

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



Form 990

2014

OMB No 1545 0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is above us gov/form990

Open to Public Inspection

Depar	ment of the Treasury Revenue Service	► Do not enter social security numbers on this form as it m ► Information about Form 990 and its instructions is abovew		'	Inspection
		ar year, or tax year beginning , 2014, and	d ending		
Вс	theck if applicable	C	D Er	mpto , er identifica	ation number
	Address change (	DAK CREST INSTITUTE OF SCIENCE		35-468096	1
	Name change	2275 E FOOTHILL BLVD.	E Te	ephone number	
	Initial return	PASADENA, CA 91107	1 6	526 817-0	0883
	Final return/terminated				7
	Amended return		G G	ross receipts \$	1,734;244
	Application pending	F Name and address of principal officer	H(a) Is this a group		ales? Yes X No
	_	March. Brun 2275 E Footh / 18 March	H(b) Are all subordi	inates included? a list (see instru	ctuans) Yes No
ī	Tax exempt status	X 501(c)(3)   501(c) ( )    (insert no )   4947(a)(1) or	527	C 11 1 1 1 2 2 1 3 1 1 1	chonay
J	Website > www	v oak-crest org	H(c) Group exemp:	ion number 🕨	
K	Form of organization	Corporation Trust Association Other LYear	of in-mation	M State of rega	al domicile CA
Pai	rt I Summary				
Governance	ENVIRONME	e the organization's mission or most significant activities SC1! ENTAL IMPROVEMENTS PROJECTS RELATED TO AT GOTHE DEVELOPEMENT OF PROTOTYPE  NTS	R POLUTION AND	TH PROJE	MENTS TOR
ove	2 Check this bo		ed of more than 25% o		_
		ing members of the governing body (Part VI, line 1a)	- 1	3	5
<b>~5</b>		lependent voting members of the governing body (Part VI. line. It of individuals employed in calendar year 2014 (Part V. line. 2a).	υ)	5	10
Activities		of volunteers (estimate if necessary)		1 6	10
흥		d business revenue from Part VIII, column (C), line 12		7a	0.
		business laxable income from Form 990-T, line 34		7b	0
			Prior	ſear _	Current Year
i	8 Contributions	and grants (Part VIII, line 1h)	1,21	1,098	1,447,148
Revenue	9 Program serv	ice revenue (Part VIII line 2g) RECEIVED	32	26,709	283,914
ا <u>د</u>	10 Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		1,161	1,941
اعت	11 Other revenue	e (Part VIII, column (A), lines 5 6d 8c 9c, 10c, and 11e)	<u>الرا</u>	32	1;241.
	12 Total revenue	add lines 8 through 11 (must equal Part VIII, column (A) line		39,000	1,734,244.
			9		
1	· ·				
S		er compensation, employee benefits (POCO DEN) (AU) ifes 5.	-19) [51	19,883	678] 381
Expenses	16a Professional	fundraising fees (Part IX, colum <del>h (A), Tine Te)</del>		·	<del></del>
çbe	b Tota fundrais	sing expenses (Part IX, column (D) line 25).			
ш	17 Other expens	es (Parl IX, column (A), lines 11a 11d, 11f 24e)	77	70,802	1,015,784
	18 Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1, 29	90,685	1,694,165.
		expenses Subtract line 18 from line 12	24	48,315	40,079.
Assets or Balances			Beginning of		End of Year
Salar	20 Total assets	(Part X, line 16)		18,693	2, 225, 235.
ب ــ ب	1 2, 1015	s (Part X, line 26)	<u> </u>	92,307	<u> 1,258,767.</u>
Ž.	22 Net assets or	fund balances. Syntract line 21 from line 20	93	26,386	966,468
Pá	art II    Signatur	e Block			1
Unde	er penalties of perjury. I decl	are that I have examined this lettern including accompanying schedules and statements, and trer (other than officer) is based on all informations of which probater has any knowledge	s to the past of my knowledge an	id belief in is true	correct and
	i.		16	tahe-	
٠.	Signali	ure of officer	Date	<u> </u>	
Sig He	gn <sub>l</sub> '		CEO	•	
116		MARC BAUM  print name and little			
_	Print/Type i	preparer's name ' Preparer's signature	Date Cne	es TXI of TE	TIN
D -	,			<u> </u>	201339902
Pa Pr	eparer Firms nam				
Üs	se Only Firm's addr		Fun	ns EIN > 95-	-3496043
-	James adur	Long Beach, CA 90805			229696
Ma	v the IRS discuss the	nis return with the preparer shown above? (see instructions)		3027	X Yes No
_	<u> </u>	Reduction Act Notice, see the separate instructions	TEFA0113L 05/23/14	<u> </u>	Form 990 (2014

	n 990 (20:4) OAK CREST INSTITUTE OF SCIENCE	95-468096	1 12	age 2
Pai	rt III   Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			_ (X)
1	Briefly describe the organization's mission			
	SCIENTIFIC RESEARCH PROJECTS FOR ENVIRONMENTAL IMPROVEMENTS PROJE	ECTS RELATE	TO AI	R
	POLUTION AND MEASUREMENTS INCLUDING THE DEVELOPEMENT OF PROTOTYPE	PE		
	INSTRUMENTS	=		
	Did the organization undertake any significant program services during the year which were not listed or	the orac	<del></del> .	
_	Form 990 or 990-EZ?	· —	Yes X	No
	If 'Yes,' describe these new services on Schedule O		ies V	No
_			, G	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	rvices /	Yes X	No
	If 'Yes,' describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ices as measured	by expens	ses
	and revenue, if any, for each program service reported	is to omers, me to	nai expens	es,
	a (Code ) (Expenses \$ 1,052,496 including grants of \$ ) (F	Revenue \$		
-	SCIENTIFIC RESEARCH PROJECTS FOR ENVIRONMENTAL IMPROVEMENTS			'
		DEVELOPENE		
	PROJECTS RELATED TO AIR POLLUTION AND MEASUREMENTS INCLUDING THE	- NEARTONEWE	NT OF -	<del>-</del>
	PROTOTYPE INSTRUMENTS FOR AIR INSTRUMENT			
	AND MEASUREMENT			
			<b>.</b>	
			1	
		<del>-</del>		
			· <del> </del>	
4	b (Code ) (Expenses \$ including grants of \$ ) (F			
		Kevenne o		١
	b (code	Revenue \$		—)
			- <del></del>	
				—) 
	D (COURT OF THE COURT OF THE CO			)
		revenue \$		)
		revenue \$		)
		(evenue 5		
		(evenue 5		
		(evenue 5		
		(evenue \$		
4				
4	c (Code ) (Expenses \$ including grants of \$ ) (f	Revenue \$		

