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	99	n	Return of Org	anization Exe	empt From I	ncome Tax	(OMB No 1545-0047				
Fom			Under section 501(c), 527, or 4	1947(a)(1) of the Intern	al Revenue Code (e	xcept private four	ndations	2019				
	January			security numbers or		1	A	Open to Public				
		f the Treasury lue Service		ov/Form990 for instru			417	Inspection				
A	A For the 2019 calendar year, or tax year beginning , 2019, and ending											
В	B Check if applicable C Name of organization Kauai Energy Institute D Employe											
	Address change Doing business as											
	Name ch	ange	Number and street (or P O box if	mail is not delivered to st	reet address)	Room/suite	E Telephe	one number				
	Initial reti	um	c/o Scarborough McNeese et	al, 5 Centerpointe Dri	ve	Ste 240						
	Final retu	rn/terminated	City or town, state or province, co	ountry, and ZIP or foreign	postal code							
	Amende	d return	Lake Oswego, OR 97035			ليبسب		receipts \$				
	Applicati	on pending	F Name and address of principal off	_				subordinates? Yes No				
_			c/o Scarborough McNeese et :			\ /		s included? Yes No				
_		npt status	✓ 501(c)(3) 501(c) () ◄ (insert no)	4947(a)(1) or 527			t (see instructions)				
	Website		70	was Downs	- L Year of for	H(c) Group ex mation 2010						
-	art I	Summa	Corporation Trust Associa	tion	L Year of for	mation 2010	M State C	of legal domicile HI				
	1		cribe the organization's miss	ion or most significa	nt activities: Kaua	Energy Institute	/KEI) is	a scientific research				
a	ŀ	•	-	_	1							
Š			ion organization whose mission neasured and quantified, with the control of the c									
Activities & Governance			box ► ☐ if the organization									
Š	1		f voting members of the gove			"IK - UaB	3					
<u>ن</u> مح		Number	indonondant votina mombo	o of the according b	ody (Port VI line 1	b)	4	3				
es ⊱	5	Total numi	ber of individuals employed in	s of the governing b	iouy (Fait VI, IIIIe i λ (Par∯∭lina?a)		5					
Ž.	5	Total numi	per of individuals employed in	nccessoni)		020	6	3				
Cţį		TOTAL HUITI	ber of volunteers (estimate if lated business revenue from l	i iecessai y ,			7a					
•			ted business taxable income				7b					
	<u> </u>	ivet unitera	ted business taxable income	1101111 01111 330-1, 111	resentation O	Prior Year		Current Year				
	8	Contributio	ons and grants (Part VIII, line	1h\		11101100	0	22,000				
Revenue	1		ervice revenue (Part VIII, line				0	22,000				
Ver		-	t income (Part VIII, column (A			- 11	17,245)	(34,334)				
æ	1		nue (Part VIII, column (A), line				0	(34,334)				
	1		nue—add lines 8 through 11 (n			/1	17,245)	(12,334)				
			d similar amounts paid (Part I	 			142,000	416,000				
	14		aid to or for members (Part I)				0	0				
	1	•	ther compensation, employee				0					
Expenses	1	-	al fundraising fees (Part IX, c	•		-	0	<u>v</u>				
en oc	1		raising expenses (Part IX, col		0		<u>-</u>					
X	17		enses (Part IX, column (A), lin			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28,072	28,857				
	1	-	nses. Add lines 13–17 (must				72,072	444,857				
	19	-	ess expenses. Subtract line 1				89,317)	(457,191)				
- S		TICYCHUC N	sos experioes. Cabiraet inte i	0 110111 1110 12 .	<u> </u>	Beginning of Curr		End of Year				
Assets or Balances	20	Total asse	ts (Part X, line 16)			<u> </u>	İ					
Ass	21		ities (Part X, line 26) .									
Ferd A	22		or fund balances. Subtract I	ine 21 from line 20								
_	art II		re Block			<u> </u>						
			, I declare that I have examined this i	retum, including accompa	nving schedules and st	atements, and to the	best of m	v knowledge and belief, it is				
tru	e, correct	, and complet	e Declaration of preparer (other than	officer) is based on all inf	ormation of which prep	arer has any knowled	ge					
			M-P			1.3	Nov	2030				
Sig	gn	Signat	ure of Officer			Date	., <u>.</u> ,					
He	-		(1) Lezaba - Se	Trens								
	-	Type o	or print name and title	-/ · · · · · · · · · · · · · · · · · · ·								
_	•	17	e preparer's name	Preparer's signature		Date /	Check [] if PTIN				
Pa		D-Amala D). Bryson			11/4/20	self-empl	- 1				
	epare	Complemen		. Oelke & Kilkenny P	.C.	Firm's	EIN ►	93-0670564				
Us	e Onl	V —	dress ► 5 Centerpointe Drive, S			Phone		503-601-3698				
Ma	v the iF	RS discuss	this return with the preparer	shown above? (see	nstructions) .			· Yes No				
_			tion Act Notice, see the separa			t No 11282Y		Form 990 (2019)				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2019) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Kauai Energy Institute (KEI) is a scientific research and education organization whose mission is the study of weak energies to
	determine how such weak energies can be observed, recorded, measured and quantified with the goal of improving health condition and life vitality for plants, animals, and humans
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	KEI continues to seek real property for purchase and renovation as a research facility, and research shall commence at such time as
	the facility is ready for use.
	•••••••••••••••••••••••••••••••••••••••
	(O-d
40	(Code:) (Expenses \$ 416,000 including grants of \$ 416,000) (Revenue \$) KEI received a grant in the amount of \$416,000 in 2018 that was required to be distributed on or before December 31, 2019.
	KEI distributed grants to qualified unrelated 501(c)(3) public charities in the amount of \$416,000 before December 31, 2019.
	KET distributed grants to qualified difference 30 (C)(3) public charities in the amount of \$410,000 before becomes 01, 2010.
	•••••••••••••••••••••••••••••••••••••••
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
	(Durants on Orbert 15 O.)
4d	Other program services (Describe on Schedule O) (Function \$\frac{1}{2} \text{(Poverties \$\text{(Poverties \$\frac{1}{2} \text{(Poverties \$\frac{1}{2}
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶
70	Total program solving expenses P



