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# Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

nue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning 2013, and ending 20 D Employer identification number Check if applicable: C Name of organization Kauai Energy Institute Address change Doing Business As 27-4346053 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change П initial return c/o Scarborough McNeese et al, 5 Centerpointe Drive Suite 240 City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return Lake Oswego, OR 97035 Application pending F Name and address of principal officer. Robert Reading H(a) is this a group return for subordinates? Yes Vo c/o Scarborough McNeese, 5 Centerpointe Drive, Lake Oswego, OR 97035 H(b) Are all subordinates included? Tyes Ves No. ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) 501(c) ( Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ L Year of formation: Form of organization: Corporation Trust Association ☐ Other ▶ 2010 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Kauai Energy Institute (KEI) is a scientific research Governance 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 condition and life vitality for plants, animals, and humans. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . Activities & Number of Independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 3 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 0 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,509 1,442 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 195, and 11e). 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5.509 1,442 13 Grants and similar amounts paid (Part X, column (A), lines 168) 0 14 Benefits paid to or for members (Part IX, column (A), fine 4) 0 0 Salaries, other compensation, employee banefits (Part IX, column (A), lines 5-10) 15 0 0 Professional fundraising fees (PartiX, column (A), line 115) 16a 0 0 Total fundraising expenses (Part X, column XD) Mine 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 40,874 17,981 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 40,874 17.981 19 Revenue less expenses. Subtract line 18 from line 12 (35, 365)(16,539)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 5.227.227 3,350,726 21 Total liabilities (Part X, line 26) . 287 22 Net assets or fund balances. Subtract line 21 from line 20 5,494,253 3,350,726 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge. true, correct, and complete ration of preparer (other tha Sign President Director Here Type or print name and title Print/Type preparer's name Paid Check [ If self-employed Patrick D. Bryson Preparer P01483407 Firm's name > Scarborough, McNeese, O'Brien & Kilkenny Firm's EIN ▶ 93-0670564 **Use Only** Firm's address > 5 Centerpointe Drive, Suite 240, Lake Oswego, OR 97035 Phone no. 503-601-3698 May the IRS discuss this return with the preparer shown above? (see instructions)

ANNED SEP D 3 2014

For Paperwork Reduction Act Notice, see the separate Instructions.

912

Cat. No. 11282Y

Yes No No Form 990 (2013)

| Form 99 |   |
|---------|---|
| Part    |   |
|         | Check if Schedule O contains a response or note to any line in this Part III  |
| 1       | Briefly describe the organization's mission:  |
|         | 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 condition   |
|         | 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?   |
|         | If "Yes," describe these new services on Schedule O.  |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program  |
|         | services?   |
|         | If "Yes," describe these changes on Schedule O.   |
| 4       | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a      | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
|         | KEI continues to seek real property for purchase and renovation as a research facility, and research shall commence at such time as   |
|         | the facility is ready for use.  |
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| 4b      | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
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|         | ***************************************   |
| 4c      | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
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|         | Other program continue (Describe in Schedule O.)  |
| 4d      | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e      | Total program service exponents   |

| Form 99   | · · · · · · · · · · · · · · · · · · ·  |     |          | age 3    |
|-----------|--|-----|----------|----------|
| Part      | V Checklist of Required Schedules  |     |          |          |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  |     | Yes      | No       |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | <b>✓</b> | 1        |
| 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  | 8   |          | 1        |
| 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 |     |          | 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  |          | <b>*</b> |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.   | 10  |          | <b>-</b> |
| 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 |          |          |
| 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 |          | <b>√</b> |
| 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 |          | 1        |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |          | 1        |
| 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)? If "Yes," complete Schedule D, Part X .   | 11f |          | 1        |
|           | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |          | 1        |
|           | 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  |          | <b>/</b> |
| 14 a<br>b | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | ✓        |
| J         | 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 |          | 1        |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |          | 1        |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16  |          | 1        |
| 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  |          | ✓        |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  |          | ✓        |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19  |          | 1        |
| 20 a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |          | 1        |
| <u>b</u>  | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .   | 20b | Ĺ        |          |

| Part     | V Checklist of Required Schedules (continued)   |               |            |             |
|----------|---|---------------|------------|-------------|
| -        |   |               | Yes        | No          |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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   |               |            |             |
| 04-      | employees? If "Yes," complete Schedule J  | 23            |            | ✓           |
| 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 25a                            | 24a           |            | 1           |
|          | 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<br>24c    |            | <b>√</b>    |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d           |            | <u> </u>    |
| 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           |            | <u>√</u>    |
| 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                                       | 25b           |            | <b>→</b>    |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    | 26            |            | <b>→</b>    |
| 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            |            | <b>~</b>    |
| 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<br>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  | 28a           |            | <b>✓</b>    |
|          | Schedule L, Part IV   | 28b           |            | <u> </u>    |
| C        | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c           | · <b>n</b> | <b>√</b>    |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                         | 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? If "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           | ļ          | 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           | -          |             |
| 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            |            | 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38            | 1          |             |
|          |   | <del></del> - | 000        | <del></del> |

