

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





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



Department of the Treasury Internal Reveriue Service

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 at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

A	For the 2	015 calend	lar year, or tax ye	ear beginn	ing		, 2015,	and endin	g		, ,	
B	Check if ap	phcable	С					•		D Employe	r identifi	cation number
	Addres	ss change	OAK CREST	INSTIT	UTE OF S	CIENCE				95-4	6809	61
	Name	change		OTHILL						E Telephon	e numb	er er
	Initial	_	PASADENA,	CA 911	07					626	817-	0883
	\vdash	um/temmated										
	H-1	ied return								G Gross red	ceipts \$	4,140,734.
	⊢ ⊣	ation pending	F Name and addres	ss of principa	officer				H(a) is this a	group return fo	or subord	
		out perioning	Same As C						H(b) Are all	subordinates !	ncluded	Yes No
-	Tay.eyen	npt status	X 501(c)(3)	501(c) () 4 (in	nsert no)	4947(a)(1) or	527	IT NO.	attach a list. (see inst	ructions) — —
j	Websit	<u> </u>	w.oak-cres	<u> </u>			1 (-/(-/		H(c) Group	exemption nur	nber ►	
K		organization	Corporation	Trust	Association	Other ►	L	Year of format				gal domicile CA
	*****	Summar		1 11031	/ ISSOCIATION	1 44.0.				1		,
			be the organization	on's mission	on or most s	ionificant ac	tivities: Si	CTENTIF	TC RES	EARCH F	ROJI	ECTS FOR
			ENTAL IMPR									
ည			G THE DEVE									
Ta		NSTRUME	NTS									
Š		eck this bo	x F If the o	rganization	discontinue	ed its operat	tions or dispo	osed of mo	re than 25	% of its ne	t asse	ts.
Ğ			iting members of					41.5	• •		3	
ري وي			dependent voting							-	5	(
ij			of individuals en of volunteers (es			ar zuio (Pa	rt v, ime za)			· -	6	10
Activities & Governance			ed business rever			imo (C), lini	e 12		•	·	7a	0.
⋖			l business taxable					•			7b	0.
	D 140		, DOS. 1000 WAGON	- 11001110			·		P	rior Year		Current Year
	8 Co	ntributions	and grants (Part	VIII, line	1h)	RECI	EIVED	<u> </u>	1	,447,14	18.	3,591,736.
100	i	9 Program service revenue (Part VIII, line 2g)								283,9		547,012.
Revenue	10 Inv	/estment⊣n	come (Part VIII.	column (A), lines BSA	and 7d)	W AALA	Ø.		1,9	$\overline{}$	614.
æ	11 Of	her revenu	e (Part VIII, colu	mn (A), lin	es 5, 6d. 3 8d,	, 9c1/10d, at	nd/116/110				41.	1,372.
	12 To	tal revenue	e - add lines 8 th	rough 11	(must eğüal	Part VIII, co	olumn (A), lır	ne(d2)	1	.,734,24	14.	4,140,734.
	13 Gr	ants and si	milar amounts pa	aid (Part I)	K, columin (A	i), thes (3)						
	ł	13	to or for membe					مسكأ				
•	15 Sa	laries, othe	er compensation,	employee	benefits (Pa	art IX, colun	nn (A), lines	5 10)		678,38	32.	964,824.
38	16a Pro	ofessional	fundraising fees	(Part IX, c	olumn (A), lı	ne 11e)	•					
Expenses	b To	tal fundrais	sing expenses (P	art IX, colu	ımn (D), line	25) 🟲 _			2/18		الند	100 m
ũ	17 Ot	her expens	es (Part IX, colu	es 11a-11d,	1	,015,78	34.	2,936,133.				
	18 To	tal expense	es. Add lines 13-	17 (must e	qual Part IX	, column (A	i), line 25)		1	,694,1	66.	3,900,957
		venue less	expenses. Subt	ract line 18	3 from line 13	2 .				40,0	78.	239,777.
Assets or Balances										ng of Current		End of Year
4 B	20 To		(Part X, line 16)					•	2	2,225,2	35.	2,715,201
Net A	21 To	tal liabilitie	s (Part X, line 26)			,	•]	,258,7	67.	1,508,956
Zű			fund balances. S	Subtract III	ne 21 from lii	ne 20				966,4	68.	1,206,245.
P	nt/II/w	<u>Signatuı</u>	re Block									
Unde	r penalties o niete Declai	f perjury, I deci	lare that I have examine arer (other than officer	d this return, ii) is based on	ncluding accompa	anying schedules of which prepare	and statements, er has any know	and to the best ledge	of my knowle	dge and belief,	it is true,	correct, and
		 										<u> </u>
c:		Signatu	ire of officer			······································			L	ate		· ····································
Sig He	gn re		MARC BAUM						CEO			
110			print name and title				······································		CEO			
		Pnnt/Type (preparer's name		Preparer's sign	nature		Date		Check X	ıf F	PTIN
Paid RICHARD L. GARRETT CPA RICHARD L. GARRETT CPA								A		self-employe	• 1	P01339902
	eparer	Firm's name								1	15	
	e Only	Firm's addin			nia Ave.			 		Firm's EIN	95-	-3496043
					CA 90805	· · · · · · · · · · · · · · · · · · ·				Phone no		229696
Ma	y the IRS	discuss th	is return with the				ructions) .			<u></u>		X Yes No
			eduction Act Not					TE	FA01131 10	n2N5		Form 990 (2015