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	√	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		1

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	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	22		1
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	_
Part				_
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Fataraba asserbar canadad in Boy 2 of Farm 1006 Fatar 0 if not onclosible 4a 6		res	140
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1.		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			اـــا
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
þ	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		- ✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			لــِــا
	and services provided to the payor?	7a_		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>
h		///		V
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			'
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		.
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
_	the organization is licensed to issue qualified health plans			
C		14a		√
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ř
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	170		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		 ✓
	excess parachute payment(s) during the year?			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		/
	If "Yes," complete Form 4720, Schedule O.			<u> </u>
	The state of the s			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the directors, directors, trustees, or key employees to a management company or other person?	ect	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		1
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoone or more members of the governing body?		a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?		b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:	ing			
а	The governing body?	<u> </u>	a	✓	
b	Each committee with authority to act on behalf of the governing body?	· —	b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u> </u>	de.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10)a	162	√
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	ers,	ъ		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		la	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		2b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	. 12	2c	1	
13	Did the organization have a written whistleblower policy?	\vdash	3 4		✓
14 15	Did the process for determining compensation of the following persons include a review and approval	by	+		•
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official				√
b	Other officers or key employees of the organization	T-2	5b		\
_	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?		a Sa		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
	organization's exempt status with respect to such arrangements?		3b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► HI				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confi and financial statements available to the public during the tax year.				olicy
20	State the name, address, and telephone number of the person who possesses the organization's books an Patrick D. Bryson, 5 Centerpointe Drive, Suite 240. Lake Oswego, OR 97035	u recor	us I		

	(2019)	

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Pa	ae	• 1

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	any relate	d org	anız	atio	n c	ompe	ensa	ted any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck is pe d a d	rson	than on the street is the street in the street is the street in the street is the street in the stre	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Robert Reading, President/Director	2	1		1				0	0	(
(2) Rod Easterly, Director	1	1						0	0	(
(3) John Lenahan, Director, Secretary/Treasurer	1	1		1				0	0	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)								,		