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Form 990 (2014)

	m 990 (2014) OAK CREST INSTITUTE OF SCIENCE	95-4680961		P	age 3
Pai	rt IV   Checklist of Required Schedules	· — —	-	<u>,                                    </u>	
_				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes Schedule A	: complete	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2		X
3	Dic the organization engage in direct or indirect political campaign activities on behalf of or in opposition public office? If 'Yes, complete Schedule C, Part I	on to candidates	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 50 in effect during the tax year? If Yes, complete Schedule C, Part II	D1(h) election	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $50+(c)(6)$ organization that receives membership assessments, or similar amounts as defined in Revenue Procedure 98 $19^{2}$ ff Yes, complete Schedule	oues C, Part III	5	1	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donor to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, compart I	ors have the right in plete Schedule D	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open senvironment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	space, the	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?//complete Schedule D, Part III	res,	8	 ك ـ	Х
9	Did the organization report an amount in Part X, line 21, for escrow or sustodial account liability, serve for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt services? If Yes, complete Schedule D, Part IV	as a custodian negotiation	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted er permanent endowments, or quasi-endowments? If 'Yes, complete Schedule D, Part V		10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Par' or X as applicable	s VI VII, VIII, IX	_		1
i	a Did the organization report an amount for land, buildings and equipment in Part X, line $103f$ Yes, cor D, Part VI	•	11 <u>a</u>	X.	
,	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% of assets reported in Part X, line 16° If 'Yes, complete Schedule D, Part VII		11 ы		Х
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% assets reported in Part X, line 16° if 'Yes,' complete Schedule D, Part VIII		11 c'		X
	d Did the organization report an amount for other assets in Part X. line 15 that is 5% or more or its total in Part X, line 16? If 'Yes, complete Schedule D, Part IX		11 dj		X
	e Dic the organization report an amount for other liabilities in Part X, line 25% Yes, complete Schedule	D Part X	11 e	_X <sub>1</sub>	1
	f Did the organization's separate or consolidated financial statements for the tax year include a tootnote the organization's liability for uncertain tax positions under FIN 48 (ASC 740)7f 'Yes, complete Sched		1111	;	Х
12	la Did the organization obtain separate, independent audited financial statements for the tax year of Yes Schedule D, Parts XI, and XII		12a	Χ'	ļ 
	b Was the organization included in consolidated, independent audited financial statements for the tax yield the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is optional.		12b		' X
13	Is the organization a school described in section 170(h)(1)(A)(ii) $^{2}$ If Yes, complete Schedule E		13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, f business, investment, and program service activities outside the United States, or aggregate foreign if at \$100,000 or more? If Yes, complete Schedule F, Parts I and IV	nvestments valued	146;		j X
15	5 Did the organization report on Part IX, column (A), line 3 more than \$5,000 of grants or other assistatoreign organization? If Yes, complete Schedule F, Parts II and IV		15		X
16	Dig the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	her assistance to	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising serviculum (A), lines 6 and 11e <sup>2</sup> If Yes, complete Schedule G, Part I (see instructions)	ices on Parl IX,	17 !	-	х
18	8 Did the organization report more than \$15,000 total of fundraising event gross income and contributio tines 1c and 8a? If "Yes," complete Schedule G, Part II		18	· <del>- i</del>	i X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a3f "Yes complete Schedule G, Part III

bilf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

20 a Did the organization operate one or more hospital facilities  $^{9}H$  Yes, complete Schedule H

20 Ы

Fal	Minari 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 domestic government on Part IX, column (A), line 1° If Yes complete Schedule I Parts I and II	21		X
22	Did line organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° II 'Yes, complete Schedule I, Parts I and III	22		X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, complete Schedule J	23		   X
24	a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of	2.5	i	<u> </u>
	the last day of the year, that was issued after December 31 20027!! Yes, answer lines 24b through 24d and complete Schedule K. It 'No, go to line 25a	24a	1	X
	o Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24ь		ļ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	iˈ	
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	نــــــا	ļ
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizationsDid 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>
i	o 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 EZ31. Yes, complete Schedule L. Part I	25b	·	X
26	Did the organization report any amount on Parl 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 Yes', complete Schedule L, Part II	26	1	) X
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, Pad III	27		, X
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)	* * 1		
	a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee or key employee? If Yes complete  Schedule L, Part IV	28b	ل	X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV	28c	1	Х
29	Did the organization receive more than \$25 000 in non-cash contributions? If Yes, complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate terminate, or dissolve and cease operations? If 'Yes, complete Schedule N. Part I	31		X
32	Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If Yes complete Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3° If 'Yes,' complete Schedule R, Part I	33_	<u> </u>	X
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		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	bilif '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	<u>'</u>	_
36	Section 501(c)(3) organizations $\mathcal{D}$ id the organization make any transfers to an exempt non charitable related organization? If 'Yes, complete Schedule R, Part V, line 2	36	<u> </u>	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 197. Note: All Form 990 filers are required to complete Schedule O.	38	X	
ВА	A	Forr	n 990	(2014

14b

Form 990 (2014)

Part-W Statements Regarding Other IRS Filings and Tax Compliance	35 40003		<u>-</u>	age .
Check if Schedule O contains a response or note to any line in this Part V				
once in deneatile of contains a response of note to any line in this rail v			Yes	No.
1 a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1 a 21		165	No.
b Enter the number of Forms W 2G included in line 1a. Enter 0- if not applicable	16 (		1,00	
c Did the organization comply with backup withholding rules for reportable payments to vendor		4 !	7-7	
(gambling) winnings to prize winners?	s and reportable gaming	1 c		X
2a Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax State			1 4	£. \$
ments, filed for the calendar year ending with or within the year covered by this return	2 a 1 (		. 3	
b If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	X	Property.
Note if the sum of lines 1a and 2a is greater than 250, you may be required too file (see inst	•	الثيثا	· said	2
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year bit is shariful a form 990 T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	ar,	1 3 a		
·		3 b	I	
4a At any time curing the calencar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4 a		Х
b if 'Yes,' enter the name of the foreign country	,	12 3	110	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts (FBAR)	100	3	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year <sup>9</sup>	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ler transaction?	5 b		X
c If 'Yes, to line 5a or 5b, did the organization file Form 8886-T?		5 c	:	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, a	and did the organization	Γ —		
solicit any contributions that were not lax deductible as charitable contributions?	,	6 a	_	X
bilif Yes, did the organization include with every solicitation an express statement that such control and the second sec	ontributions or gifts were		} ·	
not lax deductible?		6 b	- :	120.00
7 Organizations that may receive deductible contributions under section 170(c)		3	- 1	20
a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment services provided to the payor?	partly for goods and	7 a	1000	Y
b If 'Yes, did the organization notify the donor of the value of the goods or services provided?		7 b	└	- <del>^</del> -
c Did the organization sell, exchange, or otherwise dispose of langible personal property for w		1 -	1	ı
Form 8282 <sup>7</sup>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 c	_	1 X
d If 'Yes' indicate the number of Forms 8282 filed during the year	7 d		- 5	*
e Did the organization receive any funds, directly or indirectly to pay premiums on a personal	benefit contract?	7 e	<u>.</u>	' X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	71	<u> </u>	X
g If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7 g	i	1
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h	1	
8 Sponsoring organizations maintaining donor advised fundsDid a donor advised fund main	tained by the sponsoring			
organization have excess business holdings at any time during the year?		8	ļ	
9 Sponsoring organizations maintaining donor advised funds			- 47	-
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a	<del> </del>	;
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	rson,	9 b	Carre	
10 Section 501(c)(7) organizations Enter	1.10-1	18.50		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	{·	1	
11 Section 501(c)(12) organizations.Enter	TUD <sub>j</sub>	-{	1	£ .
a Gross income from members or shareholders	11 a ˈ		1 3	ر بد
b Gross income from other sources (Do not net amounts due or paid to other sources	1	-	1	Ξ,
against amounts due or received from them )	116,		1	
12a Section 4947(a)(1) non-exempt charitable trustsis the organization filing Form 990 in lieu of	Form 1041?	12 a	<u>L</u> _	
b If 'Yes' enter the amount of tax-exempt interest received or accrued during the year	12Ь		`}*	3.7
13 Section 501(c)(29) qualified nonprofit health insurance issuers		}	1 3	1.51
a is the organization licensed to issue qualified health plans in more than one state?		13 a	4	ļ
Note See the instructions for additional information the organization must report on Schedu	ile ()	1		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			190
c Enter the amount of reserves on hand	13c	-	-4	
14a Did the organization receive any payments for indoor lanning services curing the tax year?	·	- - <sub>14</sub> ;	,	X