Check	if Schedule O contains a	response or note to any line in this	Part III			11
	e the organization's miss				· · · · · ·	
			L IMPROVEMENTS.PROJECTS	RELATED	TO ATE	R
			LOPEMENT OF PROTOTYPE		- =~ ===	<u></u>
	AND MEASUREMEN	12 THCFODING THE DEAT	FOLDMENT OF LYOTOTILE			
INSTRUMEN	<u>NTS</u>					
						
Did the organi	zation undertake any sig	nificant program services during the	e year which were not listed on the price	or C	_	
Form 990 or 9	90-EZ ² .		•	[] Y	es X	No
If 'Yes,' descri	ibe these new services o	n Schedule O.				
3 Did the organi	zation cease conducting	or make significant changes in how	wit conducts, any program services?	_	es X	No
_	be these changes on Sc				لسا	
			ite three largest program services as	measured b	v exnense	15
Section 501(c))(3) and 501(c)(4) organia	zations are required to report the ar	its three largest program services, as nount of grants and allocations to othe	rs, the total	expenses.	,
and revenue,	if any, for each program	service reported.	·			
4a (Code:) (Expenses \$	1, 375, 747. including grants	of \$) (Revenue	\$)
		JECTS FOR ENVIRONMENTA		· 		· · · · · · · · ·
			MENTS INCLUDING THE DEVE	TOPEMEN	ר הב	
			WENTS INCRODING THE DEAT	POL FIREIA		
		OR AIR INSTRUMENT				
AND MEASU	UREMENT.					
	- 					
 						
					-	
				- :	 	
4 b (Code ⁻) (Expenses \$	including grants	of \$) (Revenue	• \$)
\						
4c (Code.) (Expenses \$	including grants	of \$) (Revenue	· \$)
			, (1313131	<u> </u>		
				· 		
						
	- 					
		 	 			
		,				
4.100		Patra di Ja Où		· · · · · · · · · · · · · · · · · · ·		
	services (Describe in S					
(Expenses	\$	including grants of \$) (Revenue \$)	
	service expenses >	1,375,747.			866	~~~
RAA		TEFA01021 10/12/	15	F	orm 990 (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		, 3	<u> </u>
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? 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, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

95-4680961 Form 990 (2015) OAK CREST INSTITUTE OF SCIENCE Page 4 Part IV Checklist of Required Schedules (continued) No Yes X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III X 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a X 24a 24h b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Schedule L. Part L Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? X 26 If 'Yes', complete Schedule L, Part IL . 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 X 27 of any of these persons? If 'Yes,' complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a 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 X 28b Schedule L, Part IV 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 X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M. X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X Schedule N, Part II 32 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 X 33 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 X 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b

38 BAA 36

37

X

X

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° **Note.** All Form 990 filers are required to complete Schedule O

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

Rart V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.		
Officer in Schedule O contains a response of fractionary line in the Fact V.	* * * 1 *	Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	ō
c Did the organization comply with backup withholding rules for reportable payments to ver (gambling) winnings to prize winners?	ndors and reportable gaming	1c X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Sta	ite-	
ments, filed for the calendar year ending with or within the year covered by this return	<u> </u>	의 (+) `
b If at least one is reported on tine 2a, did the organization file all required federal employs. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see		
	•	-
3a Did the organization have unrelated business gross income of \$1,000 or more during the	year: .	3a X
b If "Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		30
4a At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth	ture or other authority over, a er financial account)?	4a X
b If 'Yes,' enter the name of the foreign country:		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	• •	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the	•	5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax s	helter transaction?	5b X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c
6 a Does the organization have annual gross receipts that are normally greater than \$100,00 solicit any contributions that were not tax deductible as charitable contributions?	0, and did the organization .	6a X
b if 'Yes,' did the organization include with every solicitation an express statement that suc not tax deductible?	th contributions or gifts were	6ь
7 Organizations that may receive deductible contributions under section 170(c).		1 22
a Did the organization receive a payment in excess of \$75 made partly as a contribution ar services provided to the payor?	nd partly for goods and	7a X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provid	ed?	7Ь
c Did the organization sell, exchange, or otherwise dispose of tangible personal property form 8282?		7c X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	11 11
e Did the organization receive any funds, directly or indirectly, to pay premiums on a person	nal benefit contract? .	7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contract? .	71 X
g If the organization received a contribution of qualified intellectual property, did the organi as required?	zation file Form 8899	7 g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund no organization have excess business holdings at any time during the year?	naintained by the sponsoring .	8
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related	person?	9 b
10 Section 501(c)(7) organizations. Enter	,	k 74 . 4 77
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Б	T. [* ^
11 Section 501(c)(12) organizations. Enter		书 录构造
a Gross income from members or shareholders	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources		T240.40%
against amounts due or received from them)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie		12 a
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 ь	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a is the organization licensed to issue qualified health plans in more than one state?	- •	13a
Note. See the instructions for additional information the organization must report on Sche	edule O	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ь	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year	r?	14a X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation	ın Schedule Q	14 b
BAA TEEA0105L 10/12/15		Form 990 (2015)