| Part   | Statements Regarding Other IRS Filings and Tax Compliance  |  |                | age           |
|--------|--|--|----------------|---------------|
|        | Check if Schedule O contains a response or note to any line in this Part V   |  | ····           |               |
|        |  |  | Yes            | No            |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  |  | 1              | 1             |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |  |                | 1             |
| ¢      | reportable gaming (gambling) winnings to prize winners?  | 1c   | <b>أ</b>       | 1             |
| 28     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | - 10   |                |               |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0   |  |                |               |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .   | 2b   |                | 1             |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions)  |  |                |               |
| 3в     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a   |                | ✓             |
| þ      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b_  |                | ļ             |
| 48     | 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             |
| b      | If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |  |                | ·<br>         |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a   |                | 1             |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b   |                | <b>√</b>      |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c   | ļ              | <b>✓</b>      |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 0-   |                | 1             |
| b      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a   |                | _             |
| -      | gifts were not tax deductible?   | 6b   |                |               |
| 7<br>a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |  |                |               |
| _      | and services provided to the payor?  | 7a   |                |               |
| ь      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b   |                | <u> </u>      |
| C      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |  |                |               |
|        | required to file Form 8282?  | 7c   | <u> </u>       | 1             |
| đ      | If "Yes," Indicate the number of Forms 8282 filed during the year  |  |                |               |
| Ø      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e   | <u> </u>       | <u> </u>      |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f   | ļ              | ✓_            |
| g<br>h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g   | <del> </del> - | <del></del> - |
| 8      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting                                | 7h   | -              | <u> </u>      |
| •      | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   | ١.   | ,              | 1             |
|        | organization, have excess business holdings at any time during the year?   | 8  |                |               |
| 9      | Sponsoring organizations maintaining donor advised funds.  |  | ·              |               |
| a      | Did the organization make any taxable distributions under section 4966?  | 9a   |                |               |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b   | ļ              | ļ             |
| 10     | Section 501(c)(7) organizations. Enter:  | l  |                |               |
| 8      | Initiation fees and capital contributions included on Part VIII, line 12   | ł  |                |               |
| 11     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:   | ł  |                |               |
| ``a    | Gross income from members or shareholders  | 1  |                |               |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   | 1  |                |               |
|        | against amounts due or received from them.)  |  |                | ١.            |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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.   | <u>                                     </u> |                | <u> </u>      |
| 8      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a  | ļ              | ļ             |
| b      | Note. See the instructions for additional information the organization must report on Schedule O.  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 |  |                |               |
| ¢      | Enter the amount of reserves on hand   | t  |                | . ::          |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  | 1              |               |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b  |                |               |
|        |  | For  | m <b>99</b> 0  | (2013)        |

| Part     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI  | ee ins     | for a       | ions.  |
|----------|---|------------|-------------|--|
| Secti    | on A. Governing Body and Management   |            | <b>V</b>    |  |
| 4.       |   |            | 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. |            | , s         |  |
| ь<br>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   |            |             |  |
| 3        | any other officer, director, trustee, or key employee?  | 2          |             | ✓  |
| 4        | supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <u>3</u>   |             | 1  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5          |             | 1  |
| 6<br>7a  | Did the organization have members or stockholders?  | 6          |             | 1  |
| b        | one or more members of the governing body?  | 7a         |             | 1  |
| 8        | stockholders, or persons other than the governing body?   | 7b         |             | 1  |
| а        | the year by the following: The governing body?  | 8a         | -           |  |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b         | <b>&gt;</b> |  |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9          |             | 1  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven   | ue C       | ode.)       |  |
| 400      | Did the expensation have least chartery branches as efficience  | T40        | Yes         | No   |
| 10a<br>b | Did the organization have local chapters, branches, or affiliates?  | 10a        |             | 1  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 10b<br>11a | 1           | <del>                                     </del> |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |            |             |  |
| 12a<br>b | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>  | 12a<br>12b | 1           |  |
| C        | 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       | Did the organization have a written whistleblower policy?   | 13         |             | <b>✓</b>   |
| 14<br>15 | Did the organization have a written document retention and destruction policy?  | 14         |             | 1  |
| 8        | The organization's CEO, Executive Director, or top management official  | 15a        |             | 7  |
| b        | Other officers or key employees of the organization   | 15b        |             | 1  |
| 16a      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayoble pathy during the year?   | :          | ,           |  |
| b        | with a taxable entity during the year?  | 16a        |             | 1  |
|          | organization's exempt status with respect to such arrangements?   | 16b        |             |  |
|          | on C. Disclosure  |            |             |  |
| 17<br>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.             | 501(       | c)(3)s      | only   |
| 19       | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.  | erest      | policy      | y, and   |
| 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     | •           |  |