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

Form 990 (2014) OAK CREST INSTITUTE OF SCIENCE 95-4680961 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filen? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing booy? b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders or persons other than the governing body? 1 Dig the organization contemporaneously gocument the meetings held or written actions undertaken guring the year by the following a The governing body? B a b Each committee with authority to act on behalf of the governing body? 8 b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yas,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the torm? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . See Schedule O 12a Did the organization have a written conflict of interest policy7lf 'No, go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? Yes describe in See Schedule O 12c Χ Schedule O how this was done 13 | 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х a The organization's CEO, Executive Director, or top management official. See Schedule 0 b Other officers or key employees of the organization See Schedule O X 15b If Yes to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Dio the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a bif 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed. None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Own wensite Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O

9ana 7

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

Check if Schedule O contains a response or note to any line in this Part Vit

 $[\bar{X}]$ 

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations), regardless or 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 or the organization'sformer 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'sformer directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 or 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

				(C	)					
(A) Name and Tile	(B) Average hours per week (list	offic	er and	da dı	neck lersor	more to	•)	(D)  Peportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza tions below dotted fine)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	inn organization (w. 271099 MISC)	related organizations (W-2/1099 MISC)	componse too from the organization and related organizations
(1) DR MARC BAUM CEO	40			Х				121 610		
(2) WENDY CANO	40	-	Ìή		-		$\neg$	121,619	0	
SECRETARY	0	ļ	<del>                                     </del>	X			1	50,097	0.	0
(3) RICHARD GARRETT CPA CFO (4)	0 5			х				3,500	0	0
(5)	-	-					г і			
(6)		<del>                                     </del>						-		
(7)						j				
(8)	<del>-</del>		1							
(9)			† 7			 				
10)		]		-		 	_			
11)							]			
12)	<del></del>	<del> </del>					H			<del></del>
13)		i			i !	-	j+			<del></del>
14)	- <del></del>	<del> </del>			ļ. <u> </u>		-			. ———
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grant vin   Section A. Officers, Directors, 114	(B)			(Ĉ						<u>,.                                    </u>	.c.m.noeu)
(A)	Average hours	(go	riol ct	Fosi heck r	ition more (SON )	than o	one an	(D)	(E)	(F)	
Name and title	per week (list any	offic	er and	d a d	ueck	u/Kush	ee) '	Peporiable compensation from the organization	Reportable compensation from related organization	ร	other
	hours	ndivici	rstituti	Officer	ey en	Highest com	ome	(W 2/1099 MISC)	(W 2/±099 MISC)	from the organization of the control	ilion.
	for related organiza tions	ndividual trustee or director	onalt	`	Key employee	ee comp				organiza	
	dolled line)	stee	nstitutional trustee		rio :	npensated					
(15)	; <del> </del>	<u></u>	! 	, —†		ä,		<del></del>	· 		
	1 1	, <del> </del>	'   	¦		' '   —	-	 	ļ Γ	<u> </u> - <del></del>	<del></del>
(16)		<u> </u>		 							
(17)	{		!				. !			ļ	
(18)		†	Ιİ							<del> </del>	
(19)	]	† -	1	7	-						
(20)	, 	<del> </del>	, 		)  	i		<u></u>		$\dashv$	~ ~~~
(21)		<del> </del>		_	_				, } <del></del>	- <del> </del>	
		<del> </del>				{ {	l				
(22)	<u> </u>	1				¦					
(23)	<del></del>				}			<u> </u>		7	
(24)	<u> </u>	†				-					
(25)	]	-	7		-	-	İ-		†		<del></del>
1 b Sub-total	<u> </u>		اا	L	<u> </u>	ا	<u></u>	175,216	<u> </u>		0
c Total from continuation sheets to Part VII, Section	n A						<b>►</b>	175,216	,	2	0_
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limit	led to th	ose i	iste	d ab	ove	) who	o re		<del></del>	<del>-</del>	_0 ensation
from the organization • 1											s No
3 Did the organization list anyformer officer, director on line 1a <sup>9</sup> If 'Yes,' complete Schedule J for such	or, or tru	stee,	key	em	ploy	ee, o	סו א	ighest compensa	led employee	F	
4 For any individual listed on line 1a, is the suin of										3	<u> </u>
the organization and retated organizations greate such individual	r than \$	150 0	וֹכּסׁסוֹ	lf Y	es	comp	nete	Schedule J for		4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If Yes.	compe	nsati	on fr	om lule	any J fo	unre r suc	elale h p	ed organization o erson	r individual	5	X
Section B. Independent Contractors  1 Complete this table for your five highest compens									150 \$100 000 of		-
compensation from the organization. Report com-	pensalio	n for	lhe	cale	enda	ar ye	ar e	nding with or will	nın th <u>e orga</u> nızatı	on's lax year	~
(A) Name and business addr	ess 					_			B)   of services	(C) Compensa	alion
		-	_		_	<u>.</u>	_	<del></del>	<del>-</del>	<del></del> -	
		_	 		<b>-</b>			<u> </u>			
								<del></del>			<del></del>
2 Total number of independent contractors (including \$100,000 of compensation from the organization	•	ot lin	riled	to I	ihos	e list	ed	above) who recei	ved more than	······································	
5 (00,000) of compensation from the organization	. ()										

Form 990 (2014) OAK CREST INSTITUTE OF SCIENCE 95-4680961 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VtII (A) Total revenue (B)  $\overline{(C)}$ (D) Related or Unrelated Revenue exempt business excluded from tax under sections 512 514 function revenue revenue . Gifts, Grants inlar Amounts 1 a Federaled campaigns  $1a_1$ b Membership dues 1 Ы c Fundraising events 1 c d Related organizations. 1 d Contributions, ( and Other Simil e Government grants (contributions) 1 e 1, 284, 148 f All other contributions, gifts, grants, and similar amounts not included above 163,000 g Noncash contributions included in lines 1a 11 \$ h Total, Add lines 1a-1f 1,447,148 **Business Code** Service Revenue 2a RESEARCH PROJ & TECH ADV 125,627 125,627. b USAGE FEES\_\_\_\_\_ 123, 155 12<u>3</u>, 15<u>5</u> . c SUB\_CONTRACTING\_ 33,382 33, 382 1,750 1,750 1 All other program service revenue g Total Add lines 2a-2f 283,914 Investment income (including dividends, interest and other similar amounts) 1,941 1,941 Income from investment of tax-exempt bond proceeds. Royallies (i) Real (ii) Personal 6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Nel income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses

c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold Ы c Net income or (loss) from sales of inventory Miscellanaous Revenue **Business Code** 11a MISCELLANEOUS 1,241 b d All other revenue e Total. Ado lines 11a-11d 1, 241 Total revenue. See instructions 0 1,734,244 0 287, 096.