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 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X X 6 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 X 7 a members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7ь X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 94 X 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O X 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a X **b** Other officers or key employees of the organization X See Schedule O 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 Own website Another's website X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records: >

DR MARC BAUM 2275 E FOOTHILL BLVD, CA PASADENA CA 91107 626 817-0883

Form 990 (2015) OAK CREST INSTITUTE OF	SCIE	NCE							95-46809	
Part VII Compensation of Officers, Director Independent Contractors	s, Truste	es,	Ke	у Е	mp	loye	es,	, Highest Comp	ensated Employ	ees, and
Check if Schedule O contains a response of	r note to	any i	ine	ın th	ns F	art \	/[}		•	
Section A. Officers, Directors, Trustees, K	ey Emp	loye	ees	, ar	nd l	High	ies	t Compensate	d Employees	· · · · · · · · · · · · · · · · · · ·
1 a Complete this table for all persons required to be list organization's tax year.	sted. Repo	ort co	mp	ensa	ation	for	the	calendar year end	ling with or within th	e
 List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) if 	ctors, trus no compe	tees ensat	(wh	ethe was	er in pai	divid d.	uals	s or organizations)	, regardless of amo	ount of
 List all of the organization's current key employe 										
 List the organization's five current highest compe who received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated er W-2 and/o	nplo or Bo	yees ox 7	of F	her orm	than 1099	an 9-M	officer, director, to ISC) of more than	rustee, or key emplo \$100,000 from the	oyee)
 List all of the organization's former officers, key of reportable compensation from the organization and a 						mpe	nsa	ited employees wh	no received more th	an \$100,000
 List all of the organization's former directors or to organization, more than \$10,000 of reportable compensation. 										he
List persons in the following order: individual trustees of employees, and former such persons.	r directors	s, ıns	stitut	bona	al tru	ıstee	5, 0	officers; key emplo	yees, highest comp	ensated
Check this box if neither the organization nor any re	elated org	anıza	ation	cor	пре	nsate	ed a	any current officer,	director, or trustee	
				(C))					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)			son 1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (list any hours for related organiza- tions below dotted line)	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DR. MARC BAUM	40				-	_ a	-			
CEO		х		х				115,798.	0.	0.
(2) WENDY CANO	40							550,1551		
SECRETARY	0			X				0.	0.	0.
(3) RICHARD GARRETT CPA	0.5									
CFO	0	L		X			L	3,900.	0.	0.
<u>(5)</u>										
<u>(6)</u>										
<u></u>										
(8)										
(9)							_			

(14)

(10)

(11)

(12)

(13)

(A) Name and tite	(B) Average hours per	(do no box, u officer	Po ot check nless p	c more erson directi	hands Highest compensated	an an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)									
(16)	<u> </u>		1					——————————————————————————————————————	
(17)			T					<u>, , , , , , , , , , , , , , , , , , , </u>	
(18)			+	-		7			
(19)	<u> </u>		+-	-		-			
(20)		 	-	-		-			
(21)			-						
(22)		1 +	-	-		_			
(23)			-	-					
(24)						_			
(25)	ļ -		-	-		_			
	<u> </u>						-110 500		
1 b Sub-total c Total from continuation sheets to Part VII, Section	n A				•	•	119,698.	0. 0.	0.
d Total (add lines 1b and 1c)					<u> </u>	-	119,698.	0.	0.
2 Total number of individuals (including but not lim from the organization ► 1	ited to tho	se liste	d abo	ove)	who r	ece	eived more than \$	100,000 of reportal	ble compensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc. 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportable rethan \$1	e comp 50,000	ensal	tion a 'es' c	and ol	the ete	r compensation fr Schedule J for	om	Yes No 3 X 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compens ,' complet	sation i le Sche	rom a dule	J for	nrela such	ted pe	l organization or ii erson	ndividual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	sated inde	pende	nt cor	itrac	ors th	nat	received more th	an \$100,000 of	
compensation from the organization. Report com (A)	pensation	for the	cale	ndar	year	en	ding with or within (B)	the organization's	(C)
Name and business add	ress						Description of	or services	Compensation
	·								
Total number of independent contractors (including \$100,000 of compensation from the organization)	•	limited	to th	iose	listed	ab	ove) who receive	1 30	
BAA		TEEAOIC	8L 10	12/15					Form 990 (2015)