| _    | 7 |
|------|---|
| Page | • |

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|          | ·                                |                                |                                    |
|----------|----------------------------------|--------------------------------|------------------------------------|
| Part VII | Compensation of Officers, Direct | tors, 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 relate   | d orga   | anız   | atic    | n c          | ompe                         | nsa      | ited any currer                                | t officer, directo                          | r, or trustee.   |
|--|--|--|--|---------|--------------|------------------------------|----------|--|---|--|
| (A)<br>Name and Title                          | (B) Average hours per  | box, unless person is both ar<br>officer and a director/trustee) |  |         |              |                              |          | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation from      |  |
|  | week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) |  | Institutional trustee                            | Officer | Key employee | Highest compensated employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | related<br>organizations<br>(W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Robert Reading, President/Director         | 2  |  |  |         |              |                              |          | 0  | 0   |  |
| (2) Rod Easterly, Director                     | 2  |  |  |         |              |                              |          | 0  | 0   |  |
| (3) John Lenahan, Secretary/Treasurer/Director | 2  |  |  |         |              |                              |          | 0  | 0   |  |
| (4)  |  |  |  |         |              |                              |          |  |   |  |
| (5)  |  |  |  |         |              |                              |          |  |   |  |
| (6)  |  |  |  |         |              |                              | Γ.       |  |   |  |
| (7)  |  |  |  |         |              |                              |          |  |   |  |
| (8)  |  |  |  |         |              |                              |          |  |   |  |
| (9)  |  |  |  |         |              | -                            |          |  |   |  |
| (10)   |  |  |  |         |              |                              |          |  |   |  |
| (11)   |  |  |  |         |              |                              |          |  |   |  |
| (12)   |  |  |  |         |              |                              |          |  |   |  |
| (13)   | <del> </del>   |  |  |         |              |                              |          |  |   |  |
| (14)   | <u> </u>   |  | <del>                                     </del> |         |              | <b> </b>                     | $\vdash$ |  |   |  |

| Part    | VII Section A. Officers, Directors, Trust   | ees, Key E   | mploy                | /005                  | , ar                        | nd H                            | lighe   | st C                | ompensated E                           | mployees (co                   | ntinue | d)                 |  |             |
|---------|---|--|----------------------|-----------------------|-----------------------------|---------------------------------|---|---------------------|--|--------------------------------|--------|--------------------|--|-------------|
|         | (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week (list any                  | (do n<br>box, office | ot ch<br>unles        | Pos<br>eck<br>s pe<br>d a d | ition<br>more<br>rson<br>lirect | than of the the than of the | one<br>n an<br>tee) | (D)  Reportable compensation from      | (E) Reportable compensation fr | mœ     | Estin<br>amo<br>ot | F)<br>nated<br>unt of<br>her                   |             |
|         |   | hours for<br>related<br>organizations<br>below dotted<br>line) |                      | Institutional trustee | Officer                     | Key employee                    | Highest compensated employee  | Former              | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MIS |        | organ<br>and r     | nsation<br>the<br>ization<br>elated<br>zations |             |
| (15)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (16)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (1.7)   |   |  |                      |                       |                             |                                 |   |                     |  |                                | -      |                    |  |             |
| (18)    |   |  | -                    |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (19)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (20)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (21)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (22)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (23)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
| (24)    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    | _  |             |
| (25)    |   |  |                      |                       |                             |                                 |   |                     |  |                                | +      |                    |  |             |
| 1b      | Sub-total   |  | · ·                  | L                     |                             | <u> </u>                        | <u> </u>  | <b>&gt;</b>         | 0                                      |                                | 0      |                    |  |             |
| c<br>d  | Total from continuation sheets to Part Total (add lines 1b and 1c)                        | •  |                      |                       |                             |                                 |   | <b>▶</b>            | 0                                      | <del></del>                    | 0      |                    |  | 0           |
| 2       | Total number of individuals (including but reportable compensation from the organi        | t not limited  |                      |                       |                             |                                 |   | e) w                | <u> </u>                               | <u> </u>                       |        | of                 |  |             |
| 3       | Did the organization list any former of   |  | tor, c               | or tr                 | uste                        | 90,                             | key (   | emp                 | oloyee, or high                        | nest compens                   | sated  |                    | Yes  | No          |
| 4       | employee on line 1a? If "Yes," complete a<br>For any individual listed on line 1a, is the |  |                      |                       |                             |                                 |   |                     | nd other com                           | onantion from                  | n tha  | 3                  |  | <b>✓</b>    |
| •       | organization and related organizations  |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  | ·           |
| 5       | Did any person listed on line 1a receive of for services rendered to the organization     |  |                      |                       |                             |                                 |   |                     |  | zation or indiv                | ridual | 4                  |  | <u>√</u>    |
| Section | on B. Independent Contractors   | 111 163, 0   | Jonipi               |                       | 361                         | 1601                            | 110 0   | 10/ 3               | such person                            | · · · · ·                      | ·      | 5                  | ŀ  | <u> </u>    |
| 1       | Complete this table for your five highest compensation from the organization. Repyear.    |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    | n's ta   | ix          |
|         | (A)<br>Name and business add  | lress  |                      |                       |                             |                                 |   |                     | (B)<br>Description of s                | ervices                        | C      | (C)<br>compens     | atlon  |             |
| None    |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
|         |   |  |                      |                       |                             |                                 |   |                     |  |                                |        |                    |  |             |
|         |   |  |                      |                       |                             |                                 | <u>.</u>  | -                   |  |                                |        |                    |  |             |
| 2       | Total number of independent contractor received more than \$100,000 of compens            |  |                      |                       |                             |                                 |   | o th                | nose listed ab                         | ove) who                       | · , ;  | ,                  |  | <del></del> |

