – – – -					<b>-</b>		

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2012

Open to Public Inspection \_\_\_\_\_\_

	CREST INSTITUTE OF SCIENCE			95-4680961						
Par	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.									
	Total number at and of year	(a) Donor advised funds	(b) F	unds and other accounts						
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	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?    Yes   No									
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?  Yes  No									
Par		lete if the organization answered 'Yes'	to Form 9							
1	Purpose(s) of conservation easements held by		to roini.	750, 1 dit 14, iii 7.						
	Preservation of land for public use (e.g., r		f an historica	ally important land area						
	Protection of natural habitat	· L		historic structure						
	Preservation of open space									
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a	a conservation easement or	1 the					
			_ H	leld at the End of the Tax Y	ear					
ā	Total number of conservation easements		2a							
ŧ	Total acreage restricted by conservation ease	ments	2 b							
C	Number of conservation easements on a certi	fied historic structure included in (a)	2 c							
(	Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	ıc 2d							
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or terminate	ed by the org	ganization during the						
4	Number of states where property subject to co	onservation easement is located►								
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, han	dling of viol	ations, Yes No	0					
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation ease	ments during	g the year						
7	Amount of expenses incurred in monitoring, in ►\$	nspecting, and enforcing conservation easement	s during the	year						
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction 170(h)(	4)(B)(i) Yes No	o					
9	include, if applicable, the text of the footnote	orts conservation easements in its revenue and to the organization's financial statements that do	expense states	atement, and balance sheet organization's accounting f	t, and or					
Par	conservation easements  Till Organizations Maintaining Collect  Complete if the organization ans	ions of Art, Historical Treasures, or Oth wered 'Yes' to Form 990, Part IV, line 8	er Similar	Assets.						
Ιā	art, historical treasures, or other similar asset in Part XIII, the text of the footnote to its finar	r SFAS 116 (ASC 958), not to report in its reven s held for public exhibition, education, or resear icial statements that describes these items.	oue statemer ch in further	nt and balance sheet works ance of public service, prov	ot ude,					
ŀ	historical treasures, or other similar assets he following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its revenue s ld for public exhibition, education, or research in	statement ar n furtherance	nd balance sheet works of a e of public service, provide	irt, the					
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$						
	(ii) Assets included in Form 990, Part X			►\$						
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 (ASC 958) relating to these items	or financial g	_	_					
	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$						
1	Assets included in Form 990, Part X			► S						

O L M L Lo D (Form 000) 2012 'O A K	NDECE THE		Non	05 45	20061	
Schedule D (Form 990) 2012 OAK (	REST INS	tions of Art History	NUL COL Transcuros or Ot	95-468	30961	Page 2
Part III Organizations Maintain	ing Conec	uons of Art, mistori	cal freasures, or Ot	ner Similar Assets	(continuea,	<u>,                                    </u>
3 Using the organization's acquisiti items (check all that apply)	on, accessioi	n, and other records, ch	neck any of the following	g that are a significant	use of its col	lection
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Other	•			
c Preservation for future gener	ations				•	
4 Provide a description of the orga Part XIII.	nization's col	lections and explain ho	w they further the organ	nization's exempt purpo	ose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or ian to be ma	receive donations of a intained as part of the o	rt, historical treasures, organization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodial Arra reported an amount or			ation answered 'Yes' to	Form 990, Part IV, lin	e 9, or	
1 a Is the organization an agent, trus on Form 990, Part X2	tee, custodia	in, or other intermediar	y for contributions or ot	her assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII a	and complete the follow	ing table		□	□•
B ii 100, oxpiaii iio aitai gemen	are zum e	and complete the follow	ing table		Amount	
- Pograning halance				1-1-	Amount	
c Beginning balance				1 c	S	
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a		•			Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII	Check here if the expla	ntion has been provided	d in Part XIII		
Part V Endowment Funds. Co	mplete ıf tl	ne organization ans	wered 'Yes' to Form	m 990, Part IV, line	10.	
	(a) Curren	t <b>(b)</b> Prior yea	ar (c) Two years	(d) Three years	(e) Four	years
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
g End of year balance.						
2 Provide the estimated percentage	e of the curre	ent year end balance (lii	ne 1g, column (a)) held	as		
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ►						
c Temporarily restricted endowmer	nt ►	%				
The percentages in lines 2a, 2b,	and 2c shoul	d equal 100%				
3a Are there endowment funds not a organization by	n the posses	sion of the organization	that are held and adm	inistered for the	Yes	s No
(i) unrelated organizations						, 140
• •					3a(i)	<del></del>
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•			3b	
4 Describe in Part XIII the intended						
Part VI   Land, Buildings, and	Equipmen <sup>.</sup>	t. See Form 990, F	Part X, line 10.	·		
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
<b>1 a</b> Land						
<b>b</b> Buildings						
c Leasehold improvements			89,797.	47,221.	4	2.576.

**d** Equipment 418,201. 214,887. 203,314. 4,480. 2,184. 2,296. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 248,186.