}

Par	M	- →						
1000 1000 1000 1000		Check if Schedule O	in the	ponse or note to an	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		record of the contraction	, , , , , , , , , , , , , , , , , , ,	within the state of		revenue	10.01.00	512-514
nts nts		Federated campaigns	1 8	<u> </u>				1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
Gra		Membership dues	11					
Ş.Ş		Fundraising events	10			18 m		\$ 1. 31 2 2
18 S.		 Related organizations Government grants (contribution) 		<u> </u>			110 1100 15	
8. F	İ			3,465,830.		(A. A. W. 1999)		
흋	f	All other contributions, gifts, g similar amounts not included a	rants, and labove 1 f	125, 906.	후 경찰자			
真豆		Noncash contributions included		1 220,000.				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f			3,591,736.	11.	/ · / // /	
				Business Code	W	200 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,30 1.80	St. 16 11 11 11 11
Program Service Revenue		RESEARCH_PROJ_ & T	ECH ADV		194,733.			194,733.
ě	t			-	131,546.			131,546.
ξ		USAGE FEES			130,975. 89,758.			130,975. 89,758.
ιχ Ε		VENDOR SERVICES			03, 130.			09,130.
graf	f	All other program service	e revenue					
5	g	Total. Add lines 2a-2f		<u> </u>	547,012.	S 77 7 5 7 5	// / / / / / / / / / / / / / / / / / /	7.5 v 1.6 v
	3	Investment income (inclination other similar amounts)	uding dividend	ls, interest and	614.			614.
	4	Income from investment	of tax-exemp	t bond proceeds . •	014.			013.
	5	Royalties						
			(i) Real	(ii) Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			111111111111111111111111111111111111111
		Gross rents .	1		1 3 3 3	3"	6 (4) 6	The transfer of
		Less: rental expenses						
		Rental income or (loss) [Net rental income or (los	:e)			3 5 7 7		
		Gross amount from sales of	(i) Securities	(ii) Other	<u> </u>			
	/ a	assets other than inventory					a Carlin afalli san	
	b	Less: cost or other basis			To the street	1000 1000	5% &c 1870	
		and sales expenses				Salar Con		
:	!	Gain or (loss)			. * .	of the type, w	2000	
		Net gain or (loss)		r . <u></u>	25 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10	10 Sand S 10 10 10 1		
Ę.	8 a	Gross income from fund (not including . \$	raising events		() () () () () () () () () ()	100 m	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the market
Ver		of contributions reported	on line 1c).	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the second second second		The say to make
æ		See Part IV, line 18	,	а				
Other Rever		Less direct expenses		b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.5	
ਠ		: Net income or (loss) from	_	events . *		Z. Z		
	9 a	Gross income from gam See Part IV, line 19.	ing activities.	a			at the state of th	and the same of the same
:	ь	Less: direct expenses		ь	1122673	22 10 mg 22 h	a la mil de	
		: Net income or (loss) from	m gaming acti	vities .	· " "		/ /// /// // //	/
	10 a	Gross sales of inventory and allowances	, less returns		1. Establish 25 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	\$2.5 x .095, 2001	(C. 1990 - 1884 - 18	Marie M La placia Marie Mari
	ļ	Less: cost of goods sold		b				100 min 8 7 18 8
		: Net income or (loss) from		<u> </u>	Tara army as 'g'	10000 11 3 3 10 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N 12/4/2011
		Miscellaneous Revenu		Business Code	N NOW	17% N. C.	13.50 TO 1	(N) 18 (N 18) N
	11 a	MISCELLANEOUS_	NCOME		1,372.			1,372.
	b)						
	C	·		-	<u> </u>	ļ		
		l All other revenue • Total. Add lines 11a-11d	1		1 272	198 0147 100 1X	100 C	1577 TO 158
		Total revenue. See instru		· · · · · · · · · · · · · · · · · · ·	1,372. 4,140,734.	0.	0.	548,998.
BAA				TEE	A0109L 10/12/15	<u> </u>		Form 990 (2015)

Form 990 (2015)