| Part   | VIII   | Statement of Revenue  |   |  | •                                       |  |
|--|--------|---|---|--|---|--|
|  |        | Check if Schedule O contains a response or note to              | any line in this                        | Part VIII                              |   | 🗆  |
|  |        |   | (A)<br>Total revenue                    | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| इ इ  | 1a     | Federated campaigns 1a 0  |   |  |   |  |
| ğä   | b      | Membership dues 1b 0  |   | ,                                      |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | С      | Fundraising events 1c 0   |   |  |   |  |
|  | d      | Related organizations 1d 0                                      |   | ,                                      |   |  |
|  | е      | Government grants (contributions) 1e 0                          |   | ,                                      | f                                       |  |
|  | f      | All other contributions, gifts, grants,                         |   |  | ,                                       |  |
| 真魚   |        | and similar amounts not included above 11 0                     | +                                       |  |   |  |
| 투  | g      | Noncash contributions included in lines 1a-1f: \$ 0             | 0                                       |  |   | '  |
|  | h      | Total. Add lines 1a-1f  | 0                                       |  |   |  |
| ş  |        | Business Code   |   |  |   |  |
| 9  | 2a     |   |   |  |   |  |
| <b>6</b> 2.  | b      |   |   |  |   |  |
| Ξ̈́  | C      |   |   |  |   |  |
| ű  | d      |   |   |  |   |  |
| 퍨  | e<br>f | All other program service revenue .                             |   |  |   |  |
| Program Service Revenue                                | g      | Total. Add lines 2a-2f  | 0                                       |  |   | L  |
|  | 3      | Investment income (including dividends, interest,               |   |  |   |  |
|  | 1      | and other similar amounts)                                      | 1,442                                   | o                                      | o                                       | ٥  |
|  | 4      | Income from investment of tax-exempt bond proceeds ▶            | 0                                       | 0                                      | ō                                       |  |
|  | 5      | Royalties   | 0                                       | 0                                      | ō                                       | <del></del>  |
|  |        | (i) Real (ii) Personal  |   | 11                                     | -                                       | e, i   |
|  | 6a     | Gross rents   |   |  |   |  |
|  | b      | Less: rental expenses   |   |  |   |  |
|  | С      | Rental income or (loss)   |   |  | <u>.</u>                                |  |
|  | d      | Net rental income or (loss) ▶                                   | 0                                       | 0                                      | 0                                       | 0  |
|  | 7a     | Gross amount from sales of (i) Securities (ii) Other            | ,, it                                   |  |   |  |
|  |        | assets other than inventory                                     |   |  |   |  |
|  | b      | Less: cost or other basis                                       |   |  | -,                                      |  |
|  |        | and sales expenses .  |   |  |   |  |
|  | С      | Gain or (loss)  |   |  | <u>i</u>                                |  |
|  | d      | Net gain or (loss)  | 0                                       | 0                                      | 0                                       | 0  |
| •  |        | Out to the same form for death to a                             |   |  |   |  |
| enue   | 8a     | Gross income from fundraising                                   |   |  |   |  |
| Other Reve   |        | events (not including \$ of contributions reported on line 1c). |   |  | ٠,                                      |  |
| Œ  |        | One David No. 190   |   |  | ,                                       | 1  |
| <u>₽</u>   | _      | Less: direct expenses b   |   |  |   |  |
| 0  | b      | Net income or (loss) from fundraising events .                  |   |  |   |  |
|  |        | Gross income from gaming activities.                            |   | <del></del>                            | . 0                                     | <del> </del>   |
|  |        | See Part IV, line 19 a  |   |  |   |  |
|  | ь      | Less: direct expenses b   | ,                                       |  |   |  |
|  | C      | Net income or (loss) from gaming activities ▶                   | 0                                       | 0                                      | 0                                       | 0  |
|  | 10a    | Gross sales of inventory, less                                  |   | <u> </u>                               | ,                                       |  |
|  |        | returns and allowances a  | , ÷.:                                   |  |   | '  |
|  | ь      | Less: cost of goods sold b                                      |   |  |   |  |
|  | С      | Net income or (loss) from sales of inventory ▶                  | 0                                       | 0                                      | 0                                       | 0  |
|  |        | Miscellaneous Revenue Business Code                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   | I.   |
|  | 11a    |   |   |  |   |  |
|  | ь      |   |   |  |   |  |
|  | С      |   |   |  |   |  |
|  | d      | All other revenue   |   |  |   |  |
|  | е      | <b>Total.</b> Add lines 11a–11d                                 | 0                                       |  |   | 1  |
|  | 12     | Total revenue. See instructions                                 | 4 440                                   | I ^                                    | ۰ .                                     | 1  |