BAA

Schedule **D** (Form 990) 2012

<sup>2.</sup> FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012 'OAK CREST INSTITUTE OF SCIENCE	95	5-4680961	Page 4
Partix Reconciliation of Revenue per Audited Financial Statements			
1 Total revenue, gains, and other support per audited financial statements	1	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		188	
a Net unrealized gains on investments.	2 a	7	
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line!	1 1	A STATE OF THE PARTY OF THE PAR	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	<del></del>
PartiXII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Peti		
1 Total expenses and losses per audited financial statements	Willi Expenses per Kell	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		2452	
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	24	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	1 !	5,7	<del></del>
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Part:XIII Supplemental Information		<del></del>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also con	art III, lines 1a and 4, Part IV nplete this part to provide any	, lines 1b and 2b, Par v additional informatio	t ∨, ⊓.
	<del> </del>		
BAA		Schedule <b>D</b> (Form 990	0) 2012

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service	► Attach	liebegion Siente Lapite	
Name of the organization			Employer identification number
OAK CREST INST	ITUTE OF SCIENCE		95-4680961
Form 990, Par	t VI, Line 11b - Form 990 Review I	Process	
No_review_w	as or will be conducted.		
Form 990, Par	t VI, Line 19 - Other Organization	Documents Publicly Available	<u>.</u>
No_document	s available to the public.		



# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

File a separate application for each return.

THE PROPERTY OF CHILD	S SCIVICE STATE OF THE STATE OF	· · · · · · · · · · · · · · · · · · ·				· •			
=	e filing for an Automatic 3-Month Extension,	•							<b>►</b> 🗓
• If you ar	e filing for an Additional (Not Automatic) 3-M	onth Extension	ո, complete only	Part (	on page 2 of this for	orm)			
	<b>plete Part II unless</b> you have already been gra				•				
request an e Associated \	iling(e-file). You can electronically file Form 8 required to file Form 990-T), or an additional extension of time to file any of the forms liste With Certain Personal Benefit Contracts, which ing of this form, visitwww.irs.gov/efile and climp of this form, visitwww.irs.gov/efile and climp.	(not automatic) d in Part I or P h must be sent	) 3-month extens art II with the exi : to the IRS in pa	sion of ceptior iper foi	time. You can elect n of Form 8870, Inf rmat (see instruction	tronic	cally fi	ile Form i eturn for	8868 to Transfers
Part I	Automatic 3-Month Extension of Time								
A corporatio	n required to file Form 990-T and requesting	an automatic 6	-month extension	n- che	ck this box and cor	nplet	e Part	lonly	- □
All other coi	rporations (including 1120-C filers), partnersh returns	ips, REMICs, a	nd trusts must us	_	m 7004 to request a				
	Name of exempt organization or other filer, see instruction	ıs	····		Linter mer s identily				imber (EIN) or
Type or									
print	ONE CDECE INCRIMINE OF COLE	NCE			•	0.5	4.600	0.0.01	
F 1- 545-	OAK CREST INSTITUTE OF SCIE						4680 ocial se	Curity numb	er (SSN)
File by the due date for								,	()
filing your return See	2275 E FOOTHILL BLVD.  City, town or post office, state, and ZIP code. For a foreign	n address, see instru	ictions						
instructions	PASADENA, CA 91107	,							
	FASADENA, CA 91107								
Enter the Re	eturn code for the return that this application	ıs for (file a sep	parate application	n for e	each return)				01
Application Is For		Return Code	Application Is For		RECEIVE	D	$\overline{\neg}$		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (co	orporat	tion)		101		07
Form 990-BI	_	02	Form 1041-A	101			181		08
Form 4720 (	individual)	03	Form 4720	[2]	MAY 2 3 20	113	S		09
Form 990-PI	F	04	Form 5227	1-1	· marketing or a street,		一三		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		OGDEN.	<u>UT</u>			11
Form 990-T	(trust other than above)	06	Form 8870						12
Telephor  If the org  If this is check the	ne No • 626 817-0883  ganization does not have an office or place of for a Group Return, enter the organization's is box.  If it is for part of the grounsion is for.  est an automatic 3-month (6 months for a core	four digit Group ip, check this b	e United States, Exemption Num ox ► and	nber (C attach	GEN) If to a list with the name			ne whole Ns of all r	<b>.</b>
until The ex ► X ► 1	8/15 , 20 $13$ , to file the exempt stension is for the organization's return for. calendar year 20 $12$ or tax year beginning , 20 ax year entered in line 1 is for less than 12 mange in accounting period	organization re	turn for the orga	nizatio	on named above.	l retu	rn		
	application is for Form 990-BL, 990-PF, 990-7 undable credits. See instructions	7, 4720, or 6069	enter the tenta	itive ta	ax, less any	3 a	\$		0.
	application is for Form 990-PF, 990-T, 4720, onto			redits a	and estimated tax	3 b	\$		0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

0.

3 c \$