Part 1X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service expenses Management and general expenses expenses Grants and other assistance to domestic organizations and domestic governments. 1/1/1 ,XX 130 See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 24 5 # Grants and other assistance to foreign 37.5 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 419 Compensation of current officers, directors, trustees, and key employees 190,270 102,173 0. 88,097 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0 0 508,230 104,105. Other salaries and wages 612,335 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26,584 26,584 71,288. Other employee benefits 71.288 10 Pavroll taxes 64,347 64.347 Fees for services (non-employees): a Management 21,543 21,543 **b** Legal 13,800 13,800 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 V 120 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 12 5,142 5,142 13 Office expenses 14 Information technology 15 Royalties 69,080 46,728 115,808 16 Occupancy 40,808 35,327 5,481 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 16,416 2,678 13,738 7,116 7,116 20 Interest 21 Payments to affiliates 12,926 55,700 22 Depreciation, depletion, and amortization 68,626 10,316 10,316 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% 44 14 of line 25, column (A) amount, list line 24e . Za expenses on Schedule O.) 978,356 200,000 <u>,778,356</u> SUBCONTRACTORS **b** RESEARCH PROJECTS 202,586 202,586 c CONTRACT LABOR 141,242 105,212 36,030 56,565 38,232 18,333 d UTILITIES_ 158,506. 257,809 99,303 e All other expenses 2,525,210 3,900,957 1,375,747. 0. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).

32

33

34

BAA

32

33

34

,206,245.

2,715,201.

Form 990 (2015)

966,468

225,235

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing. 100,260 1 216,843. 2 Savings and temporary cash investments 256,927. 2 249,523. 3 Pledges and grants receivable, net. 3 Accounts receivable, net 4 8,096. 4 174,624 Loans and other receivables from current and former officers, directors 23 trustees, key employees, and highest compensated employees. Complete a dillo Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 111 10 a 439,268 b Less: accumulated depreciation 10 ь 293<u>,612</u> 10 c 2,145,656. 683,402 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 78,226. 15 Other assets See Part IV, line 11 15 10,022 16,857. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,225,235 2,715,201. 17 Accounts payable and accrued expenses 21,471 17 158,384. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 191.262 1,316,251. Unsecured notes and loans payable to unrelated third parties 24 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 46,034 25 34,321. 26 1,258,767 26 Total liabilities. Add lines 17 through 25 ,508,956. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 075,245. 27 Unrestricted net assets 835,468 Temporarily restricted net assets. 28 28 131,000 131,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund . 31

TEEA0111L 10/12/15

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	n 990 (2015) OAK CREST INSTITUTE OF SCIENCE	93-4000901	rage iz
	Reconciliation of Net Assets		
L	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,140,734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,900,957.
3	Revenue less expenses. Subtract line 2 from line 1.	3	239,777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	966,468.
5	Net unrealized gains (losses) on investments	. 5	
6	Donated services and use of facilities	6	
7	Investment expenses.	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,206,245.
Pa	rt XII. Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		П
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1
•	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • •	2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both' Separate basis Consolidated basis Both consolidated and separate basis	ewed on a	
	b Were the organization's financial statements audited by an independent accountant?	•	2ы Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both: X Separate basis	arate	
•	c 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,	2c X
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in land Addit Act and OMB Circular A 133?		За Х
	o 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	required audit	3ь Х
BAA			Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

(B)

(C)

(D)

(E)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

95-4680961 OAK CREST INSTITUTE OF SCIENCE 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 in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 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 in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. You 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, its 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 instructionally 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 it is a Type II, Type III, 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 (ii) EIN (iii) Type of organization (described on lines 1.9 above (see instructions)) (iv) is the (v) Amount of monetary (vi) Amount of other flization listed support (see instructions) in your governing document? support (see instructions) Yes Nο (A) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(f) Total
0.
0.
2,056,524.
0.
.,056,524.
(f) Total
,056,524.
100,165.
0.
1,300.
,157,989.
0.
► X
%
<u>%</u>
box
this box
·w ► [
10% by the
ons .►∐
this to

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusual grants.'). Gross receipts from admis-						
· -	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
_	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	: Add lines 7a and 7b.						
8	Public support. (Subtract line	· · · · · · · · · · · · · · · · · · ·		1. C. 2. C. 18.			
	7c from line 6.)	alab (1774)				\$ 6 . 1 / 1/3	
Sec	tion B. Total Support	•					
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources Unrelated business taxable				ļ		
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	Add 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,						
14	First five years. If the Form 990		tion's first, second	l d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
500	organization, check this box and tion C. Computation of Pu		Parcentage		· · · · · · · · · · · · · · · · · · ·		··
15	Public support percentage for 20			2 13 column (ft)		15	8
16	Public support percentage from 2	•	• •	, 10, 00101111 (1))	•	16	<u>\$</u>
	tion D. Computation of Inv		 	<u> </u>	- •	1.01	
17	· · · · · · · · · · · · · · · · · · ·				nn (ft)	17	8
18	Investment income percentage fr			=	(7)	18	
	•				d line 15 is more	L	
128	33-1/3% support tests — 2015. If is not more than 33-1/3%, check						
b	33-1/3% support tests - 2014. If	the organization d	lid not check a bo	x on line 14 or line	e 19a, and line 16	is more than 33-1	
	line 18 is not more than 33-1/3%,			organization qual		_	zation ►
^^	M 2		Anna Anna ann an Anna Anna	4 10 10- 1	1 - Marca Is		<u> </u>
20 BAA	Private foundation. If the organiz	ation did not ched	k a box on line 14				► [] 90 or 990-EZ) 2015