Part IX Statement of Functional Expenses

| Sectio   | n 501(c)(3) and 501(c)(4) organizations must con   | nplete all columns. A | All other organization                | is must complete co                 | olumn (A).                              |
|----------|--|-----------------------|---------------------------------------|-------------------------------------|---|
|          | Check if Schedule O contains a respon  | se or note to any li  | ne in this Part IX .                  |                                     | 🗆                                       |
|          | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses    | (C) Management and general expenses | (D)<br>Fundraising<br>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  | 0                     | 0                                     |                                     |   |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the   |                       |                                       |                                     |   |
|          | United States. See Part IV, lines 15 and 16  | 0                     | o                                     |                                     |   |
| 4        | Benefits paid to or for members  | 0                     | 0                                     |                                     | , .                                     |
| 5        | Compensation of current officers, directors, trustees, and key employees   |                       |                                       |                                     |   |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and   | 0                     | 0                                     | 0                                   |   |
|          | persons described in section 4958(c)(3)(B)   | 0                     | 0                                     | 0                                   | 0                                       |
| 7<br>8   | Other salaries and wages   | 0.                    | 0                                     | 0                                   |   |
|          | section 401(k) and 403(b) employer contributions)  | 0                     | 0                                     | 0                                   | l                                       |
| 9        | Other employee benefits  | 0                     | 0                                     | 0                                   | 0                                       |
| 10       | Payroll taxes  | 0                     | 0                                     | 0                                   | C                                       |
| 11       | Fees for services (non-employees)  |                       |                                       |                                     |   |
| а        | Management   | 0                     | 0                                     | 0                                   |   |
| b        | Legal  | 6,256                 | 74                                    | 6,182                               |   |
| C        | Accounting   | 0                     | 0                                     | 0                                   |   |
| d        | Lobbying   | 0                     | 0                                     | 0                                   |   |
| 0        | Professional fundralsing services. See Part IV, line 17  |                       |                                       |                                     | C                                       |
| g        | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column   | 10,680                | 0                                     | 10,680                              | 0                                       |
|          | (A) amount, list line 11g expenses on Schedule O.)   | 0                     | 0                                     | 0                                   |   |
| 12       | Advertising and promotion  | 0                     | 0                                     | . 0                                 |   |
| 13       | Office expenses  | 26                    | 0                                     | 26                                  |   |
| 14       | Information technology   | 0                     | · · · · · · · · · · · · · · · · · · · | 0                                   |   |
| 15       | Royalties  | 0                     |                                       | 0                                   |   |
| 16       | Occupancy  | 0.                    | 0                                     | 0                                   | *************************************** |
| 17<br>18 | Travel   | 438                   | 438                                   | 438                                 |   |
| 10       | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     | 0                                     | 0                                   |   |
| 19       | Conferences, conventions, and meetings .   | 0                     | 0                                     | 0                                   |   |
| 20       | Interest   | 0                     | · · · · · · · · · · · · · · · · · · · | 0                                   |   |
| 21       | Payments to affiliates   | 0                     | <del></del>                           | 0                                   |   |
| 22       | Depreciation, depletion, and amortization .  | 0                     |                                       | 0                                   |   |
| 23       | Insurance  | 0                     | 0                                     | 0                                   | (                                       |
| 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.)  |                       | m t                                   |                                     |   |
| а        | Registered agent fee (HI)  | 365                   | 0                                     | 365                                 | -                                       |
| b        | Foreign tax withheld   | 216                   | o                                     | 216                                 | <del></del>                             |
| С        |  |                       |                                       |                                     |   |
| d        |  |                       |                                       |                                     |   |
| е        | All other expenses   |                       |                                       |                                     |   |
| 25       | Total functional expenses. Add lines 1 through 24e   | 17,981                | 586                                   | 17,881                              |   |
| 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) |                       |                                       |                                     |   |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) **(B)** Beginning of year End of year Cash-non-interest-bearing . . . . 1 1,105 4.208 2 Savings and temporary cash investments . . . 2 0 0 Pledges and grants receivable, net . . . . . . . 3 3 0 0 4 0 4 0 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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 0 Notes and loans receivable, net . . . . . 7 0 0 8 Inventories for sale or use . . . . . 0 8 0 9 Prepaid expenses and deferred charges 9 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 10c 0 11 Investments—publicly traded securities . . . . 5.226.122 11 3,346,518 12 Investments—other securities. See Part IV. line 11 0 12 0 13 Investments-program-related. See Part IV, line 11. 13 0 0 14 Intangible assets . . . . . . . . . . . . . . . . 0 14 0 15 Other assets. See Part IV, line 11 . . . . . . ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 5,227,227 3,350,726 17 Accounts payable and accrued expenses . . . . 287 17 0 18 Grants payable . . . . . . . . . . . . 18 0 19 19 ol 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 Total liabilities. Add lines 17 through 25 287 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 27 Temporarily restricted net assets . . . . . . . . . . . . 28 28 29 29 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 30 5,227,227 3,350,726 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 0 32 0 33 33 5,227,227 3,350,726 34 Total liabilities and net assets/fund balances . 34 5,226,940 3.350,726 Form **990** (2013)

| Form 99 | 90 (2013)   |  |    | P€       | ge 12    |  |  |
|---------|---|--|----|----------|----------|--|--|
| Part    | XI Reconciliation of Net Assets   | -  |    |          |          |  |  |
|         | Check if Schedule O contains a response or note to any line in this Part XI                                 | f Schedule O contains a response or note to any line in this Part XI |    |          |          |  |  |
| 1       | Total revenue (must equal Part VIII, column (A), line 12)   |  |    |          | 1.442    |  |  |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | 2  |    |          |          |  |  |
| 3       | Revenue less expenses. Subtract line 2 from line 1  | 3  |    |          |          |  |  |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                   | 4  |    |          |          |  |  |
| 5       | Net unrealized gains (losses) on investments  |  |    |          |          |  |  |
| 6       |   |  |    |          |          |  |  |
| 7       | Investment expenses   | 7  |    |          |          |  |  |
| 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   |    | 3,3!     | 50,726   |  |  |
| Part    | XII Financial Statements and Reporting  |  |    |          |          |  |  |
|         | Check if Schedule O contains a response or note to any line in this Part XII                                |  |    |          |          |  |  |
|         |   |  |    | Yes      | No       |  |  |
| 1       | Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other                                    |  |    |          |          |  |  |
|         | If the organization changed its method of accounting from a prior year or checked "Other," ex               | plaın in   | 1  | ,        |          |  |  |
|         | Schedule O.   |  |    |          | <b>-</b> |  |  |
| 2a      |   |  | 2a |          | ✓        |  |  |
|         | · ·   | piled or   | ŀ  |          |          |  |  |
|         |   |  |    |          | :        |  |  |
|         |   |  |    |          |          |  |  |
| b       |   |  | 2b | <u> </u> | <b>✓</b> |  |  |
|         |   |  |    |          |          |  |  |
|         |   |  |    |          |          |  |  |
|         | ·   |  |    |          |          |  |  |
| C       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight |  |    |          |          |  |  |
|         | •   |  | 2c | <u> </u> | <u> </u> |  |  |
|         |   | plain in   |    | 1        |          |  |  |
|         | Schedule O.   |  | ·  |          | -        |  |  |
| За      | As a result of a federal award, was the organization required to undergo an audit or audits as set          | forth in   | 1  | 1        | Į.       |  |  |