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Form 990 (2014)

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Do not included amounts reported on lines   Tolla' expenses   Program service   Management and grant of the Part VIII	Sect	on 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a re	complete all columns A	une in this Part IX	must complete colunin (A	<u> </u>
Do not include amounts reported on lines   Total expenses   Program service   General expenses   General e		<del></del>		<del></del>	(C)	
organizations and domestic governments see Part IV, line 22   Sanis and other session to domestic by the 22   Ganis and other session to domestic by the 22   Ganis and other session to domestic by the 22   Ganis and other session to domestic by the 22   Ganis and other session to domestic by the 22   Ganis and other session to domestic by the 24   Ganis and other session of the 24   Ganis and other session of the 24   Ganis and other session of the 24   Ganis and other session of the 24   Ganis and other session of the 24   Ganis and other session 458(6)(1)) and persons described in section 458(6)(1)) and described in section 458(6)(1)) and described in section 458(6)(1)) and described in section 458(6)(1)) and described in section 458(6)(1) and described in section				Program service	Management and	Fundraising
Grants and other assistance to domestic individuals See Part IV Inte 17 (a) and 10 (b) and 12 (c) and 12 (c) and 12 (c) and 13 (c) and 14 (c) and 15 (c) and 16 (c)	1	organizations and domestic governments	1			
organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 d Benefits paid to or for members Compensation of current officers directors, frustees, and key employees (as certain 4586(f)) and persons described in section 4586(f) and doi: 10 do	2	Grants and other assistance to domestic			. + .	
S. Compensation of current officers directors, trustees, and key employees to disqualified persons (as elemen under section 4958(f)(1)) and persons described in section 4958(f)(1) and 495(f) (1) and 495(f)	3	organizations, foreign governments, and for-				
133,781   97,025   36,756   0	4	Benefits paid to or for members			2,	
disqualited persons (as cefined under section 4936(c)4)(6)	5	trustees, and key employees	133,781	97,025	<u>36,75</u> 6	0
7 Other satareas and wages 8 Pension plan accruals and contributions (include section 401 (A) and 403 (D) employer contributions) 9 Other employee cenefits 10 Payroll taxes 11 Fees to revuces (non employees) 1 Management blegal 1	6	disqualified persons (as defined under section 4958(f)(1)) and persons described	0	0.	_ 0	0.
(include section 401(k) and 403(b) employer contributions) 9 Other employee cenefits 50, 185 17, 823 9 Other employee cenefits 50, 185 17, 823 17, 823 17, 823 9 Other employee cenefits 50, 185 17, 823 185, 185, 185 185, 185 185, 185 185, 187 185 185, 187 185 185 185 185 185 185 185 185 185 185	7	Other salaries and wages	429,670	270,923	158,747	
9 Other employee onefils   50, 185   50, 185   10   Payroll laxes   46, 922   30, 781   16, 141   11   Fees for services (non employees)   3   46, 922   30, 781   16, 141   11   12   12   12   13   147   15, 147   15, 147   15, 147   16, 141   17   17   18   18   18   18   18   1	8	(include section 401(k) and 403(b)	17 022		17 922	
10   Payroll laxes   46, 922   30, 781   16, 141		· · ·				
a Management blegal 15,147 15,147 15,147 cAccounting 13,943 3,000. 10,943 dleading and following eprocessoal fundrasing services. See Part IV, line 17 flinvestment management fees 9 Other (Ithe high and reacked) 10% of line 25, column (A) amount, list line 19 aspects on Schedule 0) 2. Advertising and promotion 13 Office expenses 5,157. 30. 5,127. 14 Information technology 18 Rayalties 16 Occupancy 103,947 65,700 38,247 17 Travel 18 Payments of travel or entertainment expenses for any feeeral, state, or local public officials 7,798. 1,964 5,834 19 Conterences, conventions, and meetings 6,574 6,574 6,574 19 Payments to affiliates 20 Depreciation, depletion, and amortization 2 Information development of the expenses of the expenses of any feeeral of the expenses of covered above (List miscellameous expenses in line 24e It line 24e amount exceeds 10% of the expenses of Schedule 0) 314, 239 301, 945 12, 294 5 ESEARCH PROJECTS 144, 655 144,	-	· · ·		20 791		
a Management b Legal c Accounting d Loobying e Protessional fundrating services. See Part IV, line 17 f Investiment management fees g Other (It line 11g and exceeds 10% of line 25, column (A) amount, list line 19 genesses on Schedule 0) 12 Advertising and promotion 13 Office expenses 15, 157. 30. 5, 127. 14 Information technology 15 Royalties 16 Occupancy 10 3, 947 65, 700 38, 247 17 Travel 18 Payments of travel or entertiainment expenses for any feederal, state, or local public officials 19 Contenences, conventions, and meetings 7, 396 3, 080 4, 316 10 Interest 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 Office respenses Itemize expenses not covered above (List miscellaneous expenses in line 24e of If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 15 RESEARCH PROJECTS 16 FURNITURE & EQUIP EXPENSE 17 Sq. 239 301, 945 12, 294 18 PRESEARCH PROJECTS 14 FOR SCHOOL STATE		· ·	40,922	30,761	10,141.	
Description   15, 147						
d Loopying d Loopying e Protessional fundrasing services. See Part IV, line I7 f Investment management fees g Other (It line I1g and exceeds 10% of line 25, column (A) amount, list line I1g separase on Schedule O)  24 Advertising and promotion 3 Office expenses 3		-	15 147		15 147	
d Loobying e Protessonal fundraising services. See Part IV, Inte I7 f Investiment management fees g Other (it the 11g and exceeds 10% of line 25, column (A) amount, list fine 11g peaces on Schedule 0)  2 Advertising and promotion  3 Office expenses				3 000		
e Protessional fundrating services. See Part IV, line 17  f Investment management fees g Other of line 11g and excelds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  2 Advertising and promotion  13 Office expenses		,	13,333	3,000.	10, 543	
f Investment management fees   g Other (it line 1)g and exceeds 10% of line 25; column (A) amount, list line 1)g appears on Schedule 0)		, ,		, , ~	,	
(A) amount, list line 1ig expenses on Schedule 0) 2 Advertising and promotion 13 Office expenses 5,157. 30. 5,127.  14 Information technology 15 Royalties 6 Occupancy 103,947 65,700 38,247  17 Trave! 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conterences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses llemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount, list line 24e expenses on Schedule 0) 2 CONTRACT LABOR 2 DESEARCH PROJECTS 3 Lag. 144, 655 4 UTILITIES 4 OUT EXPENSE 5 3, 239 5 C FURNITURE & EQUIP EXPENSE 5 3, 239 5 C Total functional expenses See Sch 0 2 20, 762 7 Lag. 1469 7 Lag. 14		· ·		<u></u>		
13 Office expenses		(A) amount, list line 11g expenses on Schedule O)				
14 Information technology 15 Royalities 16 Occupancy 17 Trave! 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conterences, conventions, and meetings 10 Interest 10 Conterences, conventions, and amortization 19 Payments to affiliates 10 Interest 10 Depreciation, depletion, and amortization 10 Insurance 11 Depreciation, depletion, and amortization 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (4) amount, list line 24e expenses on Schedule O) 10 CONTRACT LABOR 15 RESEARCH PROJECTS 16 All other expenses See Sch O 220,762 74,801 145,961 1		· ·	5 157	30	5 127	
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, stale, or local public officials 19 Contenences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (4) amount, list line 24e expenses on Schedule 0 ) 2 CONTRACT LABOR 2 DEPRECIATION (5) SALE SALE SALE SALE SALE SALE SALE SALE		·				
103,947   65,700   38,247		**				
17   Travel		•	103.947	65.700	38.247	<del></del>
18						<del></del>
19   Conterences, conventions, and meetings   7,396   3,080   4,316     20   Interest   6,574   6,574     21   Payments to affiliates     22   Depreciation, depletion, and amortization     23   Insurance   8,009   8,009     24   Other expenses litemize expenses in line 24e   Interest of line 24e amonth exceeds 10% of line 25, column (4) amount, list line 24e expenses on Schedule O     a CONTRACT LABOR   314,239   301,945   12,294     b RESEARCH PROJECTS   144,655   144,655     c FURNITURE & EQUIP EXPENSE   53,239   26,054   27,185     d UTILITIES   49,251   32,538   16,713     e All other expenses   See   Sch   O   220,762   74,801   145,961     25   Total functional expenses Add lines   Ithrough 24e   1,694,165   1,052,496   641,669   0.  26   Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here * □   if following SOP 98-2 (ASC 958-720)		Payments of travel or entertainment expenses for any federal, state, or local	7 798	1 964	5 834	
Interest	19	·			<del></del>	
Payments to affiliates		•			6,574	
23   Insurance	21	Payments to affiliates		·		
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a CONTRACT LABOR  b RESEARCH PROJECTS  c FURNITURE & EQUIP EXPENSE  d UTILITIES  e All other expenses See Sch O  220,762  Total functional expenses Add lines I through 24e  25 Total functional expenses Add lines I through 24e  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 Inf following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization	65,667		65,667	
covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a CONTRACT LABOR  B RESEARCH PROJECTS  C FURNITURE & EQUIP EXPENSE  D UTILITIES  All other expenses See Sch O  220,762  Total functional expenses Add lines I through 24e  Loint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here Infollowing  SOP 98-2 (ASC 958-720)	23	Insurance	8,009		8,009	
expenses on Schedule O)  a CONTRACT_LABOR  5 RESEARCH PROJECTS  C FURNITURE & EQUIP EXPENSE  D UTILITIES  All other expenses See Sch O  220,762  Total functional expenses Add lines I through 24e  D 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 Tif following SOP 98-2 (ASC 958-720)	24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%	And American			,
b RESEARCH PROJECTS 144, 655. 144, 655   c FURNITURE & EQUIP EXPENSE 53, 239. 26,054 27,185   d UTILITIES 49,251 32,538 16,713   e All other expenses See Sch 0 220,762 74,801 145,961   25 Total functional expenses Add lines I through 24e 1,694,165 1,052,496 641,669 0.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   If following SOP 98-2 (ASC 958-720)		expenses on Schedule O )	( ) 1 ( ) C			<u> </u>
b RESEARCH PROJECTS 144, 655. 144, 655		CONTRACT LABOR	314,239	301,945	12,294.	
c FURNITURE & EQUIP EXPENSE 53, 239. 26,054 27,185 d UTILITIES 49,251 32,538 16,713   25 Total functional expenses See Sch Q 220,762 74,801 145,961   25 Total functional expenses Add lines I through 24e 1,694,165 1,052,496 641,669 0.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)					1	
e All other expenses See Sch Q 220,762 74,801 145,961  25 Total functional expenses Add lines I through 24e 1,694,165 1,052,496 641,669 0.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here I if following SOP 98-2 (ASC 958-720)			53, 239.	26,054_	27, 185	
25 Total functional expenses Add lines I through 24e 1, 694, 165 1,052, 496 641, 669 0.  26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here I if following SOP 98-2 (ASC 958-720)		d UTILITIES				
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 Fig. if following SOP 98-2 (ASC 958-720)		e All other expenses See Sch Q				<del></del> .
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here \to \int if following SOP 98-2 (ASC 958-720)	25	Total functional expenses Add lines 1 through 24e	1,694,165	1,052,496	641,669	0.
	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   If following				
	<del></del>		<u> </u>	<u> </u>	<u> </u>	Eart 000 (2014