Part IV Supporting Organizations

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

			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		(a ()
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 in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	X	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		- (max
į	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	(́ ⟨ ́ ⟨	. "	
	© 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.	3c		(°)
4.	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	4a		<u> </u>
	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	` <i>-</i>	``` ``````
•	c Did the organization support any foreign supported organization that does 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	, f, c	
5	a Did the organization add, substitute, or remove any supported organizations during the tax 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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990 EZ)	7	33	May S
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	2 mi 2 8		3,770.
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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9ь		- 12 m
	c Did a disqualified person (as defined in line 9a) 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	9c	. 3 Sal	+36 -224
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes, answer 10b below	10a		(3) (3)
	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	1 '	347

Pa	Rt W Supporting Organizations (continued)			
	Use the second of the second o	h	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	T.		. "
	governing body of a supported organization?	11a		<u> </u>
	b A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		ļ
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	, i	**
Sec	tion C. Type II Supporting Organizations	<u> </u>	I,	'
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	, , ,	,
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	()	ų,	(*) (\$)
			3 .	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		7
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	* 1/2	14. 2
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ional:		
		iorisj.		
t	The significance are parent of course to course the supported of gaing attacks to complete mice of periods			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structio	ons)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
		R	. ()	
•	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		All S
ŧ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	\$\cdot 0\\ \(\)	
2	Parent of Supported Organizations. Answer (a) and (b) below.	2,384		1000
			19 3	100
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a	× ','	1 2
RAA	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3ь	, , , , ,	22.5
- A A				

7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	. 4		
5	Income tax imposed in prior year	5	Comme Till	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization

2

3

<u>4</u>

6

Schedule A (Form 990 or 990-EZ) 2015

 Discount claimed for blockage or other factors (explain in detail in Part VI):

Subtract line 2 from line 1d

see instructions)

Multiply line 5 by .035

(see instructions).

BAA

Acquisition indebtedness applicable to non-exempt-use assets.

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Scriedule A (I Onli Soo of Soc CL, Co o other state of EMACA Cupo	orting Organization	s (continued)						
Part V Type III Non-Functionally Integrated 509(a)(3) Supp	ording Organization.	3 (00/11/1/2009)	Current Year					
Section D - Distributions	OUCES.							
Amounts paid to supported organizations to accomplish exempt purpose	ses of supported organiz	rations						
2 Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity.								
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval required)								
6 Other distributions (describe in Part VI) See instructions								
7 Total annual distributions. Add lines 1 through 6.								
8 Distributions to attentive supported organizations to which the organ in Part VI). See instructions	ization is responsive (pr	ovide details						
9 Distributable amount for 2015 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount		·						
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6	130 - 75 135	1/25						
Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
3 Excess distributions carryover, if any, to 2015.	Maria La Cara Cara	14/10 3 1 C	11/11/					
a / 7/2 * * * * * * / / / / / / / * * * * * *	* 11 × 11/6		complex to					
b was to his hard a sufficiency of the said of the market is	W 3	**************************************	CAN MARKET					
C Comment of the comm	2 3 3 44	- 10,000						
d From 2013								
e From 2014 ,.		The state of the s	**************************************					
f Total of lines 3a through e		the Both and the same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
g Applied to underdistributions of prior years	" X 7 X		77.75					
h Applied to 2015 distributable amount	,							
i Carryover from 2010 not applied (see instructions)	Signal Signal	\$1.50						
j Remainder. Subtract lines 3g, 3h, and 3i from 3f		- X 100 X 100 X	/ _ \\					
4 Distributions for 2015 from Section D,	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
line 7' \$			· · · · · · · · ·					
a Applied to underdistributions of prior years .	\$ \\\"		3					
b Applied to 2015 distributable amount	\$400 C	- 41-3-331-43-43-43-43-43-43-43-43-43-43-43-43-43-						
c Remainder. Subtract lines 4a and 4b from 4		1 11 11 11 11 11 11						
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		(3) (2) (3) (3)						
7 Excess distributions carryover to 2016. Add lines 3; and 4c	<u> </u>		a male					
8 Breakdown of line 7	11. 1 m for 1 3		111					
a. 10.000 mg/200 mg			S a Car					
b# 300 300 300 300 300 300 300 300 300 30	58 S	Carlotte Commence	W. C.					
c Excess from 2013	Jan San San Carlo		V Proposition of the second					
d Excess from 2014 .	No Land Starten		· · · · · · · · · · · · · · · · · · ·					
e Excess from 2015	10 19 N. 3		manny saysaasan mannanan					
BAA	77 77 600		m 990 or 990-EZ) 2015					