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2013)

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name   | of the organization  |  |  |                                     |   |  | ı   | Employer Id                      | lentificatio | n number          |
|--|--|--|--|-------------------------------------|---|--|---|----------------------------------|--------------|-------------------|
| Kaual Energy Institute  Part I Reason for Public Charity Status (All organizations must complete this pa |  |  |  |                                     |   | 27-4346053                             |   |                                  |              |                   |
| Par  |  |  |  |                                     |   |  |   |                                  | nstructio    | ons.              |
| 1<br>2<br>3<br>4   | ☐ A church, conv☐ A school descr☐ A hospital or a☐ A medical rese  | vention of churc<br>ribed in <b>section</b><br>a cooperative ho<br>earch organization                | ation because it is: (Fo<br>hes, or association of<br>170(b)(1)(A)(ii). (Attac<br>spital service organiza<br>on operated in conjun | churches<br>th Schede<br>ation desc | s describe<br>ule E.)<br>cribed in            | ed in sec<br>section :                 | tion 170(<br>170(b)(1)(                   | (b)(1)(A)(i)<br>(A)(iii).        |              | (iii). Enter the  |
| 5  | The sign and the property of the position of t |  |  |                                     |   |  |   |                                  |              |                   |
| 6<br>7   | =  |  |  |                                     |   |  |   |                                  |              |                   |
| 8  | ☐ A community t  | trust described i  | n section 170(b)(1)(A  | <b>)(vi).</b> (Cor                  | nplete Pa                                     | art II.)                               |   |                                  |              |                   |
| 9  |  |  |  |                                     |   |  |   |                                  |              |                   |
| f  | 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly 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.  a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  |  |  |                                     |   |  |   |                                  |              |                   |
|  |  |  | on described in (i) abo  | _                                   |   |  |   |                                  |              | 11g(i)<br>11g(ii) |
|  |  |  | a person described in  |                                     |   |  |   |                                  |              | 11g(lij)          |
| <u>h</u>   |  |  | on about the support   |                                     |   |  |   |                                  |              |                   |
| (i) Name of supported (ii) EIN organization  |  | (iii) Type of organization<br>(described on lines 1–9<br>above or IRC section<br>(see Instructions)) | in col. (i) listed in your the organization governing document?  |                                     | rou notify<br>nization in<br>of your<br>port? | organizat<br>(I) organi:<br>U          | s the<br>ion in col.<br>zed in the<br>S.? | (vii) Amount of monetary support |              |                   |
|  |  |  |  | 163                                 | 140   | 105                                    | 140                                       | Yes                              | No           |                   |
| (A)  | · · · · · · · · · · · · · · · · · · ·  |  |  |                                     |   | ······································ |   |                                  |              |                   |
| (B)  |  |  |  |                                     |   |  |   |                                  |              |                   |
| (C)  |  |  |  |                                     |   |  |   |                                  |              |                   |
| (D)  |  |  |  |                                     |   |  |   |                                  |              |                   |
| (E)  |  |  |  |                                     |   |  |   |                                  |              |                   |
| Total  |  |  |  |                                     |   |  |   |                                  | and in       |                   |