<u>Pa</u>	<u>цх</u>	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Part X	•		IXI
_			(A) Beginning of year		(8) End of year
	1	Cash – non-interest-bearing	426,197	1 ,	100,260
	2	Savings and temporary cash investments	292,605	2	256,927.
- 1	3	Piedges and grants receivable, net		3 -	_230/321.
	4	Accounts receivable, net	84,371	4	174,624
	5	Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L		·. • •	
y,	7	Notes and loans receivable, net		7 7	·
Assets	8	Inventories for sale or use		L ′ 8 T	- · · · - <del></del>
As	9	Prepaid expenses and deferred charges		9 7	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1, 913, 976	1 de la lace		
	b	Less accumulated depreciation 10b 230, 574.	197,559	10 c	1,683,402
	11	Investments – publicly traded securities		11	1,000,402
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	· ~-
	14	Intangible assets		14	
	15	Other assels See Part IV, line 11	17,961	15	10,022.
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,018,693	16	2, 225, 235.
	17	Accounts payable and accrued expenses	2,812	17	21, 471.
	18	Granis payable		18	
	19	Deferred revenue		19	· · <del></del>
	20	Tax-exempt bond liabilities		20	· · · <del></del>
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	- <del></del>	21	
Labilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	49,560	23	1,191,262
	24	Unsecured notes and loans payable to unrelated third parties	L <del></del>	24	
	25	Other liabilities (including federal income tax, payables to related third parties,		i = +	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	39,935	25	46,034
	26	Total liabilities Add lines 17 through 25	92,307	26	1,258,767
alances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34		,	
aŭ	27	Unrestricted net assets	795,386	27	835, 468.
3al	28	Temporarily restricted net assets	131,000	28	131,000.
ā	29	Permanently restricted net assets		29	<del></del>
or Fund B		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
્ર	30	Capital stock or trust principal, or current funds		30	
ş	31	Paid-in or capital surplus, or land, building, or equipment fund		T 31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	926, 386	33	966, 468.
~	34	Total liabilities and net assets/fund balances	1,018,693	34	2,225,235.
BA	Α		·		Form 990 (20:4)

		95-4680961		Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_i_ 73	4.2	44
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,69		
3	Revenue less expenses Subtract line 2 from line 1	3		0,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 ,		6, 3	
5	Net unrealized gains (losses) on investments	5		<u> </u>	<u></u>
6	Donated services and use of facilities	[ 6 ]		-	
7	Investment expenses	7			
8	Prior period adjustments	8 ,			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line 33,	, J			
	column (B))	10 '	96	6,4	<u>65.</u>
Pai	t-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 X Accrual Tibles	!		y .	4.4
	If the organization changed its method of accounting from a prior year or checked 'Other explain				
	in Schedule O	]	ا ــ ا	9	Źi
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If Yes, check a box below to indicate whether the financial statements for the year were compiled or rev	iewed on a			Time!
	separate basis, consolidated basis, or both	1	<u> </u>	1	See 1
	Separate oasis Consolidated basis Both consolidated and separate basis	į	1	1	
١	Were the organization's financial statements audited by an independent accountant?		2 Ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or poth	parate	1 1		4
	Separate basis			İ	44
					لنت
,	If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3 a	X	لتحريب
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b <sub>1</sub>	χ !	
BAA	· · · · · · · · · · · · · · · · · · ·		Form		2014)

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

## Public Charity Status and Public Support

at www irs gov/form990

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ

OMB No. 1545 6047 2014

Open to Public, Inspection

Name of the organization Employer identification number OAK CREST INSTITUTE OF SCIENCE 95-4680961 Part I: Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described insection 170(bX1XAXI) 2 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv) (Complete Part II) 5 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II ) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4) 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 insection 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization(or must complete Part IV. Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s) by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s)You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with lift supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I. Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization (v) Amount of monetary (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (iv) is the gamzation listed your governing document? (vi) Amount of other support (see instructions) suppor (see instructions) Yes No (A) (B) (C) (D) (E) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Schedule A (Form 990 or 990-EZ) 2014 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III II the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gilts, grants, contributions, and membership fees received (Do not include any unusual grants )	860,262	1,197,913	858,611			2,916,786.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,		0.
4	Total Add lines 1 through 3	860,262	1,197,913	858,611	0	0	2,916,786.
5	The portion of total contributions by each person (ofner than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	ان در این از از از از از از از از از از از از از	,				0.
6	Public support Subtract line 5 from line 4	-		,	_		2,916,786
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	860,262.	1,197,913	858,611.	0	0.	2,916,786.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	928	100,165				101,093
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part V!) See Part TV		1,300				1,300
11	Total support Add lines 7 through 10						3,019,179
12	Gross receipts from related activities	vities, etc (see ins	structions)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 12	7 - 3
	First five years If the Form 990 organization, check this box and	stop here		nd, third, fourth, or	r fifth tax year as a	section 501(c)(3	3) ► X
	tion C. Computation of Pu						
	Public support percentage for 20			ne 11, column (f))		14	%
	Public support percentage from					15_	%
16	a 33-1/3% support test— 2014 If and stop here. The organization	the organization of qualifies as a pul	did not check the l blicly supported or	box on line 13, an iganization	id the line 14 is 33	1/3% or more, c	theck this box
ł	o 33-1/3% support test— 2013 If t and stop here The organization	he organization d i qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 organization	a, and line 15 is 33	3-1/3% or more, (	check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the facts- s-and-circumstan	and-circumstance ces' test. The orga	s' lest, check this anization qualifies	box and top here as a publicly supp	Explain in Part \ ported organization	VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-are Private foundation if the organization of the	meets the facts id-circumstances	and-circumstance test. The organiza	s test, check this ation quaiifies as	box ancistop here a publicly supporte	Explain in Part \ ed organization	VI how the ► []
BAA	Private foundation.If the organi	cation did not che	sck a dox on line	13, 10a, 160, 17a,			<del></del>
DAA					Sch	adula A /Form 90	90 or 990.F 2\ 2014