Part	VII Section A. Officers, Directors,	Γrustees <u>,</u>	Key I	Emj	ploy	yee	s, ar	id F	lighest Compe	nsated	Emplo	yees (continued)
						C)					_	
	(A)	(B)	١,,			ition			(D)	(E)	(F)
	Name and title	Average		(do not check more than or box, unless person is both a					Reportable	Repor	table	Estimated amount
		hours	office				or/trus		compensation	compen		of other
		per week (list any	욕률	ᅙ	Q	7	요.포	77	from the organization	from re organiz		compensation from the
		hours for	景	i i	Officer	y e	항망	Former	(W-2/1099-MISC)	(W-2/109		organization and
		related	ct a	g		륗	ye o	~				related organizations
		organizations below	ੋ ਫ਼੍ਰੋ	altr		Key employee	ğ					
		dotted line)	Individual trustee or director	Institutional trustee		"	Highest compensated employee					
]		ĕ	İ		Ē					
(15)							· ·	1				
3			1									
(16)						\vdash		\vdash				
X::/			ĺ									
(17)												
V::/			1					İ				
(18)			 				 	 	-			
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(20)			 				╁	 				
120/			1									
(21)					-	-						
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(23)		ļ	ł									
10.1				_	_		-					
(24)												
			-		_	_	-	L				
(25)	·····								}			
					<u> </u>	l		Ļ				
	Subtotal		٠.	٠	•			•				
	Total from continuation sheets to Part			٠			•	•				
	Total (add lines 1b and 1c)							<u> </u>	<u></u>			
2	Total number of individuals (including but		to th	ose	list	ed	above	e) w	ho received more	e than \$1	00,000	of
	reportable compensation from the organi	zation >										T T
												Yes No
3	Did the organization list any former of							mpl	loyee, or highes	t compe	ensated	
	employee on line 1a? If "Yes," complete 3	Schedule J	for su	ıch	ındı	vidi	ual					3 ✓
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater the	an \$1	150,	000	? /:	f "Ye	s, "	complete Sched	dule J fo	or such	
	ındıvıdual			•							•	4 🗸
5	Did any person listed on line 1a receive of									tion or inc	dividual	
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	edu	ıle J t	or s	such person			5 ✓
Section	on B. Independent Contractors											
1	Complete this table for your five high	est compe	ensate	ed	ınde	eper	ndent	CO	intractors that r	eceived	more t	han \$100,000 of
	compensation from the organization. Rep	ort compen	satior	n for	the	ca	lenda	r ye	ar ending with or	within th	e organ	ization's tax year
-	(A)								(B)			(C)
	Name and business add	ress							Description of serv	nces	(Compensation
			_									
								ļ				
2	Total number of independent contractor	rs (includir	na bu	ıt n	ot I	ımıt	ed to	th	ose listed above	e) who		
-	received more than \$100,000 of compens							•		,		
	. cccca more and a reciperor or compens			۰								Fa 990 (2010)

Form **990** (2019)