| Schedu | le A (Form 990 or 990-EZ) 2013               |                        |                  |                  |                   |                  | Page 2                                |
|--------|--|------------------------|------------------|------------------|-------------------|------------------|---------------------------------------|
| Part   |  |                        |                  |                  |                   |                  |                                       |
|        | (Complete only if you checked the            |                        |                  |                  |                   |                  | alify under                           |
|        | Part III. If the organization fails to       | o qualify und          | er the tests lis | ted below, p     | lease comple      | te Part III.)    |                                       |
|        | on A. Public Support                         | ·                      |                  |                  |                   | <del></del>      |                                       |
| Calen  | dar year (or fiscal year beginning in)       | (a) 2009               | <b>(b)</b> 2010  | (c) 2011         | (d) 2012          | <b>(e)</b> 2013  | (f) Total                             |
| 1      | Gifts, grants, contributions, and            | ł                      |                  |                  |                   |                  |                                       |
|        | membership fees received. (Do not            |                        | :                |                  |                   |                  |                                       |
|        | include any "unusual grants.")               |                        | 0                | 0                | . 0               | 0                | 0                                     |
| 2      | Tax revenues levied for the                  |                        |                  |                  |                   |                  |                                       |
|        | organization's benefit and either paid       |                        |                  |                  |                   |                  |                                       |
|        | to or expended on its behalf                 |                        | <u> </u> 0       | . 0              | 0                 | oi               | 0                                     |
| 3      | The value of services or facilities          |                        |                  |                  |                   |                  |                                       |
|        | furnished by a governmental unit to the      |                        |                  |                  |                   |                  |                                       |
|        | organization without charge                  |                        | 0                | 0                | 0                 | о                | 0                                     |
| 4      | Total. Add lines 1 through 3                 |                        | 0                | 0                | 0                 | 0                | 0                                     |
| 5      | The portion of total contributions by        | ,                      |                  |                  |                   | 1                |                                       |
| _      | 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. |                        |                  |                  |                   | <u>.</u>         | 0                                     |
|        | on B. Total Support                          |                        |                  |                  |                   |                  |                                       |
| Calen  | dar year (or fiscal year beginning in)       | (a) 2009               | <b>(b)</b> 2010  | (c) 2011         | (d) 2012          | (e) 2013         | (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 . ,                                  |                        | o                | 0                | 5,509             | 1,442            | 6,951                                 |
| 9      | Net income from unrelated business           |                        |                  |                  |                   |                  |                                       |
|        | activities, whether or not the business      | ĺ                      |                  |                  |                   |                  |                                       |
|        | is regularly carried on                      |                        | 0                | 0                | 0                 | o                | 0                                     |
| 10     | Other income. Do not include gain or         |                        |                  |                  | -                 |                  | · · · · · · · · · · · · · · · · · · · |
|        | loss from the sale of capital assets         |                        |                  |                  |                   |                  |                                       |
|        | (Explain in Part IV.)                        |                        | o                | 0                | 0                 | o                | 0                                     |
| 11     | Total support. Add lines 7 through 10        | ,                      |                  |                  | × ,               |                  | 6,951                                 |
| 12     | Gross receipts from related activities, etc  | . (see instructi       | ons)             |                  |                   | 12               | 0                                     |
| 13     | First five years. If the Form 990 is for the | ne organizatio         | n's first, secon | d, third, fourth | , or fifth tax ye | ear as a sectio  | n 501(c)(3)                           |
|        | organization, check this box and stop he     | re                     |                  |                  |                   |                  | 🏲 🗸                                   |
| Secti  | on C. Computation of Public Suppor           | rt Percentag           | je               |                  |                   |                  |                                       |
| 14     | Public support percentage for 2013 (line     | 6, column (f) d        | ivided by line 1 | 1, column (f))   |                   | 14               | %                                     |
| 15     | Public support percentage from 2012 Sci      |                        |                  |                  |                   | 15               | %                                     |
| 16a    | 331/3% support test-2013. If the organi      | zation did not         | check the box    | on line 13, and  | line 14 is 331    | 3% or more, c    |                                       |
|        | box and stop here. The organization qua      | llifies as a pub       | licly supported  | organization     |                   |                  | . ▶ □                                 |
| b      | 331/3% support test-2012. If the organ       | nization did n         | ot check a box   | on line 13 or    | 16a, and line     | 15 is 331/3%     | or more,                              |
|        | check this box and stop here. The organ      | ization qualifie       | es as a publicly | supported org    | anization .       |                  | ▶ □                                   |
| 17a    | 10%-facts-and-circumstances test-2           | <b>013.</b> If the ora | anization did no | ot check a box   | on line 13, 16    | a. or 16b. and   |                                       |
|        | 10% or more, and if the organization me      | ets the "facts-        | and-circumsta    | nces" test, che  | eck this box ar   | d stop here. E   | xplain in                             |
|        | Part IV how the organization meets the "i    | acts-and-circ          | umstances" tes   | t. The organiz   | ation qualifies   | as a publicly si | upported                              |
|        | organization                                 |                        |                  |                  |                   |                  | . ▶ □                                 |
| b      | 10%-facts-and-circumstances test — 2         |                        |                  |                  |                   |                  |                                       |
|        | 15 is 10% or more, and if the organiza       | tion meets the         | e "facts-and-ci  | rcumstances"     | test, check th    | is box and et    | op here                               |
|        | Explain in Part IV how the organization m    | neets the "fact        | s-and-circumst   | tances" test. T  | he organizatio    | n qualifies as a | publicly                              |
|        | supported organization                       |                        |                  |                  |                   |                  |                                       |
|        |  |                        |                  |                  |                   |                  |                                       |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Kaual Energy Institute 27-4346053   |
|---|
| Part VI, Line 11b. KEI's Directors review the draft 990 after it is presented by KEI's outside preparer. Any 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 decision-making on any transaction that      |
| would affect any of those individual's material financial interest(s) or would significantly affect their personal interests to be effected only be |
| action of the entire Board, after the Board has been given prior notice of the individual(s) and the conflict(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.           |
|   |
| Part V1, Line 19. KEI's governing documents, conflict of interest policy, and financial statements are available to the public via a request        |
| made in writing to the address listed in Part VI, Line 20.  |
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# 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