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

(Complete only if you checked the box on line 9 of Part I or it the organization failed to quarily under Part I if the organization fails to cualify under the tests listed below, please complete Part II ) Section A. Public Support (c) 2012 Calendar year (or fiscal yr beginning in) (a) 2010 (b) 2011 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions and membership fees received (Do not include any unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax exempl purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line Section B. Total Support (a) 2010 (b) 20 i 1 (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal yr beginning in)► 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Adc lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12) First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 18 18 Investment income percentage from 2013 Schedule A, Part III line 17 19 a 33-1/3% support tests - 2014 If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization

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

| Part IV | Supporting Organizations (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A, D, and Complete Part V.)

Section A All S	Supporting	Organizations
-----------------	------------	---------------

_		Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents?  If No, describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		21
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes, explain inPart VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		- m =
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)3f. Yes, answer (0) and (c) below	<u>г</u> За	- ida	
b Did the organization confirm that each supported organization qualified under section 501(c)(4) (5) or (6) and satisfied the public support tests under section 509(a)(2)? If Yes, describe in Part VI when and how the organization made the determination	3b	₫ : 	H
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If Yes, explain in Part VI what controls the organization put in place to ensure such use	3 c	<u> </u>	
4a Was any supported organization not organized in the United States ('foreign supported organization') if 'Yes and if you checked 11a or 11b in Part I, answer (b) and (c) below	<b>4</b> a	16 - 37	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c Did the organization support any foreign supported organization that coes not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If Yes, explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	) . 	184
5 a Did the organization add, substitute, or remove any supported organizations during the lax year? If Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	, 5a		
b Type I or Type II only Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c Substitutions only Was the substitution the result of an event beyond the organization's control?	5 c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If Yes, provide detail in Part VI	6	-	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)) a family member of a substantial contributor, or a 35 percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		<b>建</b>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7% Yes, complete Part I of Schedule L (Form 990)	8		4 2
9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	- 9a	_	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes, provide detail in Part VI	9 b		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9 c	-	
10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?/ Yes. answer (b) below	10a		 
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10ь		i

•				
Schedule A (Form 990 or 990-EZ) 2014 OAK CRE		61	P	age 5
Part IV. Supporting Organizations (con	tinued)			
11 Has the organization accepted a gift or contrib	nution from any of the following persons?		Yes	No
	ther alone or together with persons described in (b) and (c) below, the	). 11a	-	
b A family member of a person described in (a)	above?	1 111b	Γ -	·
c A 35% controlled entity of a person described	in (a) or (b) above?If Yes to a, b, or c, provide detail inPart VI	110	<u> </u>	
Section B. Type I Supporting Organizations	<del></del>	!	<u></u>	·
			Yes	No
or elect at least a majority of the organization'  Part VI how the supported organization(s) effe  If the organization had more than one support	one or more supported organizations have the power to regularly appoint is directors or trustees at all times during the tair year? If No. describe in actively operated, supervised, or controlled the organization is activities led organization, describe how the powers to appoint and/or remove a supported organizations and what conditions or restrictions, if any,	1		
that operated, supervised, or controlled the su	any supported organization other than the supported organization(s) ipporting organization? If Yes, explain in Part VI how providing such ded organization(s) that operated supervised or controlled the	2		
Section C Type II Supporting Organization	S			
			Yes	No
of each of the organization's supported organi	or trustees during the tax year also a majority of the directors or trustee zation(s) <sup>9</sup> If 'No, describe in Part VI how control or management of the ne persons that controlled or managed the supported organization(s)	د د د د ا	12.51	1
Section D. All Type III Supporting Organiza	tions			
		<del></del>	Yes	No
organization's lax year, (1) a written notice de year, (2) a copy of the Form 990 that was mos	poorted organizations, by the last day of the fifth month of the escribing the type and amount of support provided during the prior tax strecently filed as of the date of notification and (3) copies or the on the date of notification, to the extent not previously provided?	1		
organization(s) or (ii) serving on the governing	ors, or trustees either (i) appointed or elected by the supported g body of a supported organization? If No. explain in Part VI how mous working relationship with the supported organization(s)	2		
voice in the organization's investment policies	did the organization's supported organizations have a significant s and in directing the use of the organization's income or assets at an Part VI the role the organization's supported organizations played	. 3		
Section E Type III Functionally-Integrated	Supporting Organizations		_	
1 Check the box next to the method that the ord	ganization used to satisfy the Integral Part Test during the yea <del>fsee instru</del>	ctions)		
a The organization satisfied the Activities To	est Complete line 2 pelow			
H ,	its supported organizations Complete line 3 below			
	tal entity Describe in Part VI how you supported a government entity (see	: instruc	tions)	
				-, - <u>-</u>
2 Activities Test Answer (a) and (b) below			Yes	No
supported organization(s) to which the organi organizations and explainhow these activities	rities during the lax year directly further the exempt purposes of the zation was responsive? If Yes, then in Part VI identify those supported is directly furthered their exempt purposes how the organization was and how the organization determined that these activities constituted		-	
the organization's supported organization(s) v	ctivities that, but for the organizations involvement, one or more of would have been engaged in 'If' 'Yes' explain inPart VI the reasons for organization(s) would have engaged in these activities but for the			- 1 - 1 - 1

3 Parent of Supported Organizations Answer (a) and (b) below

organization's involvement

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees or each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree or direction over the policies programs, and activities or each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

 2a	Negation 1	
2b		
3a	-	i i
3b		

Schedi	ule A (Form 990 or 990 EZ) 2014 OAK CREST INSTITUTE OF SCIENCE		95-468	30961	Page 6
Part	<ul> <li>Type III Non-Functionally Integrated 509(a)(3) Supporting Organization</li> </ul>	ations	S		<u>*</u>
1 {	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	l on No Section	ovember 20 1970See in ons A through E	structions A	II
Section	n A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1 1	let short term capital gain	1 1			
2 F	Recoveries of prior-year distributions	2			
3 (	Other gross income (see instructions).	3			
4 4	idd lines 1 through 3	, 4			
5 9	Depreciation and depletion	5			
15	Portion of operating expenses paid or incurred for production or collection of gross accome or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 (	Other expenses (see instructions)	7			
8 /	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	ຸ 8 ີ		· · · · ·	
Section	on B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optic	
1 /	Aggregate lair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year)			. ,	
a /	Average monthly value of securities	1a		i	
b /	Average monthly cash balances	, 1ь		· —	
c f	air market value of other non-exempt use assets	1c		 	
d `	otal (add lines 1a, 1b, and 1c)	1 1d			
	Discount claimed for blockage or other actors (explain in detail in Part VI)	Î	Ex 1 day 12 h		*
2 /	Acquisition indebtedriess applicable to non exempt-use assets	2			
3	Subtract line 2 from line 1d	, 3			
	Cash deemed held for exempt use. Enter 1, 1/2% of line 3 (for greater amount, see instructions)	7 — [ , 4			
5 1	Net value of non-exempt use assets (subtract line 4 from line 3)	5			
6 1	Multiply line 5 by 035	6		1	
7	Recoveries of prior-year distributions	7			
8 1	Minimum Asset Amount(add line 7 to line 6)	8		l	
Secti	on C — Distributable Amount		,	Curren	t Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1	-1		
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	- W - W		
4	Enter greater of line 2 or line 3	4	1574		
5	ncome lax imposed in prior year	5	1 30		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency emporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non functionally into (see instructions)	egrate	d Type III supporting or	ganization	
BAA			Scheaule A (Fo	orm 990 or 99	30·EZ) 2014