Par	t VIII	Statement of Rev					- 1 1 5 - D -	V/III		
		Check if Schedule	Осо	ntains a re	espon	ise or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaig Membership dues Fundraising events			1a Ib	Ů				SECTIONS 312-314
fts.	ď	Related organization			1d	0		•		
ج <u>ت</u>	е	Government grants (contributions) 1e				0				1
ons	f	All other contribution								,
outi the		and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g s			22,000					
EO	9				\$ 0					
S E	h	Total. Add lines 1a-				>	22,000			
				-		Business Gode				. , .
/ice	2a							·		
Sen Tue	b					••				***************************************
gram Ser Revenue	C d									
Program Service Revenue	e							<u>-</u>		****
P	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-			_					
	3	Investment income other similar amoun		uding divi		s, interest, and	2.050			405
	4	Income from investr					3,052	0	0	425
	5						0	0	0	0
		-		(i) Rea	1	(ii) Personal				
	6a	Gross rents .	6a		0	-	ľ			, .
	b	Less rental expenses	6b		0					,
	d	Rental income or (loss) Net rental income o		<u> </u>		▶	0		0	
	7a	Gross amount from	(100.	(i) Securit		(ii) Other				
	"	sales of assets other than inventory	7a	4:	32,213					
Ä	b	Less cost or other basis								:
Ş		and sales expenses Gain or (loss)	7b 7c		39, <u>599</u> 7,386)					
œ.	d	Net gain or (loss)		(.)		▶	(37,386)	0	0	0
Other Revenue		Gross income from	m fu	ndraising			(0.,,000)		···	.,
δ		events (not including of contributions rep 1c) See Part IV, line	\$ porte		8a					
	b	Less direct expens			8b					
	C	Net income or (loss)			g eve	nts ▶	0		0	0
		Gross income t activities. See Part I	V, lın	e 19 .	9a					
		Less. direct expense Net income or (loss)			9b	L es ▶	0		0	0
	1	Gross sales of in							J	Ĭ
		returns and allowan			10a					٠
	ь	Less, cost of goods			10b					, å,
	С	Net income or (loss)	from	sales of in	vento			0	0	- 0
sno	11a					Business Code				
scellaneo Revenue	b					}				
ella	c									
Miscellaneous Revenue	d	All other revenue	-							
	12	Total revenue See				<u> </u>	(12 334)			425

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A).	
	Check if Schedule O contains a response or note to any line in this Part IX					
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 .	416,000	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	o			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0			
4 5	Benefits paid to or for members	0	0			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		0	
7	Other salaries and wages	0	0	0	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		0	
9	Other employee benefits	0	0	0	0	
10	Payroll taxes	0	0	0	0	
11	Fees for services (nonemployees):					
а	Management	0	o	0	0	
b	Legal	9,438	0	9,438	0	
С	Accounting	0	0	0	0	
d	Lobbying	0	0	0	0	
е	Professional fundraising services. See Part IV, line 17	0			0	
f	Investment management fees	8,268	0	8,268	0	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,178	o	2,178	0	
12	Advertising and promotion	0	0	0	0	
13	Office expenses	8,972	0	8,972	0	
14	Information technology	0	0	0	0	
15	Royalties	0	0	.0	0	
16	Occupancy	0	0	0	0	
17	Travel	0	_ 0	0	. 0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0	
19	Conferences, conventions, and meetings .	0	0	0	0	
20	Interest	0	o	0	0	
21	Payments to affiliates	0	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	0	
23	Insurance	. 0	Ō	0	<u>0</u>	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	Foreign Tax Withheld	220	0	220	0	
þ						
С						
d						
е	All other expenses		.,,			
25	Total functional expenses. Add lines 1 through 24e	445,076	0	29,076	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)					

Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash-non-interest-bearing . . 1 ol 0 486,885 2 2 Savings and temporary cash investments 474,333 3 3 Pledges and grants receivable, net . . . ol 0 4 4 Accounts receivable, net ol 0 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ol 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 o 0 o 7 0 Assets o 8 8 Inventories for sale or use 0 9 9 Prepaid expenses and deferred charges . . . 0 0 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 0 10c 10b Less: accumulated depreciation . . 0 <u>2,512,338</u> **11** 11 Investments – publicly traded securities . . . 2,567,114 12 12 Investments—other securities. See Part IV, line 11 . 0 0 0 13 13 Investments-program-related See Part IV, line 11 0 14 Intangible assets 0 14 0 15 856,125 15 Other assets. See Part IV, line 11 . . . 1,266,125 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,855,348 16 4,307,572 17 17 Accounts payable and accrued expenses o 0 18 Grants payable 18 416,000 410,000 19 Deferred revenue . . 19 0 0 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 O 0 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 0 22 controlled entity or family member of any of these persons . 0 23 Secured mortgages and notes payable to unrelated third parties . 0 23 0 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 416,000 26 410,000 Organizations that follow FASB ASC 958, check here ▶ □ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions . . 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33. 3,439,348 29 29 Capital stock or trust principal, or current funds . . . 3,897,572

30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund .

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2019)

3,897,572

4,307,572

0

0 30

0

3,439,348

3,855,348 33

31

32

Form 9	90 (2019)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	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		_	2,334
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,076
3	Revenue less expenses. Subtract line 2 from line 1	3	_	(45	7,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,43	9,348
5	Net unrealized gains (losses) on investments	5		91	5,634
6	Donated services and use of facilities	6			- 0
7	Investment expenses	7			C
8	Prior period adjustments	8			(
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		3.89	7,572
Part	XII Financial Statements and Reporting				.,,-
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		$\overline{}$
	If "Yes," check a box below to indicate whether the financial statements for the year were concreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	mpiled or			
b	Were the organization's financial statements audited by an independent accountant?	•	2b		$\overline{\checkmark}$
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	lited on a		-	

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule O

If the organization changed either its oversight process or selection process during the tax year, explain on

Form **990** (2019)

2c

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

nization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

(aua	i Energy Institute						46053
_	t I Reason for Public Cha						ons.
he (organization is not a private founda		,	•	•	•	,
1	☐ A church, convention of churc						
2	A school described in section						Λ
3	A hospital or a cooperative hos		,			,, ,, ,	()'
4	A medical research organization	•	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_	hospital's name, city, and state						
5	An organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
_	section 170(b)(1)(A)(iv). (Com	•					
6	A federal, state, or local govern						
7	An organization that normally		•	port from	a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)			Doet II \			
8 9	A community trust described in						
9	An agricultural research organi or university or a non-land-gra						
40	university:					ki ifiana mambanahi	- 1
10	An organization that normally receipts from activities related	to its exempt ful	nctions—subject to c	ertaın exc	ceptions.	and (2) no more tha	n 331/3% of its
	support from gross investment acquired by the organization a	t income and uni	related business taxal	ble incom	ne (less si	ection 511 tax) from	businesses
11	An organization organized and	•				· · · ·	
12	An organization organized and						
	of one or more publicly suppo	•		•			
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •	. •	•	•	
а		•	· ·	•		•	
	the supported organization supporting organization. Ye	• •	• • • • •			he directors or trust	ees of the
	• •	•	•				an(a) bu bauma
b	 Type II. A supporting organic control or management of 						
	organization(s). You must				Persons	triat control of man	age the supported
С	Tura III Aurakia mallu inkaa	•	•		onnection	n with, and functions	ally integrated with.
Ŭ	its supported organization(• •	· · ·				,,
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
	that is not functionally integ						
	requirement (see instruction	ns) You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е	☐ Check this box if the organ	zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
	functionally integrated, or 1	ype III non-func	tionally integrated sur	oporting o	organizati	on.	
f	Enter the number of supported of	•					
g	Provide the following information		<u> </u>		_	······	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10			(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docur	ment?	instructions)	instructions)
				Yes	No		
				103	110		
A)						_	
B)							
C)							
 D)							
∽ ,							
E)							
-							