|                                  | enue Service   |  |  |  | 丄                      |                                    |   |  |  |
|----------------------------------|--|--|--|--|------------------------|------------------------------------|---|--|--|
|                                  | are filing for an Automatic 3-Month Extension, c   |  |  |  |                        |                                    | . ▶ 🛘                                   |  |  |
| • If you                         | are filing for an Additional (Not Automatic) 3-Mo  | nth Extens                                   | sion, complete only  | Part II (on page 2 of t  | his fo                 | orm).                              |   |  |  |
| Do not                           | complete Part II unless you have already been g  | ranted an a                                  | automatic 3-month e  | xtension on a previous   | sly file               | ed Form                            | 8868.                                   |  |  |
| a corpor<br>8868 to<br>Return    | nic filing (e-file). You can electronically file Form<br>ration required to file Form 990-T), or an additional<br>request an extension of time to file any of the for<br>for Transfers Associated With Certain Personal<br>ons). For more details on the electronic filing of the  | il (not auto<br>orms listed<br>Benefit C     | matic) 3-month exter<br>in Part I or Part II<br>ontracts, which mu | ension of time. You car<br>with the exception of<br>est be sent to the IRS | n elec<br>Form<br>S in | stronicall<br>8870, li<br>paper fo | y file Form<br>nformation<br>ormat (see |  |  |
| Part I                           | Automatic 3-Month Extension of Time  | Only sub                                     | mit original (no co  | pies needed).  |                        |                                    |   |  |  |
| A corpo                          | pration required to file Form 990-T and reques   | iting an a                                   | utomatic 6-month   |  |                        |                                    | •                                       |  |  |
| All other                        | r corporations (including 1120-C filers), partnershi   | ps, REMIC                                    | is, and trusts must u  | ise Form 7004 to requi   | est a                  | n extens                           | ion of time                             |  |  |
| to file in                       | come tax returns.  |  |  |  |                        |                                    |   |  |  |
|                                  |  |  |  | Enter filer's Identifying  |                        |                                    |   |  |  |
| Type or                          | Name of exempt organization or other filer, see in   | structions.                                  |  | Employer Identification r  | numb                   | er (EIN) or                        |   |  |  |
| print                            | Kauai Energy Institute   |  |  | 27-43  | 34605                  | 3                                  |   |  |  |
| File by the                      | Number, street, and room or suite no. If a P.O. bo   | x, see instr                                 | uctions.   | Social security number (   | SSN)                   |                                    |   |  |  |
| due date t                       | or c/o Scarborough McNeese et al. 5 Centerpointe   | Drive. Suit                                  | e 240  |  |                        |                                    |   |  |  |
| filing your<br>return. Se        | City, town or post office, state, and ZIP code, For  |  |  | 6.   |                        |                                    |   |  |  |
| Instruction                      |  |  |  |  |                        |                                    |   |  |  |
| Entor th                         | e Return code for the return that this application is  | o for Hilo o                                 | congrato application   | for each return)   |                        |                                    | 0 1                                     |  |  |
|                                  |  | S IOI (IIIO &                                | separate application   | i for each return) .   | • •                    | • • •                              | [0]1]                                   |  |  |
| Applic                           | ation  | Return                                       | Application  |  |                        |                                    | Return                                  |  |  |
| Is For                           |  | Code   | is For   |  |                        |                                    | Code                                    |  |  |
| Form 9                           | 990 or Form 990-EZ   | 01   | Form 990-T (corpo  | ration)  | 07                     |                                    |   |  |  |
| Form 9                           | 990-BL   | 02   | Form 1041-A  |  | 08                     |                                    |   |  |  |
| Form 4                           | 1720 (individual)  | 03   | Form 4720  |  | 09                     |                                    |   |  |  |
| Form 9                           | 990-PF   | 04   | Form 5227  |  | 10                     |                                    |   |  |  |
| Form 9                           | 990-T (sec. 401(a) or 408(a) trust)  | 05   | Form 6069  |  |                        |                                    | 11                                      |  |  |
| Form 9                           | 990-T (trust other than above)   | 06   | Form 8870  |  | 12                     |                                    |   |  |  |
| Telep • If the • If this for the | ooks are in the care of ▶ John J. Lenahan  hone No. ▶ (503)432-1321  organization does not have an office or place of b is for a Group Return, enter the organization's found in the names and EINs of all members the extension   | Fusiness in<br>ur digit Gro<br>it is for par | AX No. ►<br>the United States, c<br>up Exemption Numb              | (503)432-1321<br>heck this box   |                        | . If thi                           |   |  |  |
| 1                                | I request an automatic 3-month (6 months for a co  | orporation                                   | required to file Form  | 990-T) extension of til  | me                     |                                    |   |  |  |
|                                  | until <u>August 15</u> , 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:   |  |  |  |                        |                                    |   |  |  |
|                                  | ► ☑ calendar year 20 12 or   |  |  |  |                        |                                    |   |  |  |
|                                  | ► ☐ tax year beginning   | . 20   | , and ending   |  |                        | . 20                               |   |  |  |
| 2                                | ► ☐ tax year beginning If the tax year entered in line 1 is for less than 12 (   | months, ch                                   | eck reason: I Initi  | al return  | um                     |                                    |   |  |  |
|                                  | Change in accounting period  |  |  |  | 1                      |                                    |   |  |  |
| 3a                               | If this application is for Form 990-BL, 990-PF, 99 nonrefundable credits. See instructions.  | 0-T, 4720,                                   | or 6069, enter the t   | entative tax, less any   | •                      |                                    |   |  |  |
| VO V                             |  |  |  |  |                        |                                    |   |  |  |
| U                                | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  |  |  |  |                        |                                    |   |  |  |
| •                                | The state of the s |  |  |  |                        |                                    | £                                       |  |  |
|                                  | 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.  |  |  |  |                        |                                    |   |  |  |
| Caution                          | . If you are going to make an electronic fund withdrawa  | with this Fo                                 | orm BRER see Form BA   | 53.50 and form 9970 5  |                        |                                    | la naturation o                         |  |  |