Scheaule A (Form 990 or 990-EZ) 2014

Sche	dule A (Form 990 or 990-EZ) 2014 OAK CREST INSTITUTE	OF SCIENCE	95-468	30961	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organization		<del></del>	
Sect	ion D - Distributions	-		Currer	nt Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes			
2	Amounts paid to perform activity that directly furtners exempt purpoin excess of income from activity	oses of supported organ	nizations,	,	<del>-</del>
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations			
4	Amounts paid to acquire exempt-use assets			·+ I	
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>		
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6			<del>-</del>	
8	Distributions to attentive supported organizations to which the orga in Part VI). See instructions	nization is responsive (	provide details		
9	Distributable amount for 2014 from Section C, line 6			 1	
10	Line 8 amount divided by Line 9 amount				
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	Distrib	ui) outable t for 2014
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions).				<b>ヴァ</b> (株)
3	Excess distributions carryover, if any, to 2014				3.4
a			T	,	
b					
c					٠ ٤
d					,
e	From 2013				1
1	Total of lines 3a through e		1		,,,
g	Applied to underdistributions of prior years				. 7
h	Applied to 2014 distributable amount				
	Carryover from 2009 not applied (see instructions)		1		•
j	Remainder Subtract lines 3g, 3h, and 3i from 3i				
4	Distributions for 2014 from Section D line 7 \$				
a	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
c	Remainder Subtract lines 4a and 4b from 4		,	<u> </u>	
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)				
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2015 Add lines 3 <sub>1</sub> and 4c		<u> </u>	<u> </u>	
8	Breakdown of line 7				
t	) (				
(	f Excess from 2013	1	1	1	

e Excess from 2014

Schedule A (Form 990 or 990 E2	2) 2014 0	AK_CREST	INSTIT	UTE OF	SCIENCL		95-468	0961	Page 8
Part VI Supplemental Ir and Part III, line	formation 12 Also c	. Provide omplete ti	the explans part for	anations or any ac	required by idditional infor	Part II. line mation (	e 10, Part See instruc	II line 17a o ctions)	ı 17b.
Part II, Line 10 - Other	Income								
Nature and Source	<u> </u>	_2014		2013	2012		2011	2010	
MISC	Total \$		0 \$		\$	<del>0</del> \$	$\frac{1,300}{1,300}$	\$	0-

BAA

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990

Information about Schedule D (Form 990) and its instructions is about irs gov/form990

OMB No 1545 0047 2014

Departmen of the Treasury Internal Revenue Service Name of the organization

Open to Publication Employer identification number

	OAK CREST INSTITUTE OF SC	IENCE		١	5-4680961	
D	Organizations Maintaining Don	or Advised Funds or Oth	er Similar Fund			
Rah	Complete if the organization an	swered 'Yes' to Form 990	). Part IV. line 6	S OF ACCOU	4111.5	
—		(a) Donor advised	<del></del>	(b) Euro	os and other acc	ounts
1	Total number at end of year	(1) 20/10/ 20/13/20	101103		os and other acc	
2	Aggregate value of contributions to (during year)	L				
3	Aggregate value of grants from (ouring year)					
4	Aggregate value at end of year		<del></del>			
7		<u>'</u>				
5	Did the organization inform all donors and d are the organization's properly, subject to the			or advised fui	nds Yes	No
6	Did the organization inform all grantees, dor for charitable purposes and not for the bene impermissible private benefit?					No
Par	Conservation Easements.				<del></del>	
	Complete if the organization an	iswered 'Yes' to Form 990	), Part IV, line 7			
1	Purpose(s) of conservation easements held	by the organization (check all t	hat apply)			
	Preservation of land for public use (e.g.	, recreation or education)	Preservation of a	historically	important land a	rea
	Protection of natural habitat		Preservation of a	a certified his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservati	on contribution in th	e form of a c	onservation ease	ernent on the
	last day of the tax year			F-7-1		
					d at the End of t	he Tax Year
	a lotal number of conservation easements			_2a]		
	b Total acreage restricted by conservation eas			2 b j		
(	c Number of conservation easements on a cer	rtified historic structure included	d in (a)	2 c		
•	d Number of conservation easements included structure listed in the National Register	d in (c) acquired after 8/17/06, a	and not on a historic	2 d		
3	Number of conservation easements modified tax year	d, transferred, released, extingi	uished, or terminaled	t by the orga	nization during ti	ne
4	Number of states where properly subject to	conservation easement is local	ed►			
5	Does the organization have a written policy and enforcement of the conservation easem		ng, inspection hand	ling of violat.	onsYes	No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing	conservation easem	ents during t	he year	
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing cons	servation easements	during the y	ear	
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the r	equirements of secti	ion 170(h)(4)	(B)(ı) Yes	No
9	include, if applicable, the text of the footnot	reports conservation easements te to the organization's financia	in its revenue and i I statements that de	expense state scribes the or	ement and balar rganization's acc	nce sheet, and ounting for
Pa	conservation easements  Organizations Maintaining Colle  Complete if the organization ar	ections of Art, Historical Tinswered 'Yes' to Form 99	reasures, or Othe	r Similar A	ssets.	
1	a If the organization elected, as permitted un- art, historical treasures, or other similar ass in Part XIII, the text of the footnote to its fir	der SFAS 116 (ASC 958), not to sets held for public exhibition le	o report in its revenu ducation, or researc	e statement		
	b If the organization elected, as permitted un historical treasures, or other similar assets following amounts relating to these items	der SFAS 116 (ASC 958), to re held for public exhibition educa-	port in its revenue si ation, or research in	atement and furtherance	i balance sheet . or public service.	vores of art provide the
	(i) Revenue included in Form 990, Part VII	II, line 1			►\$ ►\$	
	(ii) Assets included in Form 990, Part X				<b>-</b> \$	
	If the organization received or held works o amounts required to be reported under SFA	AS 116 (ASC 958) relating to the		financial ga	in, provide the fo	ollowing
	a Revenue included in Form 990, Part VIII, lir	ne l			<b>►</b> \$	
	b Assets included in Form 990, Part X				<b>►</b> \$	