Part VI: Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source	2015	2014	2013	2012	2011
MISC Total	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 1,300. \$ 1,300.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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 at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OAK CREST INSTITUTE OF SCI	ENCE		0.5	4600061		
-			ther Similar Funds		4680961		
ra	Organizations Maintaining Don Complete if the organization ans	swered 'Yes' on Form S	990. Part IV. line 6.	JI ACCOU	us.		
		(a) Donor advise	. 	(h) Funds :	and other acco	nunts	
1	Total number at end of year	(a) Donor davise	d lands	(b) Turius	<u> </u>		
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
_					····		
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive lega	il control?	•	Yes		No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writ t of the donor or donor adviso	ting that grant funds can be or, or for any other purpose	e used only conferring	Yes	П	No
Par	Conservation Easements.						
	Complete if the organization ans						
1	Purpose(s) of conservation easements held by	y the organization (check all t	hat apply).				
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a hist	orically impo	ortant land are	ea	
	Protection of natural habitat		Preservation of a cert	tified historic	structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	on held a qualified conservati	on contribution in the form	of a conser	vation easem	ent or	ı the
	last day of the tax year		[3	11 . P. 1 . 4.1		
	Total number of conservation easements		<u> </u>		the End of th	e lax	Year
_	Total acreage restricted by conservation easer	monte	2				
	; Number of conservation easements on a certif						
			· · · · · · · · · · · · · · · · · · ·				
•	Number of conservation easements included in structure listed in the National Register	•	2		····		
3	Number of conservation easements modified, tax year ►	transferred, released, extingi	uished, or terminated by th	ie organizati	on during the		
4	Number of states where property subject to co	onservation easement is locat	ed ►				`
5	Does the organization have a written policy reand enforcement of the conservation easemer		ng, inspection, handling of	violations,	Yes	П	No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, handling of vio	lations, and enforcing con	servation ea	sements duri	ng the	year
7	Amount of expenses incurred in monitoring, in	specting, handling of violatio	ns, and enforcing conserva	ation easem	ents during th	e yea	٢
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of section 170)(h)(4)(B)(i)	Yes	П	No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote t	orts conservation easements	in its revenue and expens	se statemeni	ىــــ t. and balance	لسا shee : shoo f	t. and
	conservation easements.			•		g 1	·
Par	Organizations Maintaining Collect Complete if the organization and	tions of Art, Historical T swered 'Yes' on Form 9	reasures, or Other S in 90, Part IV, line 8.	nilar Asse	ts.	-	
1 a	of the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finan	s held for public exhibition, et	ducation, or research in fur	ment and b therance of	alance sheet public service	works e, prov	of vide,
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	ld for public exhibition, educa	tion, or research in further	nt and balar ance of pub	ice sheet work lic service, pr	ks of a ovide	irt, the
	(i) Revenue included on Form 990, Part VIII,	line 1		-	►\$		
	(ii) Assets included in Form 990, Part X	•			►\$		
2	If the organization received or held works of a amounts required to be reported under SFAS			cial gain, pro	ovide the follow	wing	
-	Revenue included on Form 990, Part VIII, line				►\$		
Ŀ	Assets included in Form 990, Part X .	•			► \$		

Schedule D (Form 990) 2015 OAK	CREST IN	NSTITUI	E OF	SCIENCE	<u> </u>	95-468			Page 2
Part 掛 Organizations Maintai	ning Colle	ctions o	f Art, H	istorical	Treasures, or O	ther Similar Assets	(contin	ued)	
3 Using the organization's acquisit	ion, accessio	on, and ot	her recor	ds, check	any of the following	that are a significant us	se of its	collection	on
items (check all that apply):			- C	l Loan or e	vehange programs				
Public exhibition			d	Other	xchange programs				
b Scholarly research	rations		e	Joulei _	·		· · · · · · · · · · · · · · · · · · ·		
c Preservation for future general Provide a description of the organization.		alloctions :	and evals	on how the	v further the organ	ization's evernit numos	e in		
Part XIII									
5 During the year, did the organizato be sold to raise funds rather to	han to be ma	aintained :	as part o	f the organ	ization's collection?	,	Yes		No
Part IV. Escrow and Custodial /	Arrangeme amount (nts. Com on Form	iplete if 990, P	the orga art X, Iır	nization answere le 21.	ed 'Yes' on Form 990	, Part	·V,	
1 a is the organization an agent, true on Form 990, Part X?	stee, custod	ian or othe	er intermi	ediary for o	contributions or other	er assets not included	Yes	. [No
b If 'Yes,' explain the arrangement	t in Part XIII	and comp	lete the	following ta	ble.				
							Amoun	<u>t </u>	
c Beginning balance .	•				. ,	1c			
d Additions during the year						1 d			
e Distributions during the year			•			1e			
f Ending balance .						1f			
2 a Did the organization include an a							Yes	_ [No
b If 'Yes,' explain the arrangement	i in Part XIII.	. Check he	ere if the	explanation	n has been provide	d on Part XIII .		L	_
Part V. Endowment Funds. Co	omplete if	the orga	<u>inizatio</u>	n answei	<u>red 'Yes' on For</u>	<u>m 990, Part IV, line</u>	<u> 10.</u>		
	(a) Curre	nt year	(b)	Prior year	(c) Two years bac	k (d) Three years back	(e)	Four year:	s back
1 a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and losses						:			
d Grants or scholarships									
 Other expenditures for facilities and programs. 									
f Administrative expenses						-			
g End of year balance .									
2 Provide the estimated percentag	e of the curr	ent year e	nd balan	ice (line 1g	, column (a)) held :	as:			
a Board designated or quasi-endov	vment ► _		8						
b Permanent endowment ►		8							
c Temporarily restricted endowmer	nt ►		*						
The percentages on lines 2a, 2b,	, and 2c sho	uld equal	100%.						
3a Are there endowment funds not a organization by:	in the posse	ssion of th	e organi	zation that	are held and admir	nistered for the	[Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations .							3a(ii)		
b if 'Yes' on line 3a(ii), are the rela	ated organiza	ations liste	d as requ	uired on So	hedule R?		3b		
4 Describe in Part XIII the intended	_		•				L		L
Part Vi Land, Buildings, and	Equipme	ent.							
Complete if the organi			Yes' or	Form 9	90. Part IV. line	11a. See Form 990	D. Part	X. lin	e 10.
Description of property		(a) Cost	or other	basis	(b) Cost or other	(c) Accumulated		Book va	
		(in	vestment)	basis (other)	depreciation			
1a Land					190,848.				<u>,848.</u>
b Buildings .		<u> </u>			1,642,419.		1		<u>,419.</u>
c Leasehold improvements .	•	ļ			92,557.	87,294.		5	<u>, 263.</u>

d Equipment 201,832. 4,486. 507,203. 6,241. e Other . . 1,755. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) 2,145,656. Schedule **D** (Form 990) 2015

BAA

Page 3

(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, line 1 (c) Method of valuation Cost or end of-year market value
(1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
A)		
B)		
C)	*	
D)		
E)		
F)		
G)		
H)		
(1)		
otal (Column (b) must equal Form 990, Part X, column (B) line 12.)		a Same Company of the
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A 0, Part IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	 	\
(5)		
(6)		
<u>(7)</u>		
(8)		
(9)		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
	es of rottl 330, r	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(2)		
(3)		
(4)		
(5) (6)		
()		
(8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B)) line 15)	
Part X: Other Liabilities. Complete if the organization answered 'Yes' on Form		
(a) Description of liability	(b) Book value	The second secon
(1) Federal income taxes	1	
(2) ROODIED HEGENTAL CHIEFTO STITES		
(2) ACCRUED VACATION SALARIES PAYABLE	29,9	===+ +
(3) KEY DEPOSITS		
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8)		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8) (9)		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8) (9) (10)		50. 11.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8) (9) (10) (11)	4,30	50. 11. 04.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8) (9) (10) (11) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 25.)	4,30	50. 11. 04. 21.
(3) KEY DEPOSITS (4) PAYROLL TAX PAYABLE (5) SECURITY DEPOSIT PAYABLE (6) (7) (8) (9) (10) (11)	4, 30 4, 30 34, 33 Inote to the organization's fire	21. nancial statements that reports the organization's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	er Return.	
Complete if the organization answered 'Yes' on Form	n 990, Part IV, line 12a	a.	
1 Total revenue, gains, and other support per audited financial statements		1	4,140,734.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ;	
a Net unrealized gains (losses) on investments .	2 a		
b Donated services and use of facilities .	2 b	* ` . /	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2 d	X.E	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	. 2e	
3 Subtract line 2e from line 1		3	4,140,734.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	. 4b	/%/	
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12) .	5	4,140,734.
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	
Complete if the organization answered 'Yes' on Form			
Total expenses and losses per audited financial statements		1	3,900,957.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments .	2 b	i i i i i i i i i i i i i i i i i i i	
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d	(i,``)	
e Add lines 2a through 2d .		2e	
3 Subtract line 2e from line 1		3	3,900,957.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,300,331.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	(% eng.	
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	<u> </u>	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18)	. 5	3,900,957.
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b 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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015

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

Open to Public Inspection

OAK CREST INSTITUTE OF SCIENCE

Employer identification number 95-4680961

FORM 990 REVIEWED BY BOARD PRIOR TO FILING

FORM 990 PART VI LINE 11B REVIEW POLICIES

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