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	ınclude any "unusual grants.")	5,400	o	o	0	22,000	27,400
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	o	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3 .	5,400		0	0		27,400
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	İ				•	
	line 1 that exceeds 2% of the amount	1				• • •	
	shown on line 11, column (f)					•	0
6	Public support. Subtract line 5 from line 4						27,400
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	5,400	0	0	0	0	27,400
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	sımılar sources	1,441	1,726	1,886	3,085	3,052	11,190
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						38,590
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>		<u> </u>	
	on C. Computation of Public Suppor		_	4 1 (0)			
14	Public support percentage for 2019 (line 6		-			14	71.60 %
15	Public support percentage from 2018 Sch					15	36.05 %
16a	331/3% support test – 2019. If the organi box and stop here. The organization qua	Ization did not	check the box	on line 13, an	id line 14 is 33	ormore,	Check this
L	33 ¹ / ₃ % support test—2018. If the organi						
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test – 20						
	10% or more, and if the organization me Part VI how the organization meets the "	eets the Tacts	-and-circumsta	et The organi	zation qualifies	ino stop nere.	eupported
		iacis-anu-circ	umstances le	at. The Organia	Lation qualifies	as a publicly	aupporteu —
	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization	ition meets th	e macts-and-d	ercumstances	test, check t	on qualifice co	a publick
	Explain in Part VI how the organization in supported organization	neets the fact	is-and-circums	statices (est.			
40	Private foundation. If the organization di						·
18	instructions						
			· · · · ·		· · · · ·		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
Kauai	Energy Institute		27-4346053
Pa		sed Funds or Other Similar Fund	is or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
•	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	-	
·	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · Yes · No
Pai	t II Conservation Easements.	-	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the conservation		
	Preservation of land for public use (for example, recreation		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (
u			. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	inated by the organization during the
	tax year ►	intion apparent in located •	
4	Number of states where property subject to consen		action bandling of
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas	sements it holds?	🗌 Yes 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$ \begin{align*} \text{*}	g, handling of violations, and enforcing o	onservation easements during the year
8	Does each conservation easement reported on line 2		
^	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		riolal statements that describes the
Par			Other Similar Assets
· ai	Complete if the organization answered "		
1a			e statement and halance sheet works
14	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
U	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
•	If the organization received or held works of art,		
2	following amounts required to be reported under FA		200cto for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
h	Assets included in Form 990. Part Y		b c

Parl	Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and otl	her recoi	ds, chec	k any of the	e follov	ving that make	significant	use of its
а	☐ Public exhibition		d	Loan	or exchange	e progr	am		
b	☐ Scholarly research		е	Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how t	hey further	the org	anization's exe	empt purpos	se in Part
5	During the year, did the organization								_
	assets to be sold to raise funds rather		ined as p	part of the	e organizati	on's co	llection? .	. 🗌 Yes	□ No
Pari	Complete if the organization 990, Part X, line 21.		on For	m 990, F	Part IV, line	9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth							. □ No
b	If "Yes," explain the arrangement in P								
		•		_				Amount	
С	Beginning balance					10			
d	Additions during the year					1d		_	
е	Distributions during the year					1e			
f						1f			
2a b	Did the organization include an amou If "Yes," explain the arrangement in P								i ∐ No
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	10.			
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of		d balanc	e (line 1g	, column (a))) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment ▶								
С	Term endowment ▶ %		2004						
_	The percentages on lines 2a, 2b, and							ul	
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are nelo	and ad	ministered for t		es No
	organization by: (i) Unrelated organizations							. 3a(i)	
	400 - 14 4							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of				hedule R?			3b	\dashv
4	Describe in Part XIII the intended uses	•							
Part									
	Complete if the organization		on For	m 990, F	Part IV, line	11a.	See Form 990), Part X, li	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book	
1a	Land					<u>.</u>			
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part)	(, column	(B), line 10	c.)			

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Forr	m 990 Part IV lir	ne 11h. See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	nod of valuation -of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
			<u> </u>	··
			ļ	
(D)				
(E)				<u> </u>
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, col (B) line 12) . ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meti	nod of valuation of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			_	
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . •			
Part IX	Other Assets.		<u></u>	
raitix	Complete if the organization answered "Yes" on Forr	n 990. Part IV. lir	ne 11d. See Form	990. Part X. line 15.
-	(a) Description			(b) Book value
(1) Cash or	other equivalents		•	410,000
(2)				
(3)				· <u>-</u> -
(4)				
(5)				
(6)				
(7)				
(8)				••
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	410.000
Part X	Other Liabilities.	<u> </u>		410,000
raitx	Complete if the organization answered "Yes" on Forr line 25.	n 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır	come taxes			
(2) Grant pa				410,000
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25.)	<u> </u>	.	410,000
	uncertain tax positions. In Part XIII, provide the text of the footno			
organization:	s liability for uncertain tax positions under FASB ASC 740. Check	tiere ii tile text or tu	e iooiiiote nas been	provided in Fait Alli . L

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Kauai Energy Institute

► Attach to Form 990 or 990-EZ.

For to www.irs.gov/Form990 for the latest information.

Open to Public Inspection
Employer identification number

27-4346053

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