Schedule D (Form 990) 2014 OAK CREST INSTITUTE OF SCIENCE	95-4680961	Page 2
Partill! Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar Assets (continued	)
3 Using the organization's acquisition, accession, and other records, check any of the following that a items (check all that apply)	ire a significant use of its col	lection
a Public exhibition d Loan or exchange programs		
b Scholarly research e Other		
c Preservation for future generations		_
4 Provide a description of the organization's collections and explain how they further the organization Part XIII	is exempt purpose in	
5 During the year, did the organization solicit or receive donations of art, historical treasures, or othe to be sold to raise funds rather than to be maintained as part of the organization's collection?	· _ : Yes	_[]No
Escrow and Custodial Arrangements. Complete if the organization answer line 9, or reported an amount on Form 990, Part X, line 21	ed 'Yes' to Form 990, P	art IV,
1 a is the organization an agent, trustee, custodian, or other intermediary for contributions or other ass on Form 990, Part X2	ets not included Yes	No
b If 'Yes,' explain the arrangement in Part XIII and complete the following table		
j	Amount	
l <sub></sub>	l c	
<u>i</u>	l di	
<b>└</b> =	l e	
<u></u>		
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account	1	No
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in P	art XIII	·
Ranky Endowment Funds. Complete if the organization answered 'Yes' to Form 990	, Part IV, line 10	
(a) Current year (b) Prior year (c) Two years back (	d) Three years back 1 (e) Four y	ears back
1 a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and tosses		
d Grants or scholarships		
e Other expenditures for facilities and programs		
f Administrative expenses		
g End of year balance	<del></del>	
2 Provide the estimated percentage of the current year end balance (line 1g column (a)) held as		
a Board designated or quasi-endowment ► %		
b Permanent endowment ► %		
c Temporarily restricted endowment > %		
The percentages in lines 2a, 2b, and 2c should equal 100%		
3 a Are there endowment funds not in the possession of the organization that are held and administers	ed for the	<del></del>
organization by (i) unrelated organizations	1 Ye:	s No
	3a(ı)	
(ii) related organizations	[3a(11)]	
bill 'Yes to 3a(ii), are the related organizations listed as required on Schedule R?	ı ³b	:
4 Describe in Part XIII the intended uses of the organization's endowment funds		
Partivity Land, Buildings, and Equipment.		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a	See Form 990, Part X, I	ine 10
	Accumulated (d) Book	value
	depreciation	
	depreciation	
1a Land 190, 848	depreciation 19	90,848.
1 a Land 190, 848 5 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6	depreciation 19	90,848. 39,177.
1 a Land 190, 848 5 5 5 7 1 289, 171 c Leasehold improvements 92, 557	1, 28 76, 838	90,848. 39,177. 15,719.
1 a Land       190,848         b Buildings       1,289,177         c Leasehold improvements       92,557         d Equipment       335,153	1,28	90,848. 39,177. 15,719. 85,141
1 a Land 190, 848 1, 289, 177 c Leasehold improvements 92, 557 d Equipment 335, 153	1,28	90,848. 39,177. 15,719.

Schedule D (Form 990) 2014 OAK CREST INSTITUTE	OF SCIENCE		95-4630961	Page 3
Part VIF Investments - Other Securities.		N/A		
· Complete if the organization answered `				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end of year marker	value
(1) Financial derivatives		·		
(2) Closely-held equity interests				
(3) Other		·		
(A)		<del></del>	<del></del>	
(B)		· 		
(C) (D)	···· -—— ···	i	<del></del>	
(E)	<del></del>			
(F)		-		
(G)		<del> </del>		
(H)	<u></u> -	1	<del></del>	
(I)		· · · ·		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		12 h 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ag , br , '	1
Partivilit Investments - Program Related.		N/A		
Complete if the organization answered "		, Part IV, line 11c	See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of value	ation Cost or end of-year ma	rkel value
(1)		<u> </u>		
(2)		<del>,</del> - <del></del>	<del></del>	
(3)		,		
(4)		<u> </u>	<del></del>	<del></del>
(5)		<del> </del>	· · — -—	
(6)		<del></del>	<del> </del>	
(7)		<del> </del>		· · <del></del>
(9)			<del>-</del> <del> </del>	
		1		
(10)		1		
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)		1/2 1/2 1/2 1/2 1		TA:
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	N/I	1		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Partition Other Assets.  Complete if the organization answered 'Ye	s' to Form 990, Pa	1	e Form 990, Part X, line	15
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part   X Other Assets.  Complete if the organization answered 'Ye (a) Description	s' to Form 990, Pa	1	e Form 990, Part X, line	
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part   X Other Assets.  Complete if the organization answered 'Ye (a) Desc.	s' to Form 990, Pa	1	e Form 990, Part X, line	15
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Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Partition Other Assets.  Complete if the organization answered 'Yee  (a) Desc.  (1)  (2)  (3)  (4)  (5)	s' to Form 990, Pa	1	e Form 990, Part X, line	15
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Partition  Complete if the organization answered 'Yee  (a) Desc.  (1)  (2)  (3)  (4)  (5)  (6)	s' to Form 990, Pa	1	e Form 990, Part X, line	15
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Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part XXIII Other Assets.  Complete if the organization answered 'Yee (a) Desc.  (1) (2) (3) (4) (5) (6) (7) (8)	s' to Form 990, Pa	1	e Form 990, Part X, line	15
Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Part XXIII Other Assets.  Complete if the organization answered 'Yee (a) Desc.  (1) (2) (3) (4) (5) (6) (7) (8) (9)	s' to Form 990, Pa	1	e Form 990, Part X, line	15
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Total (Column (b) must equal Form 990, Part X, column (B) line 13)  Complete if the organization answered 'Yee (a) Description (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (Column (b) Must equal Form 990, Part X, column	s' to Form 990, Paription  June 15)  90, Part IV, line 11e or  (b) Book value	art IV, line 11d Se	e Form 990, Part X, line (b) Bot	15
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Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1o and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4 a

4 b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

b Other (Describe in Part XIII)

Part XIII Supplemental Information

c Add lines 4a and 4b

40

5

1,694,165

### SCHEQULE 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

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

2014
Open to Public Inspection

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

OAK CREST INSTITUTE OF SCIENCE

implayer identification numb

95-4680961

# FORM 990 PART VI LINE 11B REVIEW POLICIES

FORM 990 REVIEWED BY BOARD PRIOR TO FILING

Form 990, Part VI, Line 11b - Form 990 Review Process

FORM 990 AUDITED BY INDEPENDENT ACCOUNTING FIRM AND REVIEWED WITH MANAGEMENT PRIOR

TO FILING

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Annual Review

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Review by Board of Directors at end of each year

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Review by Board of Directors at end of each year

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

UPON REQUEST

Form 990, Part IX, Line 24e Other Expenses

(A)	(B)	(C)	(D)
	Program	Management	
Total	Services	& General_	Fundralsing_

ACCRUED VACATION WAGES	23,402	14,130	9.272
AUTOMOTIVE EXPENSES	5, 158	175	4,983
BANK CHARGES	75		75
BID AND PROPOSAL SUPPLIES	11,526		11.526
CERTIFICATIONS	2,681		2,631
COMPUTER EXPENSES	11,143	2,080	9,063
CONSULTANTS	46,079	18,212	27,867
DONATION	1,872	•	1,872.
DUES AND SUBSCRIPTIONS	3,826	170	3,656
EOUIPMENT RENTAL	15.298	274	15,024

Schedule O (1 0111 990 01 990-E2) 2014	Page 2
Name of the organization	Employer identification number
OAK CREST INSTITUTE OF SCIENCE	95-4680961

# Form 990, Part IX, Line 24e (continued) Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	<u>Fundraising</u>
EQUIPMENT REPAIR	20,309		20,309	
ERISA BOND	179		179	
INTERNET COSTS	1,451		1,451	
JANITORIAL	2,372		2,372	
LA CO PERS PROPERTY TAXES	1,011		1,011	
LABORATORY SUPPLIES	37,425	29,940	7,485	
MISCELLANEOUS				
PAYROLL PROCESSING	14,359	9,419	4,940	
Postage and Shipping	4,143	401	3,742	
Printing and Publications	4,161		4,161	
PROFILE/TEAM BUILDING EX	2,958		2,958	
RECRUITMENT	125		125	
REPAIRS - BUILDING	3,088		3,088	
RESEARCH MATERIALS				
SECURITY	701		701	
TELEPHONE	1,864		1,864	
USE TAX	780		780	
WORKERS COMPENSATION INS	4,776		4,776	
	Total \$ 220,762	\$ 74,801	\$ 145,961	\